

**Public Health Programme Guidance  
WALKING AND CYCLING - Consultation on the Draft Scope  
Stakeholder Comments Table**

**27<sup>th</sup> April – 25<sup>th</sup> May 2011**

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Avonsafe		Guidance on how best to present messages about injury prevention as an integral and <u>integrated</u> part of activity to promote cycling and walking would be helpful and should be included in the scope. Other NICE guideline publications exist, but separating guidance on injury prevention from guidance on promotional activities would not be helpful. Neither would a recommendation to balance or trade off injuries against benefits.	Thank you for your comment. The focus of this piece of guidance is local intervention(s) that aim to raise awareness of, encourage or increase uptake of, walking and cycling for recreational and transport purposes, and local interventions which aim to reduce the barriers to these activities. The impact of unintended consequences, such as injury prevention or reduction, on the above will be included and considered where the evidence allows. This guidance will consider and make reference to linked NICE guidance where appropriate. As part of this guidance, we will also be producing a 'pathway' (see <a href="http://pathways.nice.org.uk/">http://pathways.nice.org.uk/</a> ). The content and format of this pathway will be considered during the process of developing the

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			guidance but are likely to include other relevant NICE recommendations.
<b>Avonsafe</b>		<p>Fear of falling is a major barrier to participation in cycling and walking amongst the over 65's and should be included in the scope. Estimated prevalence varies widely<sup>4</sup>, but fear is recognised as a barrier to participation in many lifestyle activities<sup>5,6</sup>.</p> <p><b>4. Fear of falling: measurement strategy, prevalence, risk factors and consequences among older persons</b> ALICE C. SCHEFFER et al, <i>Age and Ageing</i> 2008; <b>37</b>: 19–24.</p> <p><b>5. Fear of falling and restriction of mobility in elderly fallers</b> BRUNO J. VEUAS (et al) <i>Age and Ageing</i> 1997; 26: 189-193</p> <p><b>6. Prospective Study of the Impact of Fear of Falling on Activities of Daily Living, SF-36 Scores, and Nursing Home Admission</b> Robert G. Cumming et.al. <i>Gerontol A Biol Sci Med Sci</i> (2000) 55 (5): M299-M305. doi: 10.1093/gerona/55.5.M299</p>	Thank you for your comment and references. NICE guidance is based on the best available evidence of effectiveness and cost effectiveness. Barriers to cycling and walking for recreation and transport are not excluded from this guidance and recommendations will be made where the evidence allows.
<b>NHS Bournemouth and Poole</b>	1	The title includes the word 'promote'. This is a contested term, because it is often taken to mean advertising, marketing etc. The rest of the scoping document indicates a much broader approach, so this should be clear from the title. You are really talking about 'enabling' everyday walking and cycling.	Thank you for your comment. The word 'promote' is taken direct from the DH referral.

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<b>The Chartered Institute of Logistics and Transport (UK)</b>	1 and 4.2.1	Guidance title - do you mean travel or transport (see 4.2.1 Line 3 where you say transport). We think you mean 'travel'.	Thank you. This has been amended
<b>Royal College of Nursing</b>	2a	It can be very difficult and artificial to differentiate between walking and cycling as transport or recreation, as the same journey, particularly the same return journey, may involve aspects of both.	Both aspects are included in this guidance.
<b>The Ramblers</b>	2a	We particularly welcome the fact that the guidance will extend to considering walking and cycling as a form of recreation as well as of transport. This is particularly important with walking which only in the very specific and limited circumstances of very short trips in heavily congested areas is likely to be the quickest available mode. Walking can be multipurpose – a person walking for a necessary trip may well have chosen to walk to enjoy its other benefits such as fresh air and exercise, and may even choose a less direct route if it provides a more attractive walking environment. Our experience in projects such as Get Walking Keep Walking (see below) demonstrates that many inactive people need to gain confidence and experience the benefits and attractive qualities of walking as an optional 'leisure' activity before they will consider it seriously as a mode for transport trips.	Thank you.
<b>Chartered Institute of</b>	2b	Should the scope be tightened in terms of 'consideration of wider	Thank you for your comment. NICE

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<b>Highways &amp; Transportation</b>		environmental and economic impacts', as for example, the economic impact of congestion are much wider than the health related economic issues?	will aim to consider, where the evidence allows, the wider environmental and economic impacts arising from promoting walking and cycling as a form of transport.
<b>Department of Health</b>	2b	In the second bullet point, could you please consider the inclusion of a reference to the improvement of local air quality.	Thank you for your comment. The list in 2b is not a comprehensive list but examples of wider environmental and economic impacts.
<b>MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR), Cambridge</b>	2b	The referral from DH (as summarised in this document) is somewhat ambiguous. It is not clear whether DH is requesting evidence about the health and other benefits of (increases in) walking and cycling (which would mainly be derived from observational epidemiology and modelling studies), or evidence about the direct impacts of specific interventions on those outcomes. It would be seriously misleading to attempt to answer the first question based solely on the evidence available from intervention studies.	Thank you. NICE guidance is based on the best available evidence of cost effectiveness and effectiveness. The full referral for this piece of work can be seen in Appendix A. This guidance is concerned with effective and cost effective interventions to promote walking and cycling. As you note information about impacts of changes in walking and cycling will need consideration of a variety of

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			different types of evidence
<b>Royal College of Nursing</b>	2b	Many places are already too popular with walkers (particularly dog walkers) and may not sustain/support additional loading. The logic must therefore be that Government needs to provide considerably more open space for people to walk in. In the urban location this could mean widening pavements at the expense of the motorist (but leaving designated space for cyclists).	Thank you. Interventions relating solely to changes in the physical environment are excluded from this guidance, however we anticipate that the guidance will need to take account of the published NICE guidance on physical activity and the environment (PH8)
<b>Transport for London</b>	2b	Should the scope be tightened in terms of 'consideration of wider environmental and economic impacts', as for example, the economic impact of congestion are much wider than the health related economic issues? It may be worth considering the social benefits of walking and cycling, particularly in Town Centres, though this may be difficult to quantify. More people on the streets either walking or cycling creates a feeling of vibrancy, and fosters the notion of community spirit. People are likely to feel safer because there are more 'eyes on the streets' as well. In the Better Streets section of the Mayors Transport Strategy it is stated that 'Transport forms part of the Urban Realm (Page 218, Proposal 83), supporting these comments	Thank you. Consideration will be given in the economic analysis to issues where evidence of a significant impact of walking & cycling can be identified, in line with the referral from the DH to consider the benefits of walking and cycling to the wider economy
<b>University of Bristol</b>	2b	The guidance should also consider the social impacts of walking and	Consideration will be given in the

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<b>(DECIPHer UKCRC Public Health Research Centre of Excellence, School of Social and Community Medicine)</b>		cycling e.g. greater social cohesion, potential reductions in crime or fear of crime, reduction in anti-social behaviour as a result of more people walking in the streets. In addition, there may be 'spin offs' where people walk more i.e. local pressure to improve walking routes and/or street furniture, identifying areas for clearing litter, graffiti removal, improved crossings.	economic analysis to issues where evidence of a significant impact of walking & cycling can be identified, in line with the referral from the DH to consider the benefits of walking and cycling to the wider economy.
<b>University of Strathclyde</b>	2b	We would welcome commentary relating to the potential public health gain being greater for walking than for cycling.	Thank you. It is not possible to include this level of detail in the scope. However, further discussion may be included in the guidance itself.
<b>York Health Economics Consortium</b>	2b	The negative consequences (e.g. accidents and injuries) of taking up physical activity should be given appropriate consideration (see Hinde S, Bending M, Beale S. Evaluation of Physical Activity: Who Ran Away With the Adverse Event Costs. Poster Presentation HTAi 2011 (available from <a href="http://www.yhec.co.uk">www.yhec.co.uk</a> ))	Thank you.
<b>Coventry PCT</b>	2c	We recommend including the following policy document: Department for Transport (2010) <i>Active Travel Strategy</i> . DfT, London, which will be supported by this guidance.	Thank you. This has been added.
<b>Department of Health</b>	2c	Could you please consider citing the Marmot Review 'Fair Society,	Thank you for your comment. The

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		<p>Healthy Lives' and the forthcoming Department of the Environment, Food and Rural Affairs white paper on the natural environment (to be published in early June 2011).</p> <p>We believe that "State of the Nation" (Department for Work and Pensions, 2010) also has a relevant obesity and health inequalities theme.</p>	list in 2c is not a comprehensive list but examples of some of the key policy documents that this guidance will support. 'Fair society, healthy lives' and 'The natural choice: securing the value of nature' have been added.
<b>Luton Borough Council and NHS Luton</b>	2c	An additional related policy document is 'Transport and Health Resource' Delivering Healthy Local Transport Plans (Department for Transport and Department of Health 2011)	Thank you for the policy reference. This has been added.
<b>Chartered Institute of Highways &amp; Transportation</b>	2d	<p>It would be useful to make an explicit statement that the document should seek to influence private sector developers and local authority development control (town planning) functions. It should also make a clear case that long term economic health benefits should be a key factor in financial decision making, and be considered with an equal weighting to that of short term land disposal/acquisition financial factors. Additional audiences might include private and public leisure and recreational sector organisations.</p> <p>As walking (and cycling to a lesser extent) are linked to disability and accessibility, should these audiences also be considered?</p>	Thank you for your comment. NICE guidance is lead by the best available evidence of effectiveness and cost effectiveness and committee deliberation. At this stage of the guidance development process it is not possible to assess who the guidance should influence and what key factors should be considered. Although 'leisure and recreational' sectors are not specifically mentioned they are not

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			excluded from this piece of guidance. All NICE guidance considers the impact on health inequalities.
<b>Coventry PCT</b>	2d	We recommend including the term 'spatial planners' alongside travel planners. Coventry PCT currently employs a public health practitioner to work with spatial planners within the local authority.	Thank you for your comment. This list is not intended to be comprehensive. Additional groups will be identified during the process of developing the recommendations, however a number of additional groups have been added
<b>Department of Health</b>	2d	Could you please consider making reference to 'highway authorities', as these are not always co-terminus with local authorities.	Thank you for your comment. This list is not intended to be comprehensive. Additional groups will be identified during the process of developing the recommendations. However a number of additional groups (including 'highways authorities') have been added.
<b>Local Government Improvement and</b>	2d	The guidance should also be of interest to employers and those responsible for workplace travel plans and carbon reduction strategies.	Thank you for your comment. This list is not intended to be

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<b>Development, Healthy Communities Programme</b>			comprehensive. Additional groups will be identified during the process of developing the recommendations, however a number of additional groups have been added.
<b>National Heart Forum</b>	2d	The National Heart Forum believes that there would be some value in extending or widening the list of professional sectors which would benefit from this guidance. The draft scope currently recognises that in order to be effective the guidance will have to influence the work of professionals in other sectors. Extending the list of professional groups within this section, by including transport planners, land use planning, and development control, would help to address this goal.	Thank you for your comment. This list is not intended to be comprehensive. Additional groups will be identified during the process of developing the recommendations, however a number of additional groups have been added.
<b>Sustrans</b>	2d	It may be wise to widen the list of professional sectors which would benefit from the guidance, so that none of the most influential are unintentionally overlooked in its development.  Key sectors might include land use planning and development control, private developers, estates managers and possibly others, as well as transport planners and contractors.	Thank you. The professional sectors listed are not intended to be a comprehensive list. Specific groups will be identified during the production of recommendations, however a number of additional groups have been added

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<b>The Ramblers</b>	2d	The list of people for whom the guidance is intended is exhaustive but some thought must also be given as to how best to communicate the guidance to some of these groups. The suggestion at the stakeholder meeting of joint branding by the Department for Transport should certainly be considered.	Thank you. We note the concern about communicating the guidance appropriately and will be developing strategies to address this during the process of developing the guidance. We also look forward to continued engagement with the wide range of stakeholders interested in this guidance to achieve the best possible outcomes.
<b>Transport for London</b>	2d	It would be useful to make an explicit statement that the document should seek to influence private sector developers and local authority development control (town planning) functions. It should also make a clear case that long term economic health benefits should be a key factor in financial decision making, and be considered with an equal weighting to that of short term land disposal/acquisition financial factors. Additional audiences might include private and public leisure and recreational sector organisations. As walking (and cycling to a lesser extent) are linked to disability and accessibility, should these audiences also be considered?	Thank you. The list of professionals who will be interested in the guidance is not intended to be comprehensive. however a number of additional groups have been added All NICE guidance takes into consideration the impact on health inequalities and we anticipate that this guidance would include consideration of the impact on disability and accessibility.

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<b>UKPHA Health and Sustainable Environments Special Interest Group</b>	2d	The guidance should also be of interest to employers and those responsible for workplace travel plans and carbon reduction strategies.	Thank you. This list is not intended to be comprehensive, however a number of additional groups have been added
<b>University College London - Centre for Transport Studies</b>	2d	The sentence 'It is aimed at professionals, commissioners and managers with public health as part of their remit' is rather misleading because many of the people involved in such interventions will be local transport and urban planners who do not have health in their remit. The next sentence but one ('It is particular...') makes it much clearer. The second and third sentence in the paragraph could be deleted.	Thank you. This sentence has been amended
<b>University of Strathclyde</b>	2d	As part of the recommendations for good practice, we would welcome discussion of the difficulties in finding walking (as opposed to cycling, advocates	Thank you. Development of specific recommendations will depend on the evidence available.
<b>The Chartered Institute of Logistics and Transport (UK)</b>	2d Line 6 - 7	"It is particularly aimed at..." It is not clear what you mean - needs to either be people oriented e.g. promoters of increased physical activity levels, or thematic.	Thank you. This has been clarified
<b>Department of Health</b>	2e	Could you please consider clarifying that this guidance will complement 'existing' NICE guidance on promoting physical activity, particularly PH8, given that environmental and infrastructure improvements are generally perceived as central to promoting more walking and cycling.	Thank you for your comment. Specific reference to PH8 has been added here.

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<b>Natural England</b>	3	This section sets out a sound rationale for the need for the guidance with an emphasis on physical activity and physical health outcomes. There is sufficient evidence to indicate that increased / changes in physical activity can also lead to mental health outcomes e.g. NICE Guidance PH16. It is suggested that this review should also consider mental health outcomes as part of the overall package of health outcomes that may arise from walking and cycling interventions and that these be factored into the economic analysis.	Thank you for your comment. The benefit of physical activity to mental wellbeing has been noted in the scope. Consideration will be given in the economic analysis to issues where evidence of a significant impact of walking & cycling can be identified, in line with the referral from the DH to consider the benefits of walking and cycling to the wider economy
<b>The Ramblers</b>	3	This section could make reference to the importance of walking as arguably the most accessible form of physical activity: free, natural, not requiring any special equipment or training, low impact, sociable and easy to fit into everyday life. "Brisk walking has the greatest potential for increasing the overall activity levels of a sedentary population...[and] is most likely to be adopted by a range of ages, socioeconomic and ethnic groups" (Hillsdon and Thorogood 1996).	Thank you. The scope document needs to be restricted in size so unfortunately we are unable to include as much background material as might be wanted. However, the guidance itself will be able to include more detailed material of this sort.
<b>University of Strathclyde</b>	3 and 4.1.1	Section 4.1.1 indicates that all groups will be covered by the guidance. However, the need for guidance as suggested in section 3 focuses exclusively on adults. There is no mention of the activity levels of	Thank you. While it is not possible to include all the possible variations we have included

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		children, differences in participation by age/gender and ethnicity yet we know these disparities exist. There is one mention of education but no specific information on active travel to school (such as trends in modes of commuting to school) which may form a significant component of the guidance.	additional discussion of participation among children
<b>Department of Health</b>	3a	The first sentence cites Department of Health (DH) evidence from 2004. You may wish to be aware that new UK-wide Chief Medical Officer (CMO) guidelines on physical activity are currently being prepared, and will be launched in June 2011. This will contain the latest evidence, and perhaps you may consider referencing this	Thank you for your comment. This reference was not available in time for inclusion. We will include the updated reference in the guidance itself.
<b>Luton Borough Council and NHS Luton</b>	3a	Typo, should read active instead of activity.	Thank you and we will amend appropriately.
<b>Royal College of Nursing</b>	3a	For some people, deciding to cycle may replace another more intensive activity such as gym, but it may also act as a warm up / cool down. Keen cyclists regularly cycle long and short distances to and from work and for leisure.  While many people treat <i>orienteering</i> as a fast exciting sport, others use it as a way of making a walk in woodland, parkland etc more interesting. This seems a popular activity and some national parks offer sessions	Thank you.

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		for families, youth groups and school groups. <i>British Orienteering</i> is the national body.	
<b>Royal College of Nursing</b>	3a	When cycling to a park to run and / or walk and / or picnic, there is a problem of secure storage of items while running / walking, as a bike cannot act like a locker as can a car.	Thank you.
<b>Sustrans</b>	3a	Typo in line 1	Thank you.
<b>University of Bristol (DECIPHer UKCRC Public Health Research Centre of Excellence, School of Social and Community Medicine)</b>	3a	Replace 'activity' with 'active'.	Thank you.
<b>University of Bristol (DECIPHer UKCRC Public Health Research Centre of Excellence, School of Social and Community Medicine)</b>	3a	Why does this section refer only to over-16s? There are concerns about young people and walking/cycling. This does not just relate to journeys to school but to other journeys. There are also concerns about toddlers being pushed around in buggies rather than 'toddling' and thereby establishing the walking habit as early as possible.	The guidance is intended to cover all ages. The scope document needs to be brief and cannot address all the background issues. We have included additional discussion of the differences in participation among children.

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			These will be covered in more detail in the guidance itself.
<b>University of Strathclyde</b>	3a	In section 3a only the physical health benefits of being physically active are mentioned as examples of “good health”. Although mental well-being is mentioned in section 3d, the wider aspects of health influenced by physical activity should also be mentioned in section 3a	Thank you. This has been added.
<b>The Chartered Institute of Logistics and Transport (UK)</b>	3a / 4.1.1	The significantly lower rate for women cycling to work is worthy of mention here. And under Groups, there is a clear divide between men and women about what constitute barriers to cycling.	Thank you. This section of the scope is intended to provide a brief overview of key issues. It is not possible to identify all the issues in detail. The extent to which data can be disaggregation into sub groups will depend on what is reported in the identified evidence
<b>Chartered Institute of Highways &amp; Transportation</b>	3a/b	Regarding the general point made above regarding the differences between walking and cycling, there is clear evidence that there are significant differences in gender when it comes to cycling, with a large majority of both commute and leisure cycling undertaken by men.	Thank you for your comment.
<b>Transport for London</b>	3a/b	Regarding the general point made above regarding the differences between walking and cycling, there is clear evidence that there are significant differences in gender when it comes to cycling, with a large	Thank you.

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		majority of both commute and leisure cycling undertaken by men.	
<b>Department of Health</b>	3b	In our opinion, walking is also one of the easiest ways to build physical activity into daily life, particularly for the most sedentary groups in society.	Thank you for your comment
<b>University College London - Centre for Transport Studies</b>	3b	There is a bracket ')' missing after ']'.	Thank you.
<b>Sustrans</b>	3b, 3c	<p>We suggest re-ordering, in line with the referral, to put active travel above recreation and sport.</p> <p>It may also be worth adding a short paragraph before both, citing a couple of the most explicit and weighty endorsements of walking and cycling as physical activity – for example:</p> <ul style="list-style-type: none"> <li>- <i>'At Least Five a Week'</i> – “For most people, the easiest and most acceptable forms of physical activity are those that can be incorporated into everyday life. Examples include walking or cycling instead of travelling by car....”</li> <li>- <i>'Foresight Tackling Obesities: Future Choices'</i> - “the top five policy responses assessed as having the greatest average impact on levels of obesity [include] increasing walkability / cyclability of the built environment”</li> </ul>	<p>The ordering of these paragraphs is not intended to indicate order of significance</p> <p>While the paragraphs suggested are relevant, the scope document needs to be kept short. This material is likely to be included in the guidance, where there is more opportunity to set out the background in more detail.</p>

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<b>University of Bristol (DECIPHer UKCRC Public Health Research Centre of Excellence, School of Social and Community Medicine)</b>	3b/c	Some statistics for cycling/'cyclable' journeys are included but not similar estimates for walking/'walkable' journeys. For example, The National Travel Survey in 2008 showed 38% of trips less than 2 miles were made by car, which could have been made on foot. For the West of England the 2001 Census showed that, of the 21% of journeys to work of less than 2km, 45% were made by car.	Thank you. As indicated above, the scope document can only provide a brief snapshot of the background issues. It is anticipated that further detail will be included in the guidance.
<b>Living Streets</b>	3c	TfL research <sup>i</sup> found that walking is easily the most appealing transport mode. 2008 TfL research <sup>ii</sup> also found that over two thirds of Londoners are receptive to walking more over the next year (as opposed to one in four who were receptive to cycling more) and a third would definitely consider walking more (as opposed to one in eight in respect to cycling). Synovate / Transport for London. 2008. References: <i>Attitudes to Cycling 2008 Research Report</i> Synovate / Transport for London. 2008. <i>Attitudes to Walking 2008 Research Report</i>	Thank you for the information.
<b>Luton Borough Council</b>	3c	Something that is not mentioned at all throughout the document is topography. Netherlands is more suited to cycling because most areas are generally quite flat, compared to places such as Colchester or Scarborough which have notable hills on main routes.	Thank you for your comment. 'Geography and climate' are included in the logic model (4.2.2).

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<b>Stakeholder Organisation</b>	<b>Section Number</b>	<b>Comments Please insert each new comment in a new row.</b>	<b>Response Please respond to each comment</b>
<b>Luton Borough Council and NHS Luton</b>	3c	Something that is not mentioned at all throughout the document is topography. Netherlands is particularly attractive for cycling because most areas are generally quite flat, compared to places such as Colchester or Scarborough which have notable hills on main routes. We would recommend that walking or cycling up hill is promoted as being good for health and fitness. Also electric assisted bikes can help new cyclists up hills and still provide exercise with pedalling.	Thank you for your comment. 'Geography and climate' are included in the logic model (4.2.2). Electrical assisted bikes are not excluded from this piece of work and will be considered where the evidence allows
<b>Transport for London</b>	3c	Mode shift from private vehicles and crowded public transport to Active Travel modes (walking and cycling) has benefits for the transport system, particularly in removing short trips of under 1 mile. The scoping document quotes TfL's figures regarding cyclable trips in London. 'Walking and Cycling mode shares of trips are expected to increase in the years to 2031 as population grows, and job numbers increase' (Page 36, Mayors Transport Strategy)	Thank you.
<b>York Health Economics Consortium</b>	3c	The decrease in average time spent cycling may be due to current cyclists getting faster, or roadways becoming more accessible. Additionally, the reported figures say nothing about different groups of people – those currently cycling are likely to have very different characteristics from the sedentary population that guidance will target. Furthermore, figures showing differences in number of journeys between Britain and other EU countries take no account of journey time	Thank you. We anticipate further consideration of these issues in the guidance.

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		or distance. The important factors to consider are time, distance and duration, i.e. intensity of physical activity.	
<b>University of Strathclyde</b>	3c or 3d	There is the potential in either section to discuss the numbers of workplaces/schools that currently have active travel schemes where this data is available.	Thank you. It is not possible for this section to cover all aspects of the topic. We anticipate that this may be expanded upon in the guidance itself.
<b>Chartered Institute of Highways &amp; Transportation</b>	3d	The assumption of reduced congestion linked to increased levels of walking and cycling is open to debate. Increased walking and cycle use present debates around the reallocation of roadspace, which may increase congestion on nearby roads; and increased cycle flows on roads designed for car use can severely obstruct traffic on urban roads where inability to overtake a single cycle can result in a long queue of traffic following at cycle speed. In addition, based on current fuel types, congestion also increases air pollution. This observation is at direct variance with the schematic on p8 which suggests that there is a direct link between increased cycle use and reduced congestion.	Thank you for your comment. As is noted, the consequences of changes are often complex and possibly counter intuitive. The logic model has been amended to indicate that the process is complex.
<b>Coventry PCT</b>	3d	Please ensure type II diabetes is distinguished from type I diabetes as a health outcome. Being overweight or obese is a risk factor for type II diabetes, whereas occurrence of type I diabetes tends to occur in	Thank you for your comment. This has been clarified in the scope

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		otherwise healthy individuals due to family history/ genetics	
<b>Coventry PCT</b>	3d	Please also ensure stroke is included as a health outcome Being overweight and a lack of physical activity are both risk factors for stroke. <a href="http://walking.about.com/od/hearthealth/">http://walking.about.com/od/hearthealth/</a>	Thank you for your comment. Stroke is generally included in the definition of CVD which is included.
<b>Coventry PCT</b>	3d	Carbon dioxide is not generally defined as a pollutant, as it is essential for photosynthesis to occur. Whilst we agree that carbon dioxide is a greenhouse gas and its increased concentration in the atmosphere may lead to climate change, there may be limited health outcomes observed due to increased carbon dioxide. We therefore suggest that evidence is required to substantiate this and referenced in the scope.  Air pollutants to consider include NO <sub>x</sub> , O <sub>3</sub> , and particulate mater. Please see DEFRA (2010) <i>Air Pollution: Action in a Changing Climate</i> . DEFRA, London <a href="http://www.defra.gov.uk/publications/files/pb13378-air-pollution.pdf">http://www.defra.gov.uk/publications/files/pb13378-air-pollution.pdf</a>  Although the two are linked, we recommend that a distinction is made between air quality and climate change, and associated health outcomes.	Thank you. This has been amended.

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<b>JMP Consulting</b>	3d	<p>One of the benefits we have found from these programmes is that it encourages more local activity (use of local shops, involvement in local community groups etc.). In Darlington Sustainable Travel Demonstration Town, community guides were provided highlighting local facilities in the community. Feedback from participants suggested that about 10% of participants claimed to be shopping more locally as a result of receiving the guide.</p> <p>Lots of people tell us that one of the benefits of walking more is bumping into people and re-establishing contacts. In Dumfries Sustainable Travel Town, we encouraged one community group to initiate its own social walking group.</p>	<p>Thank you or your comment. Please note that as part of the development of this guidance we will be issuing a call for evidence and would be very keen to receive additional relevant evidence at that time.</p>
<b>The Chartered Institute of Logistics and Transport (UK)</b>	3d	<p>Although mental wellbeing is mentioned here, it is interesting that it did not come up at the stakeholder meeting on May 17<sup>th</sup>. The general feeling of well-being that walking and cycling can generate is potentially one of the most important outcomes of all.</p>	<p>Thank you.</p>
<b>Transport for London</b>	3d	<p>It may be beneficial to consider that an increase in those who walk can be beneficial to the local community and economy as this causes higher footfall on streets, which may encourage people to purchase goods closer to home. TfL have the following statistics which support this suggestion:</p> <ul style="list-style-type: none"> <li>• Those who walk spend the most in town centres - £136 per</li> </ul>	<p>Thank you for this useful information. We will be issuing a call for evidence as part of the development of this guidance and would be keen to receive additional relevant evidence at that point.</p>

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		<p>head, per month.</p> <ul style="list-style-type: none"> <li>• The TfL walking business case states that for every £1 spent on walking initiatives, there are £12.30 worth of benefits felt</li> <li>• Walking improvements to the urban realm can boost commercial trading by up to 40% and generate private sector investment.</li> </ul> <p>High Street turnover increased between 5-15% as a direct result of nearby walking schemes.</p>	
<b>Avonsafe</b>	3e	<p>Reference to Jacobsen needs to be more precise: Jacobsen’s study and the “safety in numbers” phenomenon relates ONLY to collision injuries. Hospital Episode Statistics (<a href="http://www.hesonline.nhs.uk">www.hesonline.nhs.uk</a>) show that the majority of injuries to cyclists and pedestrians result from “non-collision” incidents. It would therefore be better to state that:</p> <p>“The “safety in numbers” phenomenon does not apply to more frequent non-collision and single vehicle injuries, but one study that supports the hypothesis that increasing the number of cyclists reduces the numbers of collisions between cyclists and motorists as motorists learn to adjust their behaviour, (Jacobsen, 2003)”.</p>	<p>Thank you for your comment. The point you refer to is located in the ‘need for guidance’ section, which only aims to provide the reader with a brief contextual overview to some of the issues that need to be consider in this area of guidance.</p>

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		The scope should include reference to this limitation where Jacobsen is referred to.	
<b>Chartered Institute of Highways &amp; Transportation</b>	3e	<p>Gym use is described as an ideal means of achieving fitness. However the benefits may be overstated.</p> <ul style="list-style-type: none"> <li>i) Gym use can prompt increased car use as this is frequently the means for travel from home to the gym</li> <li>ii) Gym membership use is remarkably transitory. Use frequently falls away as enthusiasm declines</li> </ul> <p>Those using the gym – specially those sustaining long term membership are not drawn from the population that has greatest need for the health benefits that gym might offer</p>	Thank you for your comment. The scope does not indicate that gym use is 'an ideal means of achieving fitness'. However, it is possible that activities in a gym MAY be more intense than moderate recreational walking or cycling.
<b>Coventry PCT</b>	3e	<p>Please see DfT (2007) <i>Cycling and health. What's the evidence?</i> Cycling England, London</p> <p><a href="http://www.dft.gov.uk/cyclingengland/site/wp-content/uploads/2009/01/cycling_and_health_full_report.pdf">http://www.dft.gov.uk/cyclingengland/site/wp-content/uploads/2009/01/cycling_and_health_full_report.pdf</a></p> <p>There is evidence to suggest that those inside a car may experience higher levels of pollution than those walking or cycling. The above document has assessed the risks and does not consider air quality to be an unintended consequence. We feel that the term 'unintended</p>	Thank you for your comments and reference. The need for guidance section (3) seeks to provide a brief overview of some of the key points and contextual items in the area. It is not meant to be an all encompassing overview but gives a flavour of some of the key aspects.

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		<p>consequence' should be removed.</p> <p>Whilst we agree that cyclists and pedestrians experience a higher rate of injuries than motorists, we feel that this is misleading, as the number of participants is increasing as the number of casualties is reducing. The evidence from Cycling England shows that there is a strong inverse relationship between the levels of walking and cycling in European cities and the incidence of fatalities. This should be acknowledged in the scope in a more positive manner.</p> <p>It should also be noted that the risk of having a collision while crossing the road, increases with age and people over 65 find traffic inhibits their own travel pattern. The Marmot Review (2010) <i>Fair Society, Healthy lives. The Marmot Review, Strategic Review of Health Inequalities in England post 2010</i>. Department of Health, London</p> <p><a href="http://www.marmotreview.org/">http://www.marmotreview.org/</a></p> <p>We feel that the statement that 'the decision to drive rather than walk may expose others to risk of injury from a collision' is also misleading. We recommend that there should be evidence to support this.</p>	<p>The issues raised are often not straight forward and additional evidence is needed to explore them fully.</p>

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Department of Health	3e	Could you please clarify whether the statement in the second sentence is supported by evidence.	This sentence is not intended to be definitive. It indicates that, as in many public health areas, changing behaviours has a range of possible causes and outcomes, some of which may not necessarily be those that were anticipated or intended.
Department of Health	3e	Could you please consider making reference to the economic modelling commissioned by Cycling England (2009?), which calculated that a 20% increase in cycling by 2015 would save £107m per annum in reducing premature deaths, and £52m in lowered NHS costs.	Thank you for your comment. This will be useful in the context of developing the economic models and other supporting material.
Department of Health	3e	We believe that it is important to stress that the actual risk of cycling is minimal. Over 50,000 people die in the UK each year due to coronary heart disease arising from physical inactivity, compared to around 100 cyclists killed on the road. Research suggests that safety risks of cycling are outweighed by the health benefits, by a factor of around 20 to 1 (Cavill and Davis, 2009)	Thank you for your comment. It is likely that these issues will be expanded on in the guidance.
Department of Health	3e	Could you please verify whether the sentence about exposure to air pollution is supported by evidence, as we are not aware of any.	Thank you. This sentence has been amended to indicate that cyclists and pedestrians are exposed to different levels of

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			pollution from motorists
<b>Department of Health</b>	3e	We are uncertain as to whether the final sentence adds any value. There is also a risk of collision, posed to pedestrians by cyclists.	Thank you for your comment.
<b>Islington Council / Islington PCT</b>	3e	You also state in section 3.e pedestrians and cyclists will experience different levels of air pollution. It is often assumed that car drivers will experience less. The following study shows drivers actually experience higher levels of pollutants than cyclists [Van Wijnen/ Verhoeff/ Henk/ Van Bruggen: The exposure of cyclists, car drivers and pedestrians to traffic-related air-pollutants, Int. Arch. Occup. Environ. Health 67:187-193, 1995]	Thank you. This sentence has been amended to indicate that cyclists and pedestrians are exposed to different levels of pollution from motorists. It does not indicate the nature of this difference.
<b>JMP Consulting</b>	3e	Whilst it is of course important to be aware of potential unintended consequences, we have never seen a situation where encouraging people to walk or cycle more leads to them having less physically active lives (e.g. replace going to the gym with walking). We have lots of anecdotal evidence from our personal travel planning engagements that getting people to take up walking or cycling (as two of the most immediately accessible ways of increasing physical activity) leads to them generally adopting more active lifestyles – and we have limited anecdotal evidence that people then adopt other healthy behaviours (e.g. eating healthier foods). It would be useful if, in developing this guidance, you were able to find	Thank you for your comments. It would be useful for us to receive any references linked to the points you have raised. We, where the evidence allows, hope to capture what health and other outcomes may be achieved from increasing cycling and walking for transport and recreation.

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		<p>out whether there is any evidence that walking/cycling are 'gateways' to a healthier lifestyle choices and healthier life 'trajectories'.</p> <p>The issue about cycling/walking exposing people to injury has been extensively examined and resolute conclusions established: that for every year of lost life because of pedestrian/cyclist fatality, there are perhaps 20 years of lost life because of people dying from conditions related to lack of physical activity. We don't need to go over this again! (other than to inform sceptics of the existing evidence).</p>	
<b>Luton Borough Council and NHS Luton</b>	3e	Some cyclists will choose to cycle fast over several miles for active travel or leisure. Some gym users will use each piece of equipment gently for a few minutes. Therefore cycling provides an equal opportunity for intense exercise as going to the gym.	Thank you for your comment. The point you refer to is located in the 'need for guidance' section, which only aims to provide the reader with a brief contextual overview to some of the issues that need to be consider in this area of guidance.
<b>NHS Bournemouth and Poole</b>	3e	<p>Where is the evidence that people swop the gym for cycling and <i>in the process</i> expend less energy?</p> <p>Where is the evidence that cyclists and walkers are more at risk from traffic-related air pollution?</p> <p>Why is there no mention here of road space re-allocation?</p>	Thank you for your comment. These sentences are intended to indicate that interventions to change travel behaviours may have a variety of possible outcomes which are complex and sometimes unintended. The

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			reference to the gym is an example of a potential replacement behaviour resulting in reduced energy expenditure that may take place and is not meant to be a categorical statement of what occurs.
<b>NHS Bristol</b>	3e	We welcome the reference to Jacobsen and inform you that we have been working on a desk top review of world-wide evidence on Safety in Numbers which we are happy to share as it is developed	Thank you.
<b>Transport and Health Study Group</b>	3e	The reference to a trip to the gym being more intense than cycling is peculiar. The point about utility cycling is that it is incorporated into the daily routine and provides a mobility that walking cannot. In contrast, a trip to the gym requires spare time. In our researches for Health on the Move 2, we could not find any instance when an increase in cycling had brought an increase in serious casualties. This is because the measures that encourage cycling – such a better infrastructure – and the safety in numbers effect mentioned, combine to reduce the risk enough to offset the increased numbers exposed to risk. Many analyses have not compared like with like, for example comparing young cyclists with all drivers or comparing cycling for local journeys with all driving even through driving risks are higher	Substitution of activities is a possible outcome of interventions. The aim of the scope is not to identify the evidence behind issues such as these but to raise them so that they are kept in mind when reviewing the evidence and developing guidance. We are aware of many of the issues you raise with regard to the difficulty in assessing the real risk associated with activities. It is hoped that

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		<p>on local journeys. Our risk assessment for Health on the Move 2 identified that</p> <ul style="list-style-type: none"> <li>(a) The failure to compare like with like makes it difficult to be certain that there is a greater risk from cycling</li> <li>(b) If there is such a greater risk it is small and within the range of many decisions that people take without thinking of them as hazardous eg driving rather than taking the train, driving on all purpose roads rather than motorways or driving in France rather than staying in the UK</li> <li>(c) Although people often respond to this by saying that it is counter-intuitive the fact is that it is entirely biologically plausible. Although cyclists are more vulnerable they are also exposed to much lower destructive forces – kinetic energy rises with the square of the speed</li> <li>(d) For society at large the added risk (if there is one) is more than offset by the reduced third party risks</li> <li>(e) For the individual the added risk (if there is one) is more than offset by the health benefits</li> <li>(f) Increases in cycling levels do not result in increased injury rates.</li> <li>(g) Young people face higher risks as drivers than as cyclists.</li> <li>(h) Hence one virtually risk-free road safety intervention would be to deter young people from driving and encourage them to cycle and walk more</li> </ul>	<p>these will be examined in more detail in the process of developing the guidance.</p>

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		(i) Exaggerated safety fears are a major factor in people not cycling and therefore exaggerated attention to cycle safety could do more harm than good. This has certainly happened on almost every occasion that cycle helmet legislation has been adopted anywhere in the world, the only exception being one instance where rates of wearing helmets were already high and the legislation was not enforced	
<b>Sustrans</b>	3e	I'm pleased to see you citing Jacobsen on "safety in numbers" – the concept that collision risk per individual bicycle trip appears to fall with increasing cycle usage levels. Can I check you are aware of Vandebulcke, G., I. Thomas, B. de Geus, B. Degraeuwe, R. Torfs, R.Meeusen, L. Panis (2009) Mapping bicycle use and the risk of accidents for commuters who cycle to work in Belgium. Transport Policy 16 (2) 77-87	Thank you for these helpful references.
<b>The Chartered Institute of Logistics and Transport (UK)</b>	3e	Has TfL got evidence for central London about injuries to cyclists? It is well-documented how cycling rates have risen over the last few years, and anecdotally we understand that KSIs for cyclists have not risen in line.	This is an interesting point. Please note that we will be issuing a call for evidence as part of the development of the guidance. We would be keen to receive any other relevant evidence at that time.
<b>Transport for London</b>	3e	The assumption of reduced congestion linked to increased levels of	Thank you.

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		walking and cycling is one area where there may be unintended consequences. Increased walking and cycle use present debates around the reallocation of roadspace, which may increase congestion on nearby roads; and increased cycle flows on roads designed for car use can severely obstruct traffic on urban roads where inability to overtake cycles can result in a long queue of traffic following at cycle speed, increasing air pollution.	
<b>UKPHA Health and Sustainable Environments Special Interest Group</b>	3e	Regarding potential injuries to cyclists. The cycle safety chapter of Health on the Move 2 which would be strongly critical of the proposition that more people cycling may mean more injuries – this proposition doesn't stand proper scrutiny since <ul style="list-style-type: none"> <li>(a) the evidence for a safety in numbers effect is quite strong</li> <li>(b) the additional risks are small – they are often exaggerated by not comparing like with like (eg comparing young cyclists with all drivers rather than with young drivers, or allowing accident rates to be depressed by including the miles driven very safely on motorways rather than comparing cycling with local driving)</li> <li>(c) for society at large they are outweighed by the reduced danger to third parties</li> <li>(d) for the individual they are outweighed by the health benefits</li> </ul>	Thank you.
<b>University of Bristol</b>	3e	It is noted that increasing the number of cyclists may increase safety - is	Thank you. It would be interesting

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(DECIPHer UKCRC Public Health Research Centre of Excellence, School of Social and Community Medicine)		there any evidence that increasing the number of walkers increases safety e.g. fewer muggings, fewer road traffic accidents (because cars expect people to be walking/crossing the road?)	if the evidence identified a finding of this sort.
University of Bristol (DECIPHer UKCRC Public Health Research Centre of Excellence, School of Social and Community Medicine)	3e	In relation to the negative consequences, a key factor influencing the travel mode of children and young people is concern about safety. These fears are not unjustified. Children face the highest risk of being injured as a pedestrian on UK roads than anywhere else in Europe. <sup>5</sup> Sonkin et al <sup>6</sup> found that although death rates per head of population declined for child pedestrians, cyclists and car occupants in England and Wales between 1985 and 2003, child pedestrian death rates remained higher than those for child car occupants: taking distance into account distance travelled, there were about 50 times more child cyclist and nearly 30 times more child pedestrian deaths than there are deaths to child car occupants. The risks may be increased for children and young people from more disadvantaged backgrounds. Edwards et al <sup>7</sup> found rates of serious injury in children were higher in the most deprived areas than in the least deprived for pedestrians and cyclists. It is, therefore, important to include information about the risks and benefits of promoting active travel, and to include studies that relate to,	Thank you for these useful references.

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		<p>for example, road safety and the prevention of injury. This is particularly important if parents and carers are to be persuaded to allow their children to walk or cycle.</p> <p>Another strong fear for parents and carers is 'stranger danger'. In a YouGov poll of 1,244 parents in 2010, 30% of parents said they most feared that their child would be abducted or killed by a stranger while only 5% indicated concerns about poor health in later life due to the child's levels of physical activity.<sup>8</sup> Such fears are an important barrier to unaccompanied active travel for children and young people<sup>9</sup> and need to be considered.</p> <p><i>5. Vaganay M, Woodside A, Harvey H. Child pedestrian traffic exposure and road behaviour. Conference proceedings. European Transport Conference 2003.</i></p> <p>6. Sonkin B, Edwards P, Roberts I, Green J. Walking, cycling and transport safety: an analysis of child road deaths. <i>Journal of the Royal Society of Medicine</i> 2006;99:402-405.</p> <p>7. Edwards P, Green J, Lachowycz K, Grundy C, Roberts I. Serious injuries in children: variation by area deprivation and settlement type. <i>Arch Dis Child</i> 2008;93:485-489 doi:10.1136/adc.2007.116541</p> <p>8. Parents 'more worried about murder than obesity threat'. 18 May 2010 <a href="http://www.bbc.co.uk/news/10120160">http://www.bbc.co.uk/news/10120160</a>.</p> <p>9. Valentine G, Mckendrick J. Children's outdoor play: Exploring parental concerns about children's safety and the changing nature of childhood. <i>Geoforum</i> 1997;28:219-235.</p>	

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<b>University of Strathclyde</b>	3e	<p>If the displacement of more vigorous physical activities by active commuting, as per the example given in this section, is a legitimate unintended consequence then we would welcome specific references to support this. This is the leading unintended consequence in this section yet has no supporting evidence unlike the two subsequent unintended consequences.</p> <p>Further, we appreciate that unintended consequences should be covered by this guidance however, we would hope that there be an over-arching message that the overall benefits outweigh any potential risks.</p>	Thank you. The scope is intended to identify issues that the guidance may address rather than to provide full supporting evidence. We anticipate that the guidance itself will address this more fully.
<b>York Health Economics Consortium</b>	3e	This paragraph should also take into account the potential increase in injuries that may occur (see, for example, <a href="http://www.independent.co.uk/news/uk/home-news/worrying-rise-in-cyclist-accidents-2203369.html">http://www.independent.co.uk/news/uk/home-news/worrying-rise-in-cyclist-accidents-2203369.html</a> ). The economic evaluation must take such factors into account.	Thank you. This section is intended to indicate that there may be different factors in play. It is not a thorough examination of all the relevant evidence.
<b>Avonsafe</b>	3e and General	The scope and the guidance should incorporate the fact that the reduction in avoidable serious injury is a legitimate and desirable outcome of interventions aimed at increasing participation in cycling and walking and an outcome of interest to organisations with a duty of care over their target audiences.	Thank you for your comment. NICE guidance is based on the best available information of effectiveness and cost effectiveness. NICE has outlined in

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			the scope key questions that 'unintended consequences' will be explored where the evidence allows which may include the impact on serious injury.
<b>Coventry PCT</b>	3f	For consistency, we recommend that greenhouse gas should be described as CO <sub>2</sub> to concur with 2b 'a reduction in carbon emissions' There are other greenhouse gases which may be implicated in climate change such as methane and CFCs, which are not transport related.	Thank you for your comment. The term 'greenhouse gases' is used here as this is the term used in the paper referenced
<b>Department of Health</b>	3f	The £10 billion cost quoted does not appear to include the cost of physical inactivity, but covers congestion, road accidents and poor air quality only. You may wish to be aware that there is an additional £10 billion cost, which is caused by physical inactivity and obesity.	Thank you for your comments. This has been clarified.
<b>NHS Bristol</b>	3f	We welcome the inclusion of evidence on economic costs and draw your attention to the review published in March 2011 by DH South West/Govt Office South West <a href="http://www.healthyweight4children.org.uk/resource/item.aspx?RID=90422">http://www.healthyweight4children.org.uk/resource/item.aspx?RID=90422</a>	Thank you.

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<b>Royal College of Paediatrics and Child Health</b>	3f	Surely the way the cost of pollution and an increase in greenhouse gases is calculated is not just a political matter? Surely it is also an economic and social and ethical issue? How do we calculate the cost of the future global warming from present actions which are contributing to it? We would like clarification that this issue will be discussed with NICE's economic expertise. It is crucial to the balance sheet in relation to how much benefit these two forms of exercise can have.	Thank you for your comments. Consideration will be given in the economic analysis to issues where evidence of a significant impact of walking & cycling can be identified, in line with the referral from the DH to consider the benefits of walking and cycling to the wider economy.
<b>Sustrans</b>	3f	The meaning of para 3f might usefully be clarified – it can be read to mean that the aggregate economic cost of the impacts you mention is £10bn. In fact the Cabinet Office found that <b>each of</b> 'Excess delays', 'Accidents', 'Poor air quality', and 'Physical inactivity' was costing the English economy around £10bn per annum, with a total cost approaching £50bn. Note also that these estimates relate only to the cost arising in English urban areas – the subject area of the review. The total UK value may well be higher.	Thank you. This paragraph has been clarified
<b>University College London - Centre for Transport Studies</b>	3f	It is not clear what the sentence in brackets '(the cost of each element of a similar scale)' means. Does it mean similar to each other?	Thank you. This sentence has been clarified.
<b>University of Bristol (DECIPHer UKCRC Public Health</b>	3f	Are we also able to assess the costs of having to provide and police parking areas (or do private companies/local authorities gain as a result of charging for parking)?	Thank you. Consideration will be given in the economic analysis to issues where evidence of a

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<b>Research Centre of Excellence, School of Social and Community Medicine)</b>		Parking on the pavements is there a problem in some cities/villages – does this cause damage to the pavements? Is there a problem with access for emergency vehicles because of parking in narrow streets/on corners? Can this be measured?	significant impact of walking & cycling can be identified, in line with the referral from the DH to consider the benefits of walking and cycling to the wider economy.
<b>Chartered Institute of Highways &amp; Transportation</b>	3g	There will be significant differences in the ability to replace trips with walking and cycling for commute and utility purposes between urban and rural areas. Consideration should be given to the impacts of additional trip generation by motorised means to access recreational walking and cycling areas of activity. For instance, a significant numbers of those accessing National Trust properties can only arrive by car or coach	Thank you for your comment. The guidance will seek to consider, where the evidence allows, the barriers and facilitators for local interventions to increase walking and cycling for transportation and recreation. It will also seek to consider, where the evidence allows, the unintended consequences of the promotion of walking and cycling.
<b>Coventry PCT</b>	3g	There is evidence within the Marmot Review to suggest that increasing levels of walking and cycling <b>will</b> help to lead to reductions in health inequalities. We recommend that this is included rather than stating 'may' have an impact. The document states that designing neighbourhoods well can also increase their walkability which is very important to reducing health inequalities.	Thank you for your comment. The scope does not aim to set out all the evidence on an issue but to raise areas that are important in the development of the guidance. The impact of the guidance on inequalities will be considered

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		<p>Whilst we agree that planning decisions can help to improve accessibility on foot or by cycling, as recommended by Marmot, section 4.2.5.b) of the scope states that '<i>interventions which solely aim to change the physical environment will not be covered by this guidance</i>'. This must be clarified as planning decisions only change the physical environment? In order to reduce such health inequalities it would be necessary to improve the physical environment. Therefore we feel it would be unwise to exclude such an intervention.</p> <p>According to the Marmot Review, air pollution has a greater impact in more deprived areas and we feel this should be emphasised within the scope. Further to this, the impact of transport on health inequalities is most significant when looking at deaths from road traffic injuries, and areas of deprivation, which should be also be considered as a need for the guidance. <a href="http://www.marmotreview.org/">http://www.marmotreview.org/</a></p>	<p>during its production.</p> <p>NICE has already produced guidance relating to physical activity and the environment. Where environmental interventions are part of a broader programme of local measures they will be included. As part of this guidance, we will also be producing a 'pathway' (see <a href="http://pathways.nice.org.uk/">http://pathways.nice.org.uk/</a>). The content and format of this pathway will be considered during the process of developing the guidance but are likely to include other relevant NICE recommendations</p> <p>Reference is made to the impact of air pollution and health inequalities and social gradients in section 3</p>

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			paragraph g. All NICE guidance considers the impact of the recommendations on health inequalities.
<b>Department of Health</b>	3g	The reference to wheelchair users appears to be superfluous. Could you please clarify whether they are covered by the definition of limited mobility.	Thank you for your comment. Wheelchair users would be covered by the definition of limited mobility. The impact of recommendations on health inequalities is considered as part of the process of development of NICE guidance. If evidence identifies specific groups this may be taken into account in the development of the recommendations.
<b>Department of Health</b>	3g	This paragraph refers to planning decisions and the built environment which, we think, are outside the scope. Could you please clarify this.	Thank you for your comment. Local interventions which solely aim to change the physical environment are excluded from this piece of work.
<b>JMP Consulting</b>	3g	Risk that if more walking or cycling taken up by 'health rich' that inequalities will be worsened.	Thank you for your comment. Please note that we will be issuing

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		We were very mindful of this in our work in Dundee, which has high levels of health deprivation. We measured the uptake of the programme according to self-rating of levels of health and found that the programme attracted people from good, fair and poor health categories in equal amounts, so it can be done.	a call for evidence as part of the process of developing this guidance. We would welcome the submission of any additional relevant evidence at that time
<b>Transport for London</b>	3g	<p>TfL interventions to encourage people to walk aim to be non discriminatory, for example, footway widening and de-cluttering has taken place in Central and Outer London to improve the public realm. Proposal 60 of the Mayors Transport Strategy aims to 'improve the walking experience by enhancing the Urban Realm through the development of a Key Walking Route approach'. This has been met through the development of the Strategic Walk Network (SWN), comprising 7 strategic walkways in and around London. Walk England also promote a variety of walks which are designed to enable and encourage people of all levels of fitness and ability to partake in some physical exercise.</p> <p>There may be some merit in exploring whether there are challenges in the ability to replace trips with walking and cycling for commute and utility purposes in more rural areas, which may have markedly different characteristics from the urban landscape.</p>	<p>Thank you. The impact of recommendations on health inequalities is considered as part of the process of development of NICE guidance. Where evidence identifies impacts on specific groups this may be taken into account in the development of the recommendations.</p> <p>Considering the factors influencing walking and cycling in different areas, such as urban and rural locations, will be important in the development of recommendations in this guidance</p>

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<b>University of Bristol (DECIPHer UKCRC Public Health Research Centre of Excellence, School of Social and Community Medicine)</b>	3g	Limited mobility is not the only disability that is relevant to this guidance. For example, walking is likely to be easier than cycling for people who are partially sighted.	Thank you. Limited mobility is mentioned as an example and is not intended to imply that this is the only group who may experience difficulty.
<b>York Health Economics Consortium</b>	3g	This paragraph covers a number of separate issues with regard to inequalities, each of which is very important in its own right and could warrant a separate statement. Additionally, differences between urban and rural populations should be considered.	Thank you. We anticipate that these will be addressed in more detail in the guidance itself.
<b>University of Bristol (DECIPHer UKCRC Public Health Research Centre of Excellence, School of Social and Community Medicine)</b>	4..2.1c	Why are 'car clubs' included? Is this because they have the potential to encourage people to get rid of their car and only use the car club for specific journeys? If so, I'm not sure whether you would then have to include other measures to encourage people to use motorised transport less e.g. if a workplace provides a 'pool car' for some work related journeys and encourages employees to walk or cycle to work?	This list is not intended to be comprehensive. If there is evidence relating to the effectiveness of these interventions this may be of interest.
<b>JMP Consulting</b>	4.1	Target groups: If helpful, we would be very happy to provide further information or thoughts about different target groups and appropriate ways to promote active travel to them, which we have developed with experience of	Thank you. We will be issuing a 'call for evidence' as part of the process of developing this guidance and we would welcome

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		implementing community behaviour change programmes. Generally, the positive, light-hearted messages should be maximised – above all else, walking and cycling can be fun things to join in and be social with. Dry messages about health benefits or environmental benefits will not inspire many people!	the submission of further relevant evidence at that stage.
<b>University of Bristol (DECIPHer UKCRC Public Health Research Centre of Excellence, School of Social and Community Medicine)</b>	4.1	Although the guidance relates to ‘everyone’ it may be important to note specific issues, especially where these relate to inequalities. For example, ethnicity may affect the acceptability and accessibility of modes of transport and specific interventions may be required to address this?	Thank you. The scope includes everyone. The guidance will consider impacts on specific groups where the evidence permits.
<b>Chartered Institute of Highways &amp; Transportation</b>	4.1.1	Groups should also include parents with young children, who are not necessarily mobility impaired, but whose default choice is the car due to infrastructure and access issues. It may also be useful to specify children and schools, with a view to encourage physical activity at a young age in order to address increasing child obesity issues.	Thank you for comment. This guidance will cover everyone and would not exclude parents with young children, who are not necessarily mobility impaired, but whose default choice is the car due to infrastructure and access issues.
<b>Cycling Projects</b>	4.1.1	Cycling Projects has a number of good quality case studies relating to cycle referral schemes in partnership with a number of Primary Care Trusts throughout England. We would be very happy to share them	Thank you. We will be issuing a ‘call for evidence’ as part of the process of developing this

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		within the context of the document.	guidance and we would welcome the submission of further relevant evidence at that stage.
<b>Cycling Projects</b>	4.1.1	Those with Impaired Mobility – examples can be found through the Wheels for All networks. These are quality programmes highlighting community engagement for those with a disability through the mode of cycling.	Thank you. We will be issuing a 'call for evidence' as part of the process of developing this guidance and we would welcome the submission of further relevant evidence at that stage.
<b>Department of Health</b>	4.1.1	Could you please confirm whether the guidance covers children and young people. If so, we consider that there should be an explicit reference to the mode of travel to school, further education colleges etc, and the interventions that promote active travel to these establishments.	Thank you for your comment. All population groups are included in this piece of work. The points you raise around mode of travel to school, further education colleges etc, and the interventions that promote active travel to these establishments are not exclude and will be considered where the evidence allows. We have included additional reference to children in section 3.
<b>Local Government Improvement and</b>	4.1.1	Where evidence permits participation in walking and cycling and the impact of interventions with different groups and across the social	Thank you for your comment.

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<b>Development, Healthy Communities Programme</b>		gradient should be considered with recommendations for universal and targeted approaches.	
<b>Transport for London</b>	4.1.1	Groups should also include parents with young children, who are not necessarily mobility impaired, but whose default choice is the car due to infrastructure and access issues. It may also be useful to specify children and schools, with a view to encourage physical activity at a young age in order to address increasing child obesity issues.	Thank you for comment. This guidance will cover everyone and would not exclude parents with young children, who are not necessarily mobility impaired, but whose default choice is the car due to infrastructure and access issues.
<b>UKPHA Health and Sustainable Environments Special Interest Group</b>	4.1.1	Where evidence exists participation in walking and cycling and the impact of interventions with different groups and across the social gradient should be considered with recommendations for universal and targeted approaches.	Thank you. Where the evidence exists this will be included and production of specific recommendations considered.
<b>MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR), Cambridge</b>	4.1.1 and 4.1.2	It is not completely clear whether the target population for this guidance will include people of all ages (including children and adolescents) or will include only adults, because the examples in the document generally appear to relate to adults.	Thank you for your comment. By everyone we mean the guidance includes all people of all ages. We have included additional reference to children in section 3.
<b>Luton Borough Council and NHS Luton</b>	4.1.1.	Groups to be covered – everyone. As well as including everyone in promotions at Luton we have focussed the promotion of cycling to women and ethnic minority groups, who cycle less and may need more	Thank you for your comment. As outlined all the specific groups you mention are included in this piece,

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		encouragement to regularly cycle. We have also focussed on areas of Luton where there is economic deprivation and/or high child or adult obesity levels.	and specific reference will be made to vulnerable and high risk groups in this guidance where the evidence allows.
<b>Local Government Improvement and Development, Healthy Communities Programme</b>	4.1.1/2	The impact of rurality should be considered with appropriate recommendations for rural and deeply rural environments as well as the urban and peri-urban	Thank you. This is likely to be an important issue for consideration in the development of recommendations depending on the evidence available.
<b>UKPHA Health and Sustainable Environments Special Interest Group</b>	4.1.1/2	The impact of rurality should be considered with appropriate recommendations for rural and deeply rural environments as well as the urban and peri-urban	Thank you. This is likely to be an important issue for consideration in the development of recommendations depending on the evidence available.
<b>JMP Consulting</b>	4.2	The key to getting more people walking and cycling is behaviour change – we must persuade people that they can do these activities (self-efficacy), that it is normal (social norms) and that it benefits them (provide personal motivation). Whilst it is useful to improve physical infrastructure / facilities, this on its own will not generate more walking and cycling – Cycling England demonstrated this in its ‘lessons learned’ from the Cycle Demonstration Towns. On a practical basis, physical measures are costly and take time to	Thank you for your comments.

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		<p>deliver, whereas behavioural interventions can be low cost and immediate. Nobody should be saying “We can’t promote walking and cycling because the facilities aren’t good enough”. Promote them and then create demand for the facilities to be improved!</p> <p>In terms of your logic model (4.2.2), we would therefore say that the social environment and individual are the primary elements to focus on. Another practical point is that transport planners know what good quality cycling and walking infrastructure provision is (and there are endless good practice documents), but they have a poorer understanding of behaviour change measures, so your document will make a more useful contribution by focusing on the behavioural elements.</p>	
<b>20s Plenty For Us</b>	4.2.1	<p>We feel that the most important intervention- lowering speed limits to 20 mph across an authority should have prominence in the interventions list. In particular that the first intervention a should be listed as</p> <p>a) <b>Speed limit changes. Including reductions to default residential and city centre speed limits (with signage but without traffic calming) to 20 mph (or lower where appropriate). The use of 20 mph zones (with road engineering/calming where there are particular casualty</b></p>	<p>Thank you for your comment and suggestion. The main focus of this guidance is the promotion of walking and cycling. Evidence relating to local speed limit changes that lead to changes in cycling and walking for transport and recreation is not excluded from this piece of guidance. Please note that we will be issuing a ‘call for</p>

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		<p><b>reasons). The use of public education campaigns on road speed limits and the enforcement of 20 mph speeds by light touch policing and penalties for drivers who go above 20.</b></p> <p>We campaign for 'Total 20' which is wide area 20 mph limit default road speeds without road humps. This is affordable and effective. In Portsmouth after two years of this policy on 94% of roads casualties were reduced by 22%. Indeed the NICE guidance on "Preventing unintentional injuries among under-15s" recommends 20 mph speeds wherever children are likely to be.</p> <p>NICE recommendations to prevent unintentional injury to under 15 year olds include using signage, road design and engineering to reduce vehicle speeds on roads where children and young people are likely to be, such as those passing playgrounds or schools. The report instructs health officials, local councils and their safety partnerships to use national and local education and media campaigns to promote the benefits of safety initiatives – including 20 mph speed limits and zones – in areas frequented by children and young people. It specifically calls for 20 mph speed limits for residential roads or where pedestrian and cyclist movements are high.</p>	<p>evidence as part of the process of developing this guidance and we would welcome the submission of further relevant evidence at that stage.</p> <p>The guidance will include reference to other relevant NICE guidance, such as those you mention. As part of this guidance, we will also be producing a 'pathway' (see <a href="http://pathways.nice.org.uk/">http://pathways.nice.org.uk/</a>). The content and format of this pathway will be considered during the process of developing the guidance but are likely to include other relevant NICE recommendations.</p>

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		<p>In particular, we believe that residential roads and any location where there is likely to be a concentration of vulnerable road users such as city centres, schools, near leisure facilities, playgrounds, stations and public transport hubs like bus stations should have a 20 mph limit. 20 mph limits work best area wide. The limit of 18.5 mph (30kmp/hr) is common across much of Northern Europe and does helps to explain for their higher levels of cycling and walking as well as lower levels of pedestrian casualties as a percentage of all casualties.</p> <p>Many UK authorities are adopting Total 20 strategies including Portsmouth, Oxford, Warrington, Hartlepool, Islington, Newcastle and Lancashire. This policy is now accepted as adopted strategy for authorities with 5.4million people in the UK.</p> <p>Lower road speed helps road danger reduction and a change in the power status between vulnerable and other road users. In the past, pedestrians and cyclists have tended to be told to stay away from cars and were therefore warned off using roads onto traffic free paths or to not moving around or else to start using cars more often. To reverse this trend, roads need to get safer for all road users.</p> <p>The draft list of interventions is therefore very incomplete when it leaves out road speed limit changes and the enforcement of them</p>	

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<b>20s Plenty For Us</b>	4.2.1	On d) Information resources - <b>We believe that location specific travel guides (including those written for specific schools, leisure centres, universities and given to users etc) should be added to information resources. Plus the use of traffic reduction guide books, urban cycling books and also websites.</b>	Thank you for your comment. This list is not a comprehensive list and only provides examples of what intervention might be included.
<b>20s Plenty For Us</b>	4.2.1	On e) Skills training – <b>this could include training for lorry drivers on cycle awareness. Cycle maintenance courses and websites.</b>	Thank you for your comment. This list is not a comprehensive list and only provides examples of what intervention might be included.
<b>Avonsafe</b>	4.2.1	We observe that the field of ‘skills training’ seems to hold the biggest potential for raising awareness of the causes of non-collision cycling injuries. We advocate that the guidance includes recommendations relating to the content of skills training to improve awareness and preparedness for reducing (especially) non-collision cycling incidents. References 1,2 and 3 may assist in constructing this guidance.	Thank you for your comment and references. NICE guidance is based on the best available evidence on effectiveness and cost effectiveness. Skills training is not excluded from this guidance and recommendations will be made where the evidence allows.
<b>Chartered Institute of Highways &amp; Transportation</b>	4.2.1	c. does inclusion of car clubs etc lead to a danger of widening the scope too far, and diluting health messaging and therefore generalising the report too greatly? d. would suggest that scope specifies digital resources, e.g. on line	Thank you for your comments. The list you refer to in section 4.2.1 is not an exhaustive list of all the interventions to be included but

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		mapping, mobile phone apps etc.	provides examples of what might be included. However it is appropriate to include digital resources and these have been added.
<b>Cutting Your Car Use</b>	4.2.1	<p>On d) Information resources - I believe the use of traffic reduction guide books including my own Cutting Your Car Use by Anna Semlyen, and also Rory McMullan's Cycling to Work (both published by Green Books) plus their websites <a href="http://www.cuttingyourcaruse.co.uk">www.cuttingyourcaruse.co.uk</a> should be included.</p> <p>In many areas of behaviour change patients are given a book/ guide on for instance, how to give up smoking, loose weight or help the health of their back – like The Back Book.</p> <p>The same is needed for car use reduction in the move towards more cycling and walking. The book, Cutting Your Car Use, which has sold over 115,000 copies is the leading book on personal car use reduction and an important tool in teaching people about active travel and traffic reduction.</p> <p>Books such as these could more routinely be given to new employees as part of travel plans, or through letter boxes to increase modal shift. Perth and Kinross council, for instance bought 25,000 copies of Cutting</p>	Thank you for your comment. The list outlined in 4.2.1 is not intended to be an exhaustive list. NICE guidance is based on the best available evidence of effectiveness and cost effectiveness and will seek to consider all relevant evidence in the guidance development process.

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		Your Car Use to give away.	
<b>Department of Health</b>	4.2.1	Could you please consider making reference to school travel.	Thank you for your comment. Many of the activities listed are likely to take place in the context of school travel.
<b>Final Draft Consultancy Ltd</b>	4.2.1	This section alludes to potentially including changes to the physical environment, but none are included in the suggested list of interventions – places that have significantly increased bike use (such as Copenhagen) have achieved that through physical changes to the environment, so the suggested list needs to include an example of physical environmental change so that there is no danger of it getting missed in the final guidance.	Thank you for your comment. The list of interventions in 4.2.1 is indicative rather than to be comprehensive. Where environmental interventions are part of a broader programme of local measures they will be included..
<b>JMP Consulting</b>	4.2.1	We utilise Personal Travel Planning where trained advisors have structured conversations with individuals to help them identify ideas and opportunities for walking or cycling more. We provide them with <b>information resources and incentives</b> to support the new behaviour. We issue <b>personal challenges</b> to encourage action and overcome the 'behaviour-intention' gap. We tailor these challenges to individual circumstances and deliberately avoid setting a challenge that is too difficult. We find that <b>building commitment</b> by starting with a modest challenge is more effective. We	Thank you for your comment. Please note that we will be issuing a 'call for evidence as part of the process of developing this guidance and we would welcome the submission of further relevant evidence at that stage.

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		are very happy to provide more insight into how these personal programmes can maximise impact, should that be helpful.	
<b>Local Government Improvement and Development, Healthy Communities Programme</b>	4.2.1	Whilst the draft scope refers to <i>'interventions which aim to reduce the barriers to these activities'</i> we would welcome the specific inclusion of measures designed to reduce or restrict motorised transport as a way of promoting walking and cycling, including the creation of car free spaces, prioritisation of non-motorised transport or local fiscal measures particularly where these form part of a multi-component approach.	Thank you for your comment. Local interventions which solely cover the built environment are excluded from this piece of work but when they also cover another included aspect for example a promotional activity or part of a multi component approach they will be considered.
<b>Local Government Improvement and Development, Healthy Communities Programme</b>	4.2.1	Specific attention should be given to evidence on what works to promote modal shift for journeys to school.	Thanks for your comment. The list outlined is not intended to be a comprehensive list but a list of what could be included. School travel interventions are likely to involve several of the interventions listed.
<b>Local Government Improvement and Development, Healthy Communities</b>	4.2.1	Whilst recognising previous work on physical environment and mode of transport we would welcome the inclusion of physical measures where they are the principal element of a multi-component approach.	Thank you for your comment. Physical measures that are part of a multi-component approach are included.

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<b>Programme</b>			
<b>Local Government Improvement and Development, Healthy Communities Programme</b>	4.2.1	Will interventions that combine active travel with public transport be considered?	Thank you for your comment. Interventions that combine active travel with public transport are not excluded from this piece of work.
<b>Local Government Improvement and Development, Healthy Communities Programme</b>	4.2.1	Walking and cycling are different activities and the guidance should recognise that motivational factors and barriers to participation are different.	Thank you for your comment. NICE recognise this and will consider this in the guidance development process. This has been emphasised in section 1.
<b>Local Government Improvement and Development, Healthy Communities Programme</b>	4.2.1	People with impaired mobility are able to gain some of the benefits of recreational walking through schemes like mobility scooter 'walks'. Will these be included in the guidance?	Thank you for your comment. Where the evidence permits the benefits for people with impaired mobility will be included. Local interventions that increase the uptake of walking for recreational and transport purposes are covered in this piece of guidance. Use of powered scooters is outside the scope of the guidance.
<b>MRC Epidemiology Unit and UKCRC</b>	4.2.1	It is not completely clear whether the list of classes of intervention is exhaustive or merely illustrative. We would argue for the latter (see	Thank you for your comment. The list you refer to is illustrative and is

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Centre for Diet and Activity Research (CEDAR), Cambridge		below) and that this should be made clear.	not meant to be exhaustive. This has been clarified.
MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR), Cambridge	4.2.1	For example, it is not clear why 'local media campaigns to raise awareness of the benefits and convenience of walking and cycling' have been singled out as a class of intervention to be included. It would appear more appropriate to expand this to include all mediated interventions (e.g. using print, telephone or internet) and to include not only those that merely aim to raise awareness, but also those that are based on established theories of behaviour change. Such interventions may include some of the information resources alluded to in 4.2.1 (d), but are not necessarily synonymous with them.	Thank you for your comment. The list you refer to is illustrative and is not meant to be exhaustive. This bullet point has been changed
MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR), Cambridge	4.2.1	The scope appears to lack recognition of the setting or context in which interventions may be conducted. Would it be useful to structure the guidance in terms of settings (e.g. school, workplace, wider community)?	Thank you for your comment. This scope is primarily focused on local interventions which aim to raise awareness of, encourage or increase uptake of walking and cycling for recreational and transport purposes. The structure of the guidance will depend on the evidence identified and the discussions of the committee.

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<b>National Heart Forum</b>	4.2.1	<p>It is indicated within this section that the guidance will consider local interventions which aim to reduce the barriers associated with the increase uptake of waking and cycling. Research has shown that barriers to walking and cycling include the speed of vehicles, traffic, and the actual and perceived safety for walking and cycling. Lower traffic speeds leads to increased perceptions of safety, which is an important aspect for determining whether people decide to switch to active travel modes. Consequently, low neighbourhood speed limits are a common feature of active travel promotion internationally and are considered to have contributed to more walking and cycling for transport in those areas (Pucher J, Buehler R. 2008). An Australian review on promoting safe walking and cycling by reducing traffic speed (Garrard J. 2008) has also concluded that lower traffic speed in urban areas will improve pedestrian and cyclist safety and community liveability, and is likely to contribute to increased rates of walking and cycling for transport. Therefore the National Heart Forum strongly encourages NICE to recognise vehicle speed as a barrier to walking and cycling, and to include the reduction of local speed limits, such as 20mph in built-up areas, within this draft scope and guidance for promoting walking and cycling as a form of travel or recreation.</p>	<p>Thank you for your comment and references. Local interventions that consider local speed limits and identify an impact on walking and cycling will be considered in this guidance. National legislation including national speed limits are excluded from this piece of guidance and are also covered in part in other NICE guidance (PH28 and 31). NICE recognises the complexities and overlap in this area and reference where applicable will be made to this guidance.</p>

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<b>National Heart Forum</b>	4.2.1	The National Heart Forum supports the reference in this section to 'changes to the physical environment' as an example of multi-component approaches to promote walking and cycling.	Thank you.
<b>National Obesity Observatory</b>	4.2.1	We question why the scope focuses on local interventions. While interventions operating at a city or town or community level may be important, it is likely that other factors that have a far greater influence on people's ability to walk or cycle. These include planning legislation, the transport system and infrastructure, and more upstream issues such as fuel taxation. To focus only on local interventions seems likely to miss the factors of greatest potential importance.	Thank you for your comment. The referral from the DH (see appendix A) specifically makes reference to local measures to promote cycling and walking.
<b>National Obesity Observatory</b>	4.2.1	The examples should also include 'town-wide approaches to increasing cycling including changes to the infrastructure alongside promotional programmes and cycle training'. This covers the strong evidence emerging from the programme run by Cycling England.	Thank you for your comment. Although local interventions that solely focus on the built environment are excluded from this piece of guidance, where such interventions appear as part of a multi-component approach they will be considered.
<b>Natural England</b>	4.2.1	The list on interventions to be covered is reasonably comprehensive. However, this range of intervention may be delivered over very different	Thank you for your comment. The list is only illustrative and outlines

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		timescales i.e a promotional week vs a prolonged local media campaign over months. These different approaches may lead to differences in the sustainability of the walking and cycling outcomes. It is suggested that the review differentiates between brief and long term interventions; and that it seeks evidence of sustained post-intervention outcomes.	what could be included. We will comment where the evidence allows on all the various factors you have outlined
<b>NHS Bournemouth and Poole</b>	4.2.1	The list of suggested interventions has no examples of environmental change, despite the benefits being of longer duration than the examples given.	Thank you for your comment. The list outlined is an illustrative one and provides examples of what might be included. Where environmental interventions are part of a broader programme of local measures they will be included.
<b>NHS Bristol</b>	4.2.1	There is likely to be value in defining transport and recreation even where evidence is clearly addressing both. We believe that the guidance should address interventions which result in behaviour change rather than just awareness raising which in itself may never lead to behaviour change, especially where intention is weaker than existing habit. It may be that multifactorial interventions include both – which then means that the study should be included.	These definitions may be included in the guidance.  Where the evidence permits the guidance will address interventions which result in behaviour change.. We agree that it is likely that many included interventions will be multifactorial in approach and

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27<sup>th</sup> April – 25<sup>th</sup> May 2011

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			intention.
<b>Royal College of Nursing</b>	4.2.1	<p>Activities – another activity which can increase physical activity, either walking or cycling from home or walking from car / bus stop, is <i>geocaching</i>. Although a GPS is required, this is a one-off cost, minimum approx £60, and can be shared between family members and / or friends.</p> <p>We are aware that some individuals have set up <i>geocaching</i> caches which have attracted more people to this activity, as finders log their finds (free registration and use) online <a href="http://www.geocaching.com">www.geocaching.com</a> and often comment about travel to cache and surroundings, cache owners can follow trends and maintain visit statistics.</p>	Thank you
<b>Royal Society for the Prevention of Accidents (ROSPA)</b>	4.2.1	<p>Recent years have seen considerable investment in the promotion of cycling, and in developing cycling infrastructure, much of which has involved the Cycling Demonstration Towns Programme (<a href="http://www.dft.gov.uk/cyclingengland/cycling-cities-towns/">www.dft.gov.uk/cyclingengland/cycling-cities-towns/</a>) and in the sustainable Travel Towns Programme (<a href="http://www.dft.gov.uk/pgr/sustainable/demonstrationtowns/">www.dft.gov.uk/pgr/sustainable/demonstrationtowns/</a>). Hopefully, there is much evidence available from these initiatives to inform the NICE guidance.</p> <p>Some other cycle safety research the authors may wish to consider:</p>	Thank you for these suggested references. We will pass them on to the team compiling the evidence reviews.

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		<p>Safety, cycling and sharing the road: qualitative research with cyclists and other road users <a href="http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/researchreport/">http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/researchreport/</a></p> <p>Perceptions and Experiences of Bikeability Training Amongst Parents and Children <a href="http://www.dft.gov.uk/pgr/sustainable/cycling/bikeabilitytraining/">www.dft.gov.uk/pgr/sustainable/cycling/bikeabilitytraining/</a></p> <p>Collisions Involving Cyclists on Britain's Roads: Establishing the Causes <a href="http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/ppr445.pdf">www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/ppr445.pdf</a>.</p> <p>The Impact of Transportation Infrastructure on Bicycling Injuries and Crashes <a href="http://www.ehjournal.net/content/8/1/47">http://www.ehjournal.net/content/8/1/47</a></p> <p>The Potential for Cycle Helmets to Prevent Injury: A review of the evidence <a href="http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/ppr446.pdf">www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/ppr446.pdf</a></p> <p>Bicycle helmets: review of effectiveness</p>	

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		<p><a href="http://webarchive.nationalarchives.gov.uk/+/http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/bicyclehelmetsreviewofeffect4726">http://webarchive.nationalarchives.gov.uk/+/http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/bicyclehelmetsreviewofeffect4726</a></p> <p>There are references to older research about the effectiveness of practical cyclist training in a summary produced by RoSPA in 2001.<sup>1</sup></p> <p><a href="http://www.rospace.com/roadsafety/info/cyclist_training_effectiveness.pdf">http://www.rospace.com/roadsafety/info/cyclist_training_effectiveness.pdf</a></p>	
<b>Royal Society for the Prevention of Accidents (ROSPA)</b>	4.2.1	<p>There is also research about the links between deprivation and road safety, which may be useful to draw upon, particularly the disproportionate risk to pedestrians and cyclists in deprived areas. The Guidance could usefully explore how to ensure that policies and measures are designed to address these issues. Some road safety research that may be useful is listed below.</p> <p>Road user Safety and Disadvantage <a href="http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/roadusersafetyreport/">http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/roadusersafetyreport/</a></p> <p>Road Injury Risk in Disadvantaged Areas: Evaluation of the Neighbourhood Road Safety Initiative</p>	Thank you. All NICE guidance considers the impact on health inequalities and this will be discussed during the development of the guidance.

<sup>1</sup> [http://www.rospace.com/roadsafety/info/cyclist\\_training\\_effectiveness.pdf](http://www.rospace.com/roadsafety/info/cyclist_training_effectiveness.pdf)

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		<a href="http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/researchreport19/">http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/researchreport19/</a>  Neighbourhood road safety initiative <a href="http://www.dft.gov.uk/pgr/roadsafety/dpp/neighbourhoodroadsafety/">http://www.dft.gov.uk/pgr/roadsafety/dpp/neighbourhoodroadsafety/</a>	
<b>Royal Society for the Prevention of Accidents (ROSPA)</b>	4.2.1	The type, and delivery, of measures to increase walking and cycling are likely to differ in urban and rural environments, as do the road safety dangers faced by pedestrians and cyclists. The Guidance could usefully explore how to ensure that policies and measures to promote walking and cycling are designed for these different environments. Some road safety research that may be useful is listed below.  Taking on the Rural Road Safety Challenge <a href="http://www.dft.gov.uk/pgr/roadsafety/dpp/rural/ruralroadsafetyreport/">http://www.dft.gov.uk/pgr/roadsafety/dpp/rural/ruralroadsafetyreport/</a>  Child road safety in rural areas: literature review and commentary <a href="http://webarchive.nationalarchives.gov.uk/+http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/childroadsafetyinruralareas14733">http://webarchive.nationalarchives.gov.uk/+http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/childroadsafetyinruralareas14733</a>	Thank you. Addressing the needs of different communities and groups will be important in developing the guidance. Thank you for the suggested references.
<b>Royal Society for the Prevention of Accidents (ROSPA)</b>	4.2.1	A final area of road safety research, which may have findings relevant to the issue of increasing walking and cycling is public attitudes to road safety. Recent research includes:	

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		<p>Understanding Public Attitudes to Road User Safety  <a href="http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme5/researchreport111/">http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme5/researchreport111/</a> and  <a href="http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme5/researchreport111/">http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme5/researchreport111/</a></p> <p>Citizens' Panel Road Safety - Road Safety Web Publication 10  <a href="http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme5/roadsafetywebpublication10/">www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme5/roadsafetywebpublication10/</a></p>	
<b>Transport and Health Study Group</b>	4.2.1	<p>The measures mentioned are all worthy enough, but in isolation are unlikely to achieve very much. This is why we think the concept of this guidance should be expanded into a complete manual of packages. Walking and cycling programmes can succeed and have succeeded – viz the recent resurgence of walking in Belfast. The reason that so many such initiatives in the end fail is lack of sustained commitment from the local authority supported by priority for the measure from central government.</p> <p>However, if the limitations are to be accepted we would reiterate our comment above that a focus on deterring young people from driving should achieve a double win of better road safety and more active travel.</p>	<p>Thank you. We would be interested in examples of evaluations of interventions and will be issuing a call for evidence in the near future. Integrated programmes including both environmental and behavioural interventions are included.</p>

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		We would strongly recommend that local public transport providers are encouraged to support cycle carriage, on buses and on trains. The combination of the bicycle with public transport enhances the utility of both. It also means that long commutes or business trips may be made a much wider range of age groups with an overall risk similar to, or lower than, if the car were used.	
<b>Sustrans</b>	4.2.1	As before, we suggest reversing the listing, to place transport before recreational use, in line with the referral terms.	The order of the listing does not imply assumed significance
<b>Sustrans</b>	4.2.1	We note and approve the reference to 'changes to the physical environment' in the context of multi-component approaches to promote walking and cycling.  It might be helpful to make this more explicit, by adding a point 4.2.1.f along the lines of "Integrated programmes combining environmental and behavioural intervention", so that this can inform the evidence review work.	Thank you. This point has been clarified.
<b>The Chartered Institute of Logistics and Transport (UK)</b>	4.2.1	General comment: is there any evidence that "cycle champions" have a material impact on walking and cycling rates?	We hope that the evidence reviews for this guidance will help answer questions such as this.

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<b>Stakeholder Organisation</b>	<b>Section Number</b>	<b>Comments Please insert each new comment in a new row.</b>	<b>Response Please respond to each comment</b>
<b>The Ramblers</b>	4.2.1	We note the parenthetical insertion that multi-component approaches may include changes to the physical environment. This is an important point as we suspect that, although for historical reasons there has been little coordination in the past between environmental interventions and “soft measures”, a coordinated combination of the two may be the most effective in changing behaviour. We are aware of some attempts to combine the two in projects now being developed by local authorities applying for Local Sustainable Transport Fund project funding. We suggest the fact that the scope extends to combinations of hard and soft measures is made much clearer.	Thank you. This has been clarified
<b>The Ramblers</b>	4.2.1	Our own successful flagship intervention promoting walking to inactive audiences, Get Walking Keep Walking, although it would undoubtedly be covered by some of the categories of activities/measures listed, doesn't sit entirely comfortably in any of them. Get Walking is a time limited intervention that combines a variety of led walks with provision of information and motivational materials, but the most important thing about it is that it works at a community, grassroots level largely in existing community networks and organisations (for example BME groups, Sure Start Children's Centres, elderly and mental health projects), with much face to face work involving trained staff and volunteers, some of whom are recruited from the communities themselves, “taking walking to people rather than taking people on	Thank you. The list of interventions is not intended to be comprehensive. This intervention would appear to be within the scope.

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		<p>walks.” We feel the list could benefit from including a further category, something like Outreach-based projects aimed at creating culture change in specific communities.</p> <p>The ongoing evaluation of the first four years of the project by CLES Consulting is available here  <a href="http://www.ramblers.org.uk/Walking/Projects/getwalking/getwalkingbig.htm">http://www.ramblers.org.uk/Walking/Projects/getwalking/getwalkingbig.htm</a></p> <p>An evaluation by the BHF Centres at Oxford and Loughborough of a related DH-commissioned project targeted through Sure Start Children’s Centres at families with young children, delivered in partnership with Action for Children, is here:  <a href="http://www.ramblers.org.uk/Walking/Projects/getwalking/pastprojects/walkingfurness">http://www.ramblers.org.uk/Walking/Projects/getwalking/pastprojects/walkingfurness</a></p>	
<b>Transport for London</b>	4.2.1	<p>c. does inclusion of car clubs etc lead to a danger of widening the scope too far, and diluting health messaging and therefore generalising the report too greatly?</p> <p>d. would suggest that scope specifies digital resources, e.g. on-line mapping, mobile phone apps etc.</p>	The list of interventions is not intended to be comprehensive. However it is appropriate to include digital resources and these have been added
<b>UKPHA Health and</b>	4.2.1	Whilst the draft scope refers to <i>‘interventions which aim to reduce the</i>	Thank you. Where these form part

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<b>Sustainable Environments Special Interest Group</b>		<i>barriers to these activities</i> ' we would welcome the specific inclusion of measures designed to reduce or restrict motorised transport as a way of promoting walking and cycling, including the creation of car free spaces, prioritisation of non-motorised transport or local fiscal measures particularly where these form part of a multi-component approach.	of a relevant multi-component approach they will be included.
<b>UKPHA Health and Sustainable Environments Special Interest Group</b>	4.2.1	Evidence on what works to promote modal shift for journeys to school should be included.	Thank you. Journeys to school are included in the scope
<b>UKPHA Health and Sustainable Environments Special Interest Group</b>	4.2.1	Whilst recognising previous work on physical environment and mode of transport we would welcome the inclusion of physical measures even where they are the principal element of a multi-component approach.	Where these are part of a multi-component approach they will be included. The guidance will include reference to other relevant NICE guidance, including guidance on physical activity and the environment (PH8). As part of this guidance, we will also be producing a 'pathway' (see <a href="http://pathways.nice.org.uk/">http://pathways.nice.org.uk/</a> ). The content and format of this pathway will be considered during the process of developing the

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			guidance but are likely to include other relevant NICE recommendations.
<b>UKPHA Health and Sustainable Environments Special Interest Group</b>	4.2.1	Will interventions that combine active travel with public transport be considered?	Combination with public transport would not exclude an intervention
<b>UKPHA Health and Sustainable Environments Special Interest Group</b>	4.2.1	Walking and cycling are different activities and the guidance should recognise that motivational factors and barriers to participation are different.	Thank you. This has been clarified in section 1.
<b>UKPHA Health and Sustainable Environments Special Interest Group</b>	4.2.1	People with impaired mobility are able to gain some of the benefits of recreational walking through schemes like mobility scooter 'walks'. Will these be included in the guidance?	Where the evidence permits the benefits for people with impaired mobility will be included. Local interventions that increase the uptake of walking for recreational and transport purposes are covered in this piece of guidance. Use of powered scooters is outside the scope of the guidance.
<b>University of Bristol (DECIPHer UKCRC Public Health</b>	4.2.1	Important 'changes to the physical environment may be less dramatic/obvious than, for instance, a new cycle path. For example, a strategically place bench as a 'resting place' may enable an elderly	Thank you.

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<b>Research Centre of Excellence, School of Social and Community Medicine)</b>		person, or someone with mobility problems, to walk a slightly longer journey. Street lighting is likely to be relevant if people are going out in the evening. There is a move to reduce lighting between midnight and 5.00am in some areas: it would be interesting to know if this is likely to have an impact on active travel in the evening.	
<b>University of Strathclyde</b>	4.2.1	“Walking groups” could be specified in this section	Thank you. Walking groups are mentioned in 4.2.1b.
<b>Coventry PCT</b>	4.2.1 c)	We do not feel that a car club will promote walking and cycling as a form of travel or recreation, and would like to see evidence to support this as an intervention if it is to be included in the scope	Thank you for your comment. The list outlined in 4.2.1 is not a comprehensive list of what will be included but provides example of what could be considered.
<b>Coventry PCT</b>	4.2.1 d)	Please ensure that both school and workplace travel plans are included as an intervention, as there are separate officers within local authority which deal with schools and workplaces	Thank you for your comment. The list outlined in 4.2.1 is not a comprehensive list of what will be included but provides example of what could be considered. School and workplace travel plans are not excluded from this guidance. NICE guidance is based on the best available evidence of effectiveness

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			and cost effectiveness.
<b>Coventry PCT</b>	4.2.1 e)	Please ensure both adult and children cycle training and walks are included as there are separate officers within local authority which deal with adults and children/ schools	Thank you for your comment. The list outlined in 4.2.1 is not a comprehensive list of what will be included but provides example of what could be considered. Adult and children cycle training and walks are not excluded from this piece of work. NICE guidance is based on the best available evidence of effectiveness and cost effectiveness.
<b>Cycling Projects</b>	4.2.1 Intervention d.)	Health on Wheels programmes funded through Natural England uses the concept of Walking Your Way to Health but through the mode of cycling. The training support package gives attendees an insight into the regular community barriers (often perceived) to cycling and what possible solutions might be available to allow people to cycle on a regular basis.	Thank you.
<b>Cycling Projects</b>	4.2.1 Intervention e.)	In the experience of Cycling Projects community cycling programmes can be <b>open</b> as in the form of a drop in session” at a set time with a variety of abilities” or they can <b>closed</b> whereby the clients are prescribed cycling as a referral option and this may be part of structured	Thank you for the information. Please note that we will be issuing a call for evidence as part of the process of developing this

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		block of sessions that ultimately gives the clients a solid awareness and understanding of cycling.	guidance. We would welcome the submission of any additional relevant evidence at that time.
<b>Sustrans</b>	4.2.1.d	It may be useful to add Personalised Travel Planning (not really the same thing as personal travel plans).	Thank you.
<b>University of Bristol (DECIPHer UKCRC Public Health Research Centre of Excellence, School of Social and Community Medicine)</b>	4.2.1/4.2.2	It might be worth considering interventions as they relate to the different levels of the socio-ecological model <sup>10</sup> - intra-personal (individual knowledge, skills, attitudes, behaviour) - interpersonal (influence of family, friends, colleagues) - institutional (formal and informal policies, rules and regulations within organisations) - community (relationships between organisations; social, natural and built environment) - policy (local and national polices)  10. McLeroy K, Bibeau, D, Steckler A. An Ecological Perspective on Health Promotion Programs. <i>Health Education &amp; Behavior</i> 1988;15, 351-377.	Thank you. It will be interesting to see if the available evidence relates to these levels.
<b>The Chartered Institute of Logistics and Transport (UK)</b>	4.2.1a	Some cycling promoters are deliberately choosing to no longer engage in any kind awareness-raising of the kind described here, as they feel it has more negative than positive impacts. Instead, they describe their promotional and marketing efforts in terms of "creating a cycling or bike	Thank you. We would be interested if the evidence demonstrates a negative impact. Promotional or marketing efforts of this sort would

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		culture". Examples include The Bike Station in Edinburgh, and the Bike Culture event in Leicester at the beginning of June 2011	be included in the scope. Please note that we will be issuing a call for evidence as part of the process of developing this guidance. We would welcome the submission of any additional relevant evidence at that time
<b>Royal Society for the Prevention of Accidents (ROSPA)</b>	4.2.1e	<p>RoSPA recommends that the guidance covers the research evidence concerning the effectiveness of pedestrian training schemes, such as Kerbcraft, and practical cyclist training schemes. This research includes:</p> <p>Evaluation of the national network of child pedestrian training pilot projects  <a href="http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/childpedestrianprojects/">http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/childpedestrianprojects/</a></p> <p>Other pedestrian safety research that the authors may wish to consider:</p> <p>Child pedestrian exposure and accidents  <a href="http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/childpedestrianexposureandac.pdf">www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/childpedestrianexposureandac.pdf</a></p>	Thank you. The main focus of this guidance is whether interventions are effective in promoting cycling or walking.

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WALKING AND CYCLING - Consultation on the Draft Scope  
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		<p>Comparative study of European child pedestrian exposure and accidents <a href="http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/comparativestudyofeuropaean.pdf">www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/comparativestudyofeuropaean.pdf</a></p> <p>Pedestrian decision-making of adolescents aged 11-15 years <a href="http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/pedestriandecisionmaking.pdf">www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/pedestriandecisionmaking.pdf</a></p> <p>Older Pedestrians: A Critical Review of the Literature <a href="http://webarchive.nationalarchives.gov.uk/http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/olderpedestriansacriticalrev.pdf">http://webarchive.nationalarchives.gov.uk/http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/olderpedestriansacriticalrev.pdf</a></p>	
<b>Coventry PCT</b>	4.2.2	<p><b>Environmental and economic outcomes.</b> We would like to question why the statement 'increase or decrease in exposure to air pollution' has been included. For consistency, please remove the word <i>increase</i>, as the word has not been included in other outcomes in this section including CO<sub>2</sub> emissions and noise emissions. As described above in our response to section 3e, the likelihood of reduced traffic and using the car less will result in a reduced exposure.</p> <p><b>Intervention examples.</b> The physical environment has been included as an intervention example, which contradicts with part 4.2.5 c) i.e. shall</p>	<p>Thank you. The logic model attempts to set out (briefly) the overall local context in which interventions to promote walking and cycling take place, how they may exert an influence and what changes may result. It is not possible for a model of this nature to set out every individual intervention, and the inclusion of</p>

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		<p>not be included in the scope. Therefore it is misleading to include such interventions within the logic diagram and should be removed. Further clarification is required.</p> <p><b>Possible health outcomes.</b> We feel that this box states items that are not health outcomes. We recommend that health outcomes could be issues such as obesity levels, incidence of type II diabetes, stroke, CVD etc. WHO describes a health outcome as a '<i>change of health status of an individual group or population which is attributable to a planned intervention...</i>' and would not include for example, a change in exposure to air pollution.</p> <p>The DoH Public Health Outcomes Framework consultation (which closed on 31<sup>st</sup> March 2011) includes examples of health outcomes for physical activity. <a href="http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_122962">http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_122962</a></p>	<p>types of intervention does not necessarily mean that they are included in the scope for the current work.</p> <p>Interventions that solely focus on changes to the physical environment are excluded unless they are part of a wider programme (as outlined in 4.2.5).</p>
<b>MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR), Cambridge</b>	4.2.2	The alignment of the logic model with the scope is not completely clear, given that the logic model refers to interventions in the physical environment as influencing changes in knowledge, attitudes, beliefs and behaviours but the scope states that 'interventions which solely aim to change the physical environment' will not be covered. Coherent and	Thank you. The logic model attempts to set out (briefly) the overall local context in which interventions to promote walking and cycling take place, how they

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		comprehensive guidance should include such interventions (see below).	<p>may exert an influence and what changes may result. It is not possible for a model of this nature to set out every individual intervention, and the inclusion of types of intervention does not necessarily mean that they are included in the scope for the current work.</p> <p>Interventions that solely focus on changes to the physical environment are excluded unless they are part of a wider programme (as outlined in 4.2.5). . Changes to the physical environment are covered in existing NICE guidance (PH8). As part of this guidance, we will also be producing a 'pathway' (see <a href="http://pathways.nice.org.uk/">http://pathways.nice.org.uk/</a>). The content and format of this pathway will be considered during the process of developing the</p>

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			guidance but are likely to include other relevant NICE recommendations.
<b>NHS Bournemouth and Poole</b>	4.2.2	The 'logic model' makes no reference to the relative costs of different modes of transport. It is the rising cost of motorised transport which will have the greatest impact on walking and cycling levels (eg Cuba, post 1989). While NICE does not give advice on taxation to HMG, it can encourage and support interventions which recognise financial pressures making people more likely to consider modal shift.	Thank you. The logic model attempts to set out the local context in which interventions to promote walking and cycling take place. The introduction notes that national factors are not included in the current scope
<b>NHS Bristol</b>	4.2.2	The inclusion of the logic model is helpful and reflects our point about multifactorial interventions in 4.2.1	Thank you.
<b>Royal College of Nursing</b>	4.2.2	Environmental and social factors can also have impact. The choice of bike (and whether or not to use trailer) depends on weather, ground conditions and reason for journey – not just baggage, but also children too young to cycle their own bikes. In snow or ice or on muddy tracks during or after precipitation, thick knobbly tyres may be better than skinny road tyres. Ground conditions, particularly splash from motor vehicles when cycling on road can be a problem, needing waterproof trousers even after rain has stopped falling. Weather conditions that impact on cycling include rain, wind, sun, heat (leading to sweat), cold etc.	Thank you

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		People may perceive that it rains far more than it actually does and that it rains far more in winter than summer.	
<b>Sustrans</b>	4.2.2	It is notoriously difficult to capture complex and dynamic systems in a one-page graphic, but I think it is important to show the potential for positive feedback loops – in both directions. Past strategies have seen walking and cycling suppressed, increasing traffic volumes and road danger and creating a vicious spiral: this guidance can be expected to contribute to positive outcomes (as listed in the graphic) which will themselves have a promotional effect on walking and cycling.	Thank you. We anticipate that the diagram will be adapted during the development of the guidance. However, the significance of feedback loops has been clarified in the current version.
<b>The Ramblers</b>	4.2.2	For the same reasons as under 4.2.1, the diagram of the model could benefit from the inclusion of community outreach under Intervention examples: Individuals.	Thank you. Again, the model cannot be a comprehensive list of all possible intervention types. However, we anticipate that it will be developed further during the process of guidance production.
<b>University of Bristol (DECIPHer UKCRC Public Health Research Centre of Excellence, School of</b>	4.2.2	The logic model identifies environmental/economic outcomes and health outcomes. It is important to acknowledge social impacts/community cohesion.	Thank you. Some of these are included in the 'health outcomes' section, however this has been amended to clarify it.

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<b>Social and Community Medicine) Transport for London</b>	4.2.2 / p8	<p>We suggest that Key Walking Routes and/or Legible London, be mentioned within the 'Intervention Examples' section of the Logic Model.</p> <p>Would suggest that re-allocation of road space should be added to box labelled 'Interventions...'</p> <p>The diagram doesn't really include a box for audiences – and specifically does not give consideration to the role of employers or fiscal benefits associated with increasing these activities?</p>	<p>Thank you. It is not possible to include the full range of specific examples of interventions in the diagram. We anticipate that this model will be developed further during the process of production of the guidance and will feed these comments into this process.</p> <p>Further development of significant audiences is a key part of the process of producing recommendations and we look forward to stakeholder involvement through the consultation process on the draft guidance.</p>
<b>Cycling Projects</b>	4.2.2 Logic Model	<p>It is worth noting the fact that most Health on Wheels programmes take the multi component approach to intervention, with the "alarm call" of poor health often being a decider in ongoing engagement by the individual.</p>	Thank you for your comment
<b>Cycling Projects</b>	4.2.2 Logic	<p>Possible Health Outcomes does not take into account the physical and</p>	Thank you for your comment. The

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	Model	well being effects that the intervention can have on other family members as a direct consequence of an individual's ongoing health improvement.	list outlined in that section of the logic model is not a comprehensive list and we except that there are a multitude of other potential health outcomes direct and indirect.
<b>Cycling Projects</b>	4.2.3	Cycling Projects uses the Outdoor Health Questionnaire for many of its community cycling programmes, plus it also has access to the Natural England WHI database	Thank you.
<b>MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR), Cambridge</b>	4.2.3	The stated comparators are 'doing nothing or current practice'. This definition excludes alternative study designs such as uncontrolled before-and-after studies or post-only evaluations and may therefore limit the number of intervention studies included in the reviews. The lack of available evidence from robust controlled studies in this field is widely recognised, not least in previous NICE guidance. While we acknowledge the need to give precedence to the findings of the most robust studies, we suggest that it would be useful to broaden the scope to include evidence from other study designs in order to avoid missing evidence of promising interventions, albeit with appropriate caveats applied to the interpretation of such studies.	Thank you for your comment. NICE guidance is based on the best available evidence of effectiveness and cost effectiveness. NICE will look at all relevant study designs and where applicable these will be assessed on their individual merits. The outlined suggested comparator(s) does not preclude the exemption of any study type. This document is the scoping document and not the effectiveness/cost effectiveness review(s) criteria.

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<b>National Obesity Observatory</b>	4.2.3	We hope this does not mean that the evidence from uncontrolled studies will be excluded. As noted in NICE’s environmental guidance, evidence from the transport paradigm is rarely from controlled studies.	Thank you for your comment. NICE guidance is based on the best available evidence of effectiveness and cost effectiveness. NICE will look at all relevant study designs and where applicable these will be assessed on their individual merits. The outlined suggested comparator(s) does not preclude the exemption of any study type. This document is the scoping document and not the effectiveness/cost effectiveness review(s) criteria. NICE recognises the value of all study types and design and will assess these on a case by case basis.
<b>University of Bristol (DECIPHer UKCRC Public Health Research Centre of Excellence, School of Social and</b>	4.2.3	Will ‘current practice’ include, for example, new roads or road ‘improvements’ that increase the flow of traffic for the ‘benefit’ of drivers e.g. road widening.	Thank you. Purely environmental changes are outside the scope of this guidance.

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<b>Community Medicine)</b>			
<b>Chartered Institute of Highways &amp; Transportation</b>	4.2.4	There are significant differences in the approach to economic appraisal between the health and transport sectors, and therefore consideration should be given to making benefits understandable to all audiences, as well as illustrating benefits to public and private sector employers. A key failing in the take up of increased activity by private sector employers has been the messaging around economic impacts and the failure of these messages to engage and inspire changed attitudes outside evangelist groups.	Thank you. We hope to be able to consider a variety of modelling approaches in line with evidence identified. In addition, it is usual when producing guidance for other supporting tools, such as a 'costings tool' to be produced. We will be considering a range of implementation activities to support the guidance when it is produced.
<b>NHS Bristol</b>	4.2.4	We refer to 3 f above	Noted.
<b>The Ramblers</b>	4.2.4	We endorse the decision to include a cost-benefit analysis and welcome the indications from NICE that you will be taking account of the work on HEAT for Walking and seeking ways of bringing together the evaluation practices of the different sectors. CLES Consulting is working on a CBA of the Get Walking project and the results will be published on our website.	Thank you. Please note that we will be issuing a call for evidence as part of the process of developing this guidance. We would welcome the submission of any additional relevant evidence at that time.
<b>Transport for London</b>	4.2.4	There are significant differences in the approach to economic appraisal between the health and transport sectors, and therefore consideration should be given to making benefits understandable to all audiences, as	Thank you. As well as the modelling work used as part of the guidance production process

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		well as illustrating benefits to public and private sector employers. A key failing in the take up of increased activity by private sector employers has been the messaging around economic impacts and the failure of these messages to engage and inspire changed attitudes outside evangelist groups.	additional tools will be considered including 'costings tools'. Strategies to encourage uptake by the relevant audiences will be developed during the guidance production process.
<b>York Health Economics Consortium</b>	4.2.4	The perspective of the analysis should be clear <i>a priori</i> .  Cost benefit or cost consequence analyses will be needed to capture <i>all</i> costs and benefits. Cost utility analyses can only generate the net health benefit.	Thank you.  We hope to be able to consider a variety of modelling approaches.
<b>BHF HPRG, University of Oxford</b>	4.2.4 Economic Approach	We recently completed the HEAT (Health Economic Assessment Tool) for walking. This project was a follow up to HEAT for Cycling.  For this project we conducted a systematic review of economic appraisals of walking and cycling and will be happy to provide more information on this. In brief these studies have not been widely undertaken. While the effects of walking and cycling have been extensively documented they have not been included into cost-effectiveness or cost-utility studies. HEAT for walking and HEAT for cycling, whose brief was to have outcomes in monetary terms, have allowed for cost-benefit analysis by calculating the reduced mortality	Thank you for your comment and we welcome BHF HPRG's contribution. Please note that we will be issuing a call for evidence as part of the development of this guidance and would be very keen to receive relevant evidence at that point.

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		<p>from walking or cycling and multiplying them by a Value of Statistical Life measure.</p> <p>To get the mortality reduction from walking we also reviewed studies that reported risk (relative and hazard ratio) reductions for all causes. Here we found substantial heterogeneity in study population, walking exposure and walking speed.</p> <p>Our main limitation was that we only looked at reduced mortality from walking and not other outcomes such as reduced morbidity, increased mental well being or reduced traffic levels. Cost-effectiveness studies and cost-utility analysis could be created by marrying up studies which have the costs of increasing walking and cycling and studies which have the health effects of increased walking and cycling. We think this will be a challenging issue in developing the cost effectiveness analysis for the guidance.</p> <p>HEAT for Walking is being released in the next few weeks and as soon as it is publically available we will be happy to share the documentation and review results. We will also be happy to contribute further to the development of this guidance.</p>	
<b>20s Plenty For Us</b>	4.2.5	Exclusions - a) National policy, fiscal and legislative changes. For	Thank you for comments. The

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		<p>example, fuel and vehicle duty, national speed limits and drink-driving or cycle helmets legislation</p> <p><b>We are unsure why speed limits are being excluded. We reiterate our request that 20 mph limits be included in the scope.</b> 20mph limits are locally set with these decisions devolved to local councillors and highways authorities and therefore should not be excluded because they are not national and do not require any legislation.</p> <p>20's Plenty for Us have seen evidence that road speed is a crucial factor in the decision whether to walk or cycle and there is plenty of evidence that many people feel road speeds are just too high and that road speed reduction is popular. 72% of people in the British Social Attitudes survey by the DfT for instance support 20 mph limits where people live</p>	<p>focus of the referral is on local measures and so national speed limits are outside the scope of the current work. Evidence relating to local speed limit changes that lead to changes in cycling and walking for transport and recreation is not excluded from this piece of guidance.</p>
<b>Chartered Institute of Highways &amp; Transportation</b>	4.2.5	<p>a. There may need to be a review of what is excluded in terms of policy and legislation. For example, DEFRA is currently asking for comments on reporting of GHG emissions by employers, and specifically, reporting of Scope 3 emissions could have a significant impact on commuting and business travel, and impact on increased uptake of cycle promotion etc. In addition, blanket introduction of 20mph zones would have a significant impact on</p>	<p>Thank you for your comments. National policy, fiscal and legislative changes are excluded from this piece of work. The focus of this piece of guidance is local interventions that aim to raise awareness of, encourage or increase uptake of, walking and</p>

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		walking and cycling, as would any changes in safety legislation surrounding cycle helmets Local interventions such as provision of infrastructure are nearly always accompanied by complimentary activities. A good example is the multi-million pound 'Supporting Measures' programme delivered by TfL along the Barclays Cycle Superhighways Routes, whereby parking, training and safety checks are offered along the routes, together with significant media campaigns. Therefore excluding these interventions is not appropriate. In addition, activity in AQM areas often comprises physical interventions and other measures – are these in scope?	cycling for recreational and transport purposes, and local interventions which aim to reduce the barriers to these activities. NICE understands that local initiatives can be tied into national initiatives and we will consider this where the evidence allows
<b>Luton Borough Council and NHS Luton</b>	4.2.5	Infrastructure is covered in existing NICE guidance. We feel that it is important to keep walking and cycling promotion and infrastructure linked together. Walkers and cyclists need the facilities of good pavements, green space, cycle lanes, 20 mph zones etc to continue and to not be discouraged.	Thank you for your comment. Local interventions that solely focus on the built environment are excluded from this piece of guidance but have been covered in other NICE guidance (PH8). National legislation including national speed limits are excluded from this piece of guidance and are also covered in part in other NICE guidance (PH28 and 31). NICE recognises the complexities and overlap in this

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			<p>area and reference where applicable will be made to this guidance.</p> <p>As part of this guidance, we will also be producing a 'pathway' (see <a href="http://pathways.nice.org.uk/">http://pathways.nice.org.uk/</a>). The content and format of this pathway will be considered during the process of developing the guidance but are likely to include other relevant NICE recommendations.</p>
<p><b>MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR), Cambridge</b></p>	<p>4.2.5</p>	<p>If the guidance is to include children and adolescents (see above), how will this be linked to the evidence considered for the guidance on physical activity in children? Will any updates of that literature be considered for the current guidance?</p>	<p>Thank you for your comment. Where overlap with already published NICE guidance exists we will ensure that appropriate reference to the guidance and consideration of duplication is made. As part of this guidance, we will also be producing a 'pathway' (see <a href="http://pathways.nice.org.uk/">http://pathways.nice.org.uk/</a>). The content and format of this</p>

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			pathway will be considered during the process of developing the guidance but are likely to include other relevant NICE recommendations. As each piece of NICE guidance is unique, specific reviews of the literature will be conducted based on the individual needs of that specific project..
<b>MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR), Cambridge</b>	4.2.5	Similarly, could this guidance be jointly packaged with that on physical activity and the environment to ensure that the target audience receives comprehensive and coherent guidance?	Thank you for your comment. Reference will be made to existing NICE guidance where appropriate. As part of this guidance, we will also be producing a 'pathway' (see <a href="http://pathways.nice.org.uk/">http://pathways.nice.org.uk/</a> ). The content and format of this pathway will be considered during the process of developing the guidance but are likely to include other relevant NICE recommendations.
<b>NHS Bristol</b>	4.2.5	As discussed at the Stakeholder meeting on May 17 <sup>th</sup> , the issue of	The referral from DH was to

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		environmental interventions has to be considered carefully. There is strong evidence that motor vehicle parking supply and cost, public transport cost and availability, and other issues such as speed and segregation are very important determinants of walking and cycling. Finding a rationale 'cut-off' point will be important in terms of what is accepted for review and what is rejected.	consider local measures and national policy measures are outside the remit of this work. The guidance will need to take account of the current policy and legislative framework. Local measures taken to achieve national policy goals are however within the scope of the work. Where environmental interventions are part of a broader programme of local measures they will be included. The current guidance will be able to take account of the existing guidance on physical activity and the environment (PH8). As part of the guidance, we will develop a 'pathway' which will add to the existing physical activity pathway (see <a href="http://pathways.nice.org.uk/">http://pathways.nice.org.uk/</a> ). We hope this will allow a fully rounded picture to be presented to

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			practitioners
<b>Royal Society for the Prevention of Accidents (ROSPA)</b>	4.2.5	We feel that many of the Activities/Measures that will not be covered in the guidance, listed in paragraph 4.2.5 should actually be covered. A major deterrent to more people walking and/or cycling more often is the fear of the danger presented by traffic, and in our view, the NICE guidance about activities and measures to encourage walking and cycling should, therefore, take these into account.	Thank you.
<b>The Ramblers</b>	4.2.5	We understand and generally support the exclusions listed here. We sympathise with comments heard from some organisations in the stakeholder meeting that the impact on walking and cycling of default 20mph speed limits in places where people live would merit particular consideration, as we ourselves support such a move, but this may be better dealt with in a future review of the Physical Activity and the Environment guidance.	Thank you. You may be interested in the guidance on the prevention of unintentional injuries on the road in children. This made recommendations relating to environmental changes to reduce speed. The guidance will include reference to other relevant NICE guidance, such as those you mention. As part of this guidance, we will also be producing a 'pathway' (see <a href="http://pathways.nice.org.uk/">http://pathways.nice.org.uk/</a> ). The content and format of this pathway will be considered during the

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			process of developing the guidance but are likely to include other relevant NICE recommendations.
<b>Transport for London</b>	4.2.5	<p>b. There may need to be a review of what is excluded in terms of policy and legislation. For example, DEFRA is currently asking for comments on reporting of GHG emissions by employers, and specifically, reporting of Scope 3 emissions could have a significant impact on commuting and business travel, and impact on increased uptake of cycle promotion etc. In addition, blanket introduction of 20mph zones would have a significant impact on walking and cycling, as would any changes in safety legislation surrounding cycle helmets</p> <p>c. Local interventions such as provision of infrastructure are nearly always accompanied by complimentary activities. A good example is the multi-million pound 'Supporting Measures' programme delivered by TfL along the Barclays Cycle Superhighways Routes, whereby parking, training and safety checks are offered along the routes, together with significant media campaigns. Therefore excluding these interventions is not appropriate. In addition, activity in AQM areas often comprises physical interventions and other measures – are these in scope?</p> <p>c/d. Examples include:</p>	<p>Thank you. The referral from DH was to consider local measures and national policy measures are outside the remit of this work. The guidance will need to take account of the current policy and legislative framework. Local measures taken to achieve national policy goals are however within the scope of the work.</p> <p>Interventions which use a variety of approaches to increase walking and cycling and which include changes to the physical environment are included within the scope. Relevant local interventions introduced as part of AQM activities are included unless they are excluded for other</p>

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		<ul style="list-style-type: none"> <li>• Legible London – a comprehensive way-finding system designed to help people to travel around the Capital on foot as part of the Mayors wider commitment to making London a more walkable city. It is hoped that in producing such a way-finding system, which can be installed across the city on different sizes and scales, we can improve legibility, and the publics ability mentally 'map' London, increasing confidence, and propensity to walk.</li> </ul> <p>National Day of Walking – this event will take place later in the year, supported by health bodies and Walk England to encourage people to walk more widely. TfL are aiming to launch a Walking Challenge (subject to approval) which will be sponsor led, possibly by Walk England. This will be supported by led walks in and around London, with particular interest in the 7 routes encompassed within the Strategic Walk Network and the 8 Olympic Walking Routes which will be launched in June 2011(tbc). The aim of these interlinking promotional events is to deliver one, overarching message of support for walking in London, using the Olympics in particular as a catalyst for change, and to promote active travel to the wider public.</p>	<p>reasons, such as being purely changes to the physical environment.</p> <p>Evidence relating to systems to provide information on routes etc is within the scope of this work, as are local walking and cycling promotions.</p> <p>Relevant promotions linked to specific sporting events would also included if evidence is found.</p>
<b>University of Bristol (DECIPHer UKCRC Public Health</b>	4.2.5	But will this include local attempts to promote national policy e.g. Change4Life? <sup>11</sup>	Local initiatives to implement national policy are within the scope.

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<b>Research Centre of Excellence, School of Social and Community Medicine)</b>		11. <a href="http://www.nhs.uk/change4life/Pages/change-for-life.aspx">http://www.nhs.uk/change4life/Pages/change-for-life.aspx</a>	
<b>York Health Economics Consortium</b>	4.2.5	It should be noted that worksite interventions to promote physical activity have already been covered by NICE guidance (PH13, 2008) and should not be reconsidered unless there is known to be a substantial new evidence base.	Thank you. There will be overlap with a number of other pieces of NICE guidance. The guidance will include reference to other relevant NICE guidance, such as the one you mention. As part of this guidance, we will also be producing a 'pathway' (see <a href="http://pathways.nice.org.uk/">http://pathways.nice.org.uk/</a> ). The content and format of this pathway will be considered during the process of developing the guidance but are likely to include other relevant NICE recommendations
<b>Royal College of Paediatrics and Child Health</b>	4.2.5 a	We would suggest that, though cycle helmet legislation is outside the scope of the guidance, schemes that encourage cycle helmet use in schools or clubs would be worth considering as a potential facilitator or barrier to take up of cycling in this age group.	Thank you. This exclusion relates to national legislation.

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<b>Royal Society for the Prevention of Accidents (ROSPA)</b>	4.2.5 a and b	<p>In particular, traffic speed is fundamental to both the perception and the actual risk of pedestrians and cyclists being killed or injured when walking or cycling on the road.</p> <p>Drivers travelling at higher speeds have less time to identify and react to what is happening around them. It takes longer for the vehicle to stop. Any resulting crash is more severe, causing greater injury to the occupants and to any pedestrian or rider hit by the vehicle.</p> <p>Inappropriate speed contributes to around 13% of all injury collisions, 15% of crashes resulting in a serious injury and 26% of collisions which result in a death and are recorded by the police.<sup>2</sup> This includes both 'excessive speed', when the speed limit is exceeded but also driving or riding within the speed limit when this is too fast for the conditions at the time (for example, in poor weather, poor visibility or high pedestrian activity).</p> <p><sup>1</sup> "Contributory Factors to Road Accidents", Road Casualties Great Britain 2009, DfT 2010</p>	Thank you. We acknowledge that speed is a critical issue in relation to risk of death or injury. Guidance on physical activity and the environment (PH8) and on preventing unintentional injury in children on the road (PH27 and 31) emphasise the importance of speed restrictions and enforcement.
<b>Royal Society for the Prevention of</b>	4.2.5 a and b	Multiple studies (see Table below) have shown that pedestrians are more likely to be severely or fatally injured in when hit by cars at higher	Thank you.

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<b>Accidents (ROSPA)</b>		speeds, and particularly when the car is travelling more than 30 mph.																					
		Table: Pedestrian Fatality Risk <sup>3</sup>																					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Country</th> <th style="text-align: center;">Date</th> <th style="text-align: center;">Number of injuries examined</th> <th style="text-align: center;">Risk of fatal injury at 30mph</th> <th style="text-align: center;">Increased risk of fatal injury between 30 and 40mph</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">UK</td> <td style="text-align: center;">1970s</td> <td style="text-align: center;">358</td> <td style="text-align: center;">~9%</td> <td style="text-align: center;">5.5 times more likely</td> </tr> <tr> <td style="text-align: center;">Germany</td> <td style="text-align: center;">1999-2007</td> <td style="text-align: center;">490 (excludes children under 15)</td> <td style="text-align: center;">7%</td> <td style="text-align: center;">3.5 times more likely</td> </tr> <tr> <td style="text-align: center;">UK</td> <td style="text-align: center;">2000-2009</td> <td style="text-align: center;">197</td> <td style="text-align: center;">7%</td> <td style="text-align: center;">4.5 times more likely</td> </tr> </tbody> </table>		Country	Date	Number of injuries examined	Risk of fatal injury at 30mph	Increased risk of fatal injury between 30 and 40mph	UK	1970s	358	~9%	5.5 times more likely	Germany	1999-2007	490 (excludes children under 15)	7%	3.5 times more likely	UK	2000-2009	197	7%	4.5 times more likely
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The most recent analysis of the role of vehicle speed in pedestrian fatalities in Great Britain <sup>2</sup> , found that 85% of pedestrians killed when struck by cars or car-derived vans, died in collision that occurred at																							

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		<p>impact speeds below 40mph, 45% at less than 30 mph and 5% at speeds below 20 mph.</p> <p>The risk of a pedestrian who is hit by a car being killed increases slowly until impact speeds of around 30 mph. Above this speed, the risk increases rapidly, so that a pedestrian who is hit by a car travelling at between 30 mph and 40 mph is between 3.5 and 5.5 times more likely to be killed than if hit by a car travelling at below 30 mph. However, about half of pedestrian fatalities occur at impact speeds of 30 mph or below. Elderly pedestrians have a much greater risk of suffering fatal injuries than other age groups.</p> <p><sup>2</sup> “Relationship between Speed and Risk of Fatal Injury: Pedestrians and Car Occupants”, Road Safety Web Publication No.16, Department for Transport, September 2010</p>	
<b>Royal Society for the Prevention of Accidents (ROSPA)</b>	4.2.5 a and b	In RoSPA’s view these issues are fundamental to the prospects of increasing walking and cycling, and so affecting the health impacts, and the wider environmental and economic impacts, of increasing walking and cycling, which are the issues that the guidance will cover, according to paragraph 2b.	Thank you. The referral is to consider local measures and so national legislation and fiscal changes are outside the scope. Local implementation of national policy and programmes involving a variety of approaches including elements of environmental change

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			are included.
<b>National Obesity Observatory</b>	4.2.5 b	We hope this exclusion is not applied too stringently, and that environmental programmes are included if they have even the smallest non-environmental component. Again we are thinking of the evidence from the Cycling Towns programme.	Where environmental interventions are part of a broader programme of local measures they will be included.
<b>Royal College of Paediatrics and Child Health</b>	4.2.5 b	<p>This exclusion may seem sensible because the subject has been addressed in previous guidance but this may severely limit the value of the overall report. Although the interventions alone may not need to be reviewed, their relationship to the intervention types included in this draft scope should be considered. For example, the effectiveness of two interventions – one for creating traffic free routes, and one aimed at individuals – may be greater than the sum of the effect of each intervention on its own. Similarly, considering cost effectiveness of each intervention alone is of limited value.</p> <p>This is compatible with the adapted model on p8 (“Intervention examples” box), as well as the last bullet in Appendix B, which states, “Whether other interventions (for instance, changes to the physical environment) are important to long term success.”</p>	Local implementation of national policy and programmes involving a variety of approaches including elements of environmental change are included.
<b>Coventry PCT</b>	4.2.5 b)	This section requires some clarification as there is currently confusion surrounding whether or not changes in the physical environment should	Thank you for your comment. Interventions that solely focus on

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		be included in the scope of the document. See our earlier comments on sections 3g and 4.2.2	changes to the physical environment are excluded from this piece of work. Where intervention included changes to the physical environment alongside other aspects outlined in 4.2.1 they will be considered.
<b>Living Streets</b>	4.2.5a	We advocate the inclusion of national policy within the scope of this guidance such as 20 mph speed limits as it has a direct impact on walking and cycling activity.	Thank you for your comment. National legislation including national speed limits is excluded from this piece of guidance. Due to time and resource restriction it is not possible to cover all aspects relating to this complex area. As part of this guidance, we will also be producing a 'pathway' (see <a href="http://pathways.nice.org.uk/">http://pathways.nice.org.uk/</a> ). The content and format of this pathway will be considered during the process of developing the guidance but are likely to include other relevant NICE recommendations, such as those

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			in PH8, PH29 and PH31
<b>Living Streets</b>	4.2.5a	Increased walking activity is often a by-product of changes to the physical environment even when it hasn't been an aim of the project, for examples initiatives undertaken primarily for economic or environmental reasons can have an impact on walking. We advocate including interventions that have had a by-product of increased walking and cycling in order to avoid missing vital evidence, as evidence on purely walking interventions can be more limited. Living Streets is producing research on 'Making the Case for Walking' due to be published in the Summer which pulls together available evidence which we would be happy to share.	Thank you for your comments. NICE will consider local interventions which aim to raise awareness of, encourage or increase uptake of walking and cycling for recreational and transport purposes. Where the evidence allows and where interventions are considered part of this piece of work outcomes relating to increases to walking and cycling for recreational and transport purposes will be considered. Please note that we will be issuing a call for evidence as part of the process of developing this guidance. We would welcome the submission of any additional relevant evidence at that time.
<b>NHS Waltham Forest &amp; London Borough of</b>	4.2.5a	Presumably the Secretary of State has ruled out national policies/legislation. This is a shame as there is evidence from other EU	The referral is specifically about 'local' interventions.

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<b>Waltham Forest</b>		countries and research that fiscal and legislative changes can be powerful in promoting active travel. For example, proportionate liability (whereby more dangerous modes have a special duty of care with regard to more vulnerable modes of transport), national speed limits, VAT on bicycles, fuel/vehicle/registration duty on vehicles)	
<b>NHS Waltham Forest &amp; London Borough of Waltham Forest</b>	4.2.5b	It will be difficult to separate out promotional activities from infrastructural interventions. They are often implemented simultaneously and together can have more impact than the sum of their parts.	Thank you. Programmes involving a variety of approaches including elements of environmental change are included.
<b>The Chartered Institute of Logistics and Transport (UK)</b>	4.2.5b	<p>We have concerns about the decision to leave infrastructure out. At the very minimum, PHG8 should be merged with this new Guidance. Transport professionals have for some time agreed, based on evidence (e.g. Prof Phil Goodwin &amp; colleagues' Smarter Choices suite of research), that for walking and cycling especially, a package of inter-connected measures - including infrastructure - produces more behaviour change and modal shift, than the same individual measures introduced piecemeal.</p> <p>Similarly, the key role land use planning plays in the take up of walking and cycling should be included. Whether it be the design of a housing development or the siting of a business park, land use can either</p>	<p>Where environmental interventions are part of a multi-component approach to promoting walking or cycling they will be included if evidence is found.</p> <p>The guidance will include reference to other relevant NICE guidance, such as those you mention. As part of this guidance, we will also be producing a 'pathway' (see <a href="http://pathways.nice.org.uk/">http://pathways.nice.org.uk/</a>). The</p>

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		dissuade or promote active travel. These decisions are becoming increasingly local.	content and format of this pathway will be considered during the process of developing the guidance but are likely to include other relevant NICE recommendations.
<b>University of Strathclyde</b>	4.25	We appreciate that the guidance must keep a strict focus, and that previous NICE guidelines are available to cover some of the excluded activities/measures. However, we query the exclusion of fiscal and legislative changes given the potential impact local government may have on the effectiveness of interventions and thus on walking and cycling behaviour. For example, local by-laws that enforce penalties on carks who park near schools may have a potential traffic calming effect. Traffic calming and infrastructure change is listed as possible physical environmental intervention examples in the model provided in the draft scope, potentially these infrastructure and traffic calming effects may have arisen from local fiscal and legislative changes.	Thank you. National fiscal and legislative changes are excluded as the referral for this guidance focuses on local interventions. Local implementation of national policy and programmes involving a variety of approaches including elements of environmental change are included.
<b>Chartered Institute of Highways &amp; Transportation</b>	4.3	Should there be a question that asks what are the key barriers by audience type, with the expected outcomes being measures to present benefits in different vocabularies for different audiences? In terms of the health benefits, is it possible to present which health issues are best addressed by the different modes, and potentially rank	Thank you for your comment. The key questions will explore barriers and as such will include the consideration of audience type where the evidence allows.

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		those interventions that will have the most benefit?	
<b>Coventry PCT</b>	4.3	<p>Question 2. We feel that the expected outcomes could be phrased more positively. As discussed above in our response to section 3e, car occupants can be exposed to higher pollutant levels, and we would prefer references to 'unintended consequences' to be removed. Please also clarify what is meant by environmental consequences, as this may include air pollution from transport.</p> <p>Question 4. See comments above in our response to section 4.2.2. Examples of health outcomes to include are as follows:</p> <ul style="list-style-type: none"> <li>• Life years lost from air pollution as measured by fine particulate matter</li> <li>• % of the population affected by environmental noise</li> <li>• Killed and seriously injured casualties on England's roads</li> <li>• % of adults meeting the recommended guidelines on physical activity</li> <li>• Prevalence of healthy weight</li> <li>• Cycling participation</li> <li>• Social connectedness</li> <li>• Healthy life expectancy</li> </ul>	<p>Thank you for your comments. It is important that 'unintended consequences' are considered. These may be additional positive benefits as well as adverse outcomes. 'Environmental consequences' would include air quality if this were reported.</p> <p>The expected outcomes are not intended to be a comprehensive list and might include some of those suggested. The outcomes will depend on what is reported in the included evidence.</p>
<b>Cycling Projects</b>	4.3	Cycling Projects has a vast amount of evidence that supports the	Thank you. Please note that we will

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		expected outcome of “The <i>public’s views and experience of what prevents people from cycling and walking – and how to overcome those barriers.</i>	be issuing a call for evidence as part of the process of developing this guidance. We would welcome the submission of any additional relevant evidence at that time.
<b>MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR), Cambridge</b>	4.3	The issue of potential compensatory behaviour is alluded to in 3 (e). This appears to be a key question to address: one of the anticipated benefits of increases in walking and cycling is an increase in overall physical activity, but there are limited data to show whether this is indeed the case. We therefore suggest that evidence on the effects of interventions on overall physical activity should be specifically sought wherever possible.	Thank you for your comment. We hope that the available evidence on this will be identified from the evidence reviews.
<b>NHS Bristol</b>	4.3	One of the key issues will be duration of behaviour change. The transport literature is weak on interventions beyond 12 weeks while social psychology warns us that travel behaviours, like others, is influenced particularly by habit and so the risk through habit of relapse may be high. This raises a question of dividing evidence of effectiveness into shorter and longer term effectiveness and this itself informs cost-effectiveness.	Thank you. This is a key issue for cost effectiveness and will need to be kept in mind when considering the evidence.
<b>Royal College of Nursing</b>	4.3	Conflicts can occur between varying requirements of walkers, runners, cyclists, dog walkers (dogs not on leads or on very long and virtually	Thank you.

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		invisible leads), motorcyclists (using advance cycle zones at traffic lights) and drivers. Accident when a car passenger accidentally opens door without looking for cyclist using cycle lane down left side of the road. These can all have an effect on cycling.	
<b>Royal College of Nursing</b>	4.3	Another area that could cause conflict is the use of electric bicycles and whether or not they should be allowed on bicycle paths?	Thank you
<b>Royal College of Nursing</b>	4.3	Opportunities to take bicycles, pushchairs etc on public transport such as buses, coaches and trains are both potential ways for people to reach places to walk / cycle and potential sources of conflict for space on vehicles, particularly when people do not fold up items that could be folded. Folding bicycles are generally more expensive than conventional ones and lightweight fully folding bikes even more expensive.  In areas where bikes are not permitted e.g. buses / certain train departures / some parks, it is vital that secure bike parking is provided so that cyclists do not risk theft when leaving their vehicles. Bike racks are not necessarily needed if there are suitable fences as secure locking points.	Thank you
<b>Royal College of</b>	4.3	Could there be a question which would bring out any problems there	All NICE guidance takes into

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<b>Nursing</b>		<p>might be relating to social, cultural and or religious difficulties which might be an influence on exercise?</p> <p>We are aware that there are some women only swimming sessions but these might be needed for other activities. Also there is the fear of going out alone or walking/cycling in areas which are perceived as being dangerous.</p>	<p>account the impact on different social, cultural or religious groups.</p> <p>Swimming sessions are not within the scope of this guidance</p>
<b>Royal College of Paediatrics and Child Health</b>	4.3	<p>“Question: What health and other outcomes may be achieved by increasing cycling and walking for transport and recreation?”</p> <p>We would wish to include any evidence which would support walking/cycling and its relationship to prevention or management of obesity on children and young people. Are there specific mental health benefits for those with mental health disorders, e.g. ADHD, depression?</p>	<p>The intention of the guidance is not to consider the evidence relating to the health benefits of physical activity. These are set out in the publication ‘At least five a week’</p>
<b>The Ramblers</b>	4.3	<p>We generally agree with this list. However under the question on motivators and barriers, it is important to consider not just what the public reports as barriers but also that some barriers may act unconsciously. Our experience with Get Walking Keep Walking demonstrates for example that lack of knowledge of the walking environment is a much more important barrier than is often reported, on the grounds that you don’t miss what you don’t know. But it can underlie many other barriers of which people are more aware, for example concerns about personal security which may be influenced by relative</p>	<p>Thank you. These are important factors which we hope will be captured in the evidence reviews carried out for this guidance.</p>

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		confidence in navigating a particular environment. The wayfinding study commissioned by the developers of the Legible London scheme for Transport for London has some very interesting findings about navigational awareness and “mental maps”. Other psychological barriers, such as those involving walking’s perceived low status, are also sometimes difficult to articulate. The outcome should surely be a richer understanding of motivators and barriers, including unconscious barriers alongside “the public’s views and experience.”	
<b>Transport for London</b>	4.3	Should there be a question that asks what are the key barriers defined by audience type, with the expected outcomes being measures to present benefits in different vocabularies for different audiences? In terms of the health benefits, is it possible to present which health issues are best addressed by the different modes, and potentially rank those interventions that will have the most benefit?	Thank you. The degree to which these issues can be considered will depend on what information is presented in the evidence.
<b>University of Bristol (DECIPHer UKCRC Public Health Research Centre of Excellence, School of Social and Community Medicine)</b>	4.3	Additional questions should relate to social/community impacts. For example: <b>Question:</b> What social/community outcomes may be achieved by increasing walking in local neighbourhoods? <b>Expected outcomes:</b> Increased interaction between neighbours; reduction in anti-social behaviour; improved reporting/clearance of litter, fly tipping, and/or graffiti; reduction in fear of crime; increased	Thank you. If these are reported in the identified literature we would anticipate that they would be recorded.

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		perceptions of safety; increased use of local facilities.	
<b>York Health Economics Consortium</b>	4.3	Note that the 2008 review of worksite physical activity found only one paper (non specific) that quantified the impact of physical activity on productivity and reduced sickness.	Thank you.
<b>Avonsafe</b>	4.3 “Question: What factors help or prevent people from walking and cycling for recreation or transport?”	The scope should include the extent to which fear of collision with other vehicles or of injury from other events is a barrier to participation, and if so, how reducing fear of injury can encourage participation without increasing exposure to risk or increasing risk taking behaviours.	Thank you for your comment. NICE guidance is based on the best available evidence of effectiveness and cost effectiveness. Barriers to cycling and walking for recreation and transport are not excluded from this guidance and recommendations will be made where the evidence allows.
<b>University of Bristol (DECIPHer UKCRC Public Health Research Centre of Excellence, School of</b>	4.3 and general	These questions lump ‘walking and cycling’ together as if they are very similar activities requiring very similar interventions. This is not the case. Most of these key questions should be separated for walking and cycling. This will also then allow specific questions that relate to the different activities e.g. loans for purchasing bicycles, benches as	Thank you. The intention is to treat walking and cycling as separate activities. This has been clarified in the scope.

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<b>Social and Community Medicine)</b>		'resting places' for walkers.	
<b>Avonsafe</b>	4.3 Question: What health and other outcomes may be achieved by increasing cycling and walking for transport and recreation?	The latest systematic review of interventions that are effective in reducing risk of falling in elderly people provides evidence of the ineffectiveness of walking programmes in reducing falls risk <sup>7</sup> .  <b>7. Interventions for preventing falls in older people living in the community (2009).</b> Gillespie LD, Robertson MC, Gillespie WJ, Lamb SE, Gates S, Cumming RG, Rowe BH.. <i>Cochrane Database of Systematic Reviews</i> 2009, Issue 2. Art. No.: CD007146. DOI: 10.1002/14651858.CD007146.pub2.)	Thank you for the reference.
<b>Avonsafe</b>	4.3 Question: What health and other outcomes may be achieved by increasing cycling and walking for transport and recreation?	Expected outcomes should include reference to non-collision injuries as well as collision injuries.	Thank you for your comment. The list of 'expected outcomes' is not meant to be an all inclusive list and is an example of what outcomes could be expected. To ensure clarity 'collision' has been deleted

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	recreation?		
<b>The Ramblers</b>	4b	One of the most comprehensive and thoroughly researched sources on participation in walking is the Active People Survey managed by Sport England. This too demonstrates the overarching importance of walking as by far the most popular form of physical recreation.	Thank you.
<b>The Ramblers</b>	4e	The point about walking or cycling replacing other forms of physical activity is a very important one and there are certainly examples of it happening in practice. One response to it is to ensure that interventions are genuinely accessible and attractive to those who are insufficiently active, and take positive steps to recruit from this vital target audience, as we have done with Get Walking Keep Walking. Monitoring and evaluation must take note of participants' benchmark levels of PA. There is an interesting potential conflict here between transport and health outcomes of some interventions: transport planners may be unconcerned as to whether those making a 'modal shift' from the private car to active travel are previously active or inactive, and indeed may be minded to target the former group as "low hanging fruit". Such issues are not insurmountable but need to be recognised if they are to be overcome.	Thank you.
<b>Department of Health</b>	Annex C	Regarding the second reference, we believe that the final report was published by the Department for Transport (DfT), not the Cabinet Office.	Thank you. This has been amended.

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<b>Department of Health</b>	Annex C	Could you please consider making reference to the Transport and Health Resource – Delivering Healthy Local Transport Plans (DH/DfT, 2010)	Thank you. This has been added
<b>Department of Health</b>	Annex C	You may wish to be aware that ‘at least five a week (2004)’ will be superseded in June 2011 by revised UK-wide CMO guidelines.	Thank you. This reference is not yet publically available. We will include it in the guidance itself.
<b>National Heart Forum</b>	Appendix A	The National Heart Forum supports the priority focus on active travel (walking and cycling) within this draft scope, and the consideration of the benefits of walking and cycling to the wider economy. Bringing attention to the potential co-benefits associated with increased walking and cycling for travel, such as a reduction in congestion or improved air quality, or for recreation, including the protective health factors associated with active lifestyles, is vital for cross-sector support and buy-in.	Thank you for your comment
<b>Sustrans</b>	Appendix A	We regard the drafting of the referral as exemplary. In our view the priority focus on active travel (the choice of walking and cycling as transport modes) is the right one. We also feel that the recognition of potential co-benefits in areas such as congestion and climate change is very important, particularly when the time comes to look at the economic arguments – a classic issue for walking and cycling is that the	Noted.

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		benefit values are enjoyed in numerous sectors, but not always those which fund the investment.	
<b>Luton Borough Council</b>	Appendix B	<p>A more integrated approach is required to change the culture of car dependency. Currently there are enough actual and perceived barriers that will prevent many people from walking and cycling. Consideration should be given to the density of the highway network within a defined area including factors such as the number of principal roads, speed limits and volume of traffic.</p> <p>Walking and cycling cannot be viewed in isolation. They need to be addressed as part of a wider Integrated Transport programme which includes projects that are focussed on reducing car usage.</p>	<p>Thank you for your comment. Although not specifically mentioned this aspect is covered in the considerations specifically “Environmental, social, economic and cultural factors that prevent – or support – the uptake of cycling and walking for recreation or transport.”</p> <p>This appendix sets out some of the issues that may be addressed in the development of the guidance. It is not possible to specify these in full in advance. A full section on the issues discussed by the PDG will be included in the guidance.</p>
<b>Luton Borough Council and NHS Luton</b>	Appendix B	A more integrated approach is required to change the culture of car dependency. Currently there are enough actual and perceived barriers that will prevent many people from walking and cycling. Consideration	Thank you for your comment. Although not specifically mentioned this aspect is covered in the

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		<p>should be given to the density of the highway network within a defined area including factors such as the number of principal roads, speed limits and volume of traffic.</p> <p>Walking and cycling cannot be viewed in isolation. They need to be addressed as part of a wider Integrated Transport programme which includes projects that are focussed on reducing car usage</p>	<p>considerations specifically “Environmental, social, economic and cultural factors that prevent – or support – the uptake of cycling and walking for recreation or transport.”</p> <p>This appendix sets out some of the issues that may be addressed in the development of the guidance. It is not possible to specify these in full in advance. A full section on the issues discussed by the PDG will be included in the guidance.</p>
<b>Royal College of Nursing</b>	Appendix B	This refers to environmental, social, economic and cultural factors that prevent – or support – the uptake of cycling and walking for recreation or transport. Would the earlier questions be able to draw out this information?	Appendix B identifies some of the areas that may be considered by the PDG in developing the guidance. These discussions will be informed by the evidence gathered
<b>Avonsafe</b>	Appendix B Potential consideration	The extent to which the intervention addresses exposure to risk of collision and non-collision injury and other hazards should be added to the factors to be considered.	Appendix B identifies some of the areas that may be considered by the PDG in developing the

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	s		guidance. These discussions will be informed by the evidence gathered
<b>NHS Bolton/Royal Bolton Hospital</b>	Cycling benefits	<p><a href="http://www.bbc.co.uk/blogs/thereporters/markeaston/2011/02/happiness_work_sleep_and_bicyc.html">http://www.bbc.co.uk/blogs/thereporters/markeaston/2011/02/happiness_work_sleep_and_bicyc.html</a></p> <p>There is some evidence to suggest that cycling leads to a better sense of happiness especially in an increasing difficult to commute environment. However, the increased frustration of cycling commutes in adverse weather can negate this! Cycling in poor weather conditions is hard, uncomfortable, slower than fair weather commutes, requires specific clothing that is variable in efficiency, seemingly more dangerous? Cycling commutes on the whole are usually lonely affairs with a sense of exclusion from the normal and accepted commute.</p>	Thank you for your comments
<b>NHS Bolton/Royal Bolton Hospital</b>	Cyclist Safety	<p><a href="http://www.bbc.co.uk/news/magazine-11110665">http://www.bbc.co.uk/news/magazine-11110665</a>. The use of safety gear may be undermined by drivers perception that cyclists with such gear on are more able to deal with closer driving distances?</p> <p>This may be offset that drivers <i>may</i> sometimes afford more respect to cyclists who look like 'serious' cyclists as opposed to just people who have jumped onto a bike and are just riding about casually with no thought to their own safety?</p>	Thank you for your comments

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<b>Department for Transport</b>	Data availability	<p>It should be noted that there is no reliable method of data collection to monitor walking or cycling in terms of all journeys</p> <ul style="list-style-type: none"> <li>• National Travel Survey is based on journeys on the highway and does not count walks or cycling off highway, such as along the bridleway network or in parks.</li> <li>• The Sport England Active People Survey (APS) up to October 2010 only includes journeys which are over 30 minutes. Around 80% of both walking and cycling journeys are below this threshold.</li> </ul> <p>It should be noted that since October 2010, the DfT has funded an additional 2 questions in the APS which asks on how many days in the last month the respondent has done any cycling. This indicator has been proposed as one of the draft Public Health Outcome Indicators.</p>	Thank you for your comments
<b>Department of Health</b>	Diagram	<p>Could you please consider the inclusion of a reference to infrastructure improvement projects (that is, the Sustrans Connect2 projects) and existing large scale walking schemes, such as Walking for Health, Walk Once a Week (Living Streets) and Walk4Life miles.</p>	Thank you for your comment and suggestions. Infrastructure projects are included. It is not possible to provide a comprehensive list of examples in a condensed diagram.
<b>NHS Bolton/Royal Bolton Hospital</b>	Environment/sustainability	<p>Low/zero carbon emissions from better car manufacturing processing is helping organisation such as NHS to reduce its need to mitigate CO2 emissions rather and allowing an increase in parking spaces for no net increase in CO2. This ultimately means more cars are allowed for same Co2 emission rate. Councils will need to ensure planning permission for</p>	Thank you for your comments

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		<p>large car parking applications included proportionate parking for cycles. E.g. for every 5 car park spaces there has to be one cycle locker or single bike rack installed. This will help to focus planning consent as the larger the car park space application, the more cycle racks have to be installed.</p> <p>Poor road surfaces: When roads start to deteriorate they often do at the road margins where standing water is present and thus more open to freezing. As investment in road repair diminishes then cyclist confidence will diminish. Road rubble and debris also tends to congregate at road edges. A road sweeping policy must view cycling safety a priority.</p> <p>Cycle lanes: In the main these are far from satisfactory. They are too fragmented, poorly maintained, have excessive road debris in them and are generally not available for use as cars are able to park in them without penalty. Cycle lanes to be effective need to contain double yellow lines or a parking restriction, even if this is 7am -7pm. Many designated cycle lanes allow parking outside of the rush hour/weekends or between hours of 7pm - 9am. Many cyclists are on the roads, particularly at weekends. This parking allowance throws them out into the faster middle road area.</p> <p>Where cycle lanes exist, motorists may become more aggravated with</p>	

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		cyclists if they are not using them even though use may be restricted by obstructions, motorists often may not acknowledge this factor?	
<b>NHS Bolton/Royal Bolton Hospital</b>	Fitness:	It is often underestimated the levels of fitness required to cycle in some areas of Britain. Some towns and cities have extensive hills and sloping inclined gradient roads. Appropriate gearing on hills and gentle but prolonged inclines is not a universal skill. Dismounting and pushing a bike uphill to most would seem an additional chore and even somewhat degrading?	Thank you for your comments
<b>20s Plenty For Us</b>	General	Thank you for inviting comment on the scope of Walking and cycling: local measures to promote walking and cycling as a form of travel or recreation.	Thank you and we welcome your comments
<b>20s Plenty For Us</b>	General	We encourage the closer involvement of Directors of Public Health to local authorities responsible for Road Safety and feel that this is a constructive step towards health professionals having far greater influence on transport policy related health issues. <b>We would recommend that the Dept of Health should have a specific remit for road traffic casualty reduction.</b>	Thank you for your comment.
<b>Avonsafe</b>	General	Avonsafe believes that cycling and walking can have multiple benefits	Thank you for your comments and

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		for individuals, communities, neighbourhoods the economy and the environment and will work alongside colleagues to promote their benefits in ways that are relevant to our core agenda of preventing serious avoidable injures.	we welcome Avonsafe's contribution.
<b>Avonsafe</b>	General	We welcome the recognition that unintended consequences (injuries) will arise and advocate that this is addressed robustly in the guidance. The most effective interventions will reduce injury rate and deliver benefits at the same time. We do not find the concept of 'balancing' injuries that occur to individuals or small groups against population wide benefits to be a workable concept in practice, or legitimate in terms of social justice, and we recommend that NICE guidance does not resort to recommending 'balancing' injury to individuals against benefits in this way, but that the scope should focus on identifying evidence of how both positive outcomes can be addressed by the same intervention at the same time.	Thank you for your comment. NICE guidance is based on the best available evidence of effectiveness and cost effectiveness. This piece of guidance will focus on local intervention(s) that aim to raise awareness of, encourage or increase uptake of, walking and cycling for recreational and transport purposes, and local interventions which aim to reduce the barriers to these activities.
<b>Avonsafe</b>	General	External Cause Hospital Episode Statistics for 2009/10. ( <a href="http://www.hesonline.nhs.uk">www.hesonline.nhs.uk</a> )  In 2009/10, non-collision cycling incidents accounted for more than four times the number of admissions to a hospital bed than incidents involving collisions.	Thank you for your comment.

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		<table border="1"> <thead> <tr> <th style="text-align: left;">External cause code and description</th> <th style="text-align: center;">Finished consultant episodes</th> <th style="text-align: center;">Admissions</th> <th style="text-align: center;">Male</th> <th style="text-align: center;">Emergenc</th> </tr> </thead> <tbody> <tr> <td>V13 Pedal cyclist injured in coll'n with car pick-up truck or van</td> <td style="text-align: center;">2,165</td> <td style="text-align: center;">2,116</td> <td style="text-align: center;">1,819</td> <td style="text-align: center;">2,001</td> </tr> <tr> <td>V14 Pedal cyclist injured in coll'n with heavy transport vehicle or bus</td> <td style="text-align: center;">149</td> <td style="text-align: center;">142</td> <td style="text-align: center;">116</td> <td style="text-align: center;">132</td> </tr> <tr> <td>V17 Pedal cyclist injured in coll'n with fixed/stationary object</td> <td style="text-align: center;">618</td> <td style="text-align: center;">612</td> <td style="text-align: center;">517</td> <td style="text-align: center;">567</td> </tr> <tr> <td>V18 Pedal cyclist injured in non-collision transport accident</td> <td style="text-align: center;">10,937</td> <td style="text-align: center;">10,812</td> <td style="text-align: center;">8,725</td> <td style="text-align: center;">9,780</td> </tr> <tr> <td>V19 Pedal cyclist injured in oth and unspc transport accident</td> <td style="text-align: center;">1,486</td> <td style="text-align: center;">1,451</td> <td style="text-align: center;">1,206</td> <td style="text-align: center;">1,298</td> </tr> </tbody> </table> <p>Throughout, the scope and guidance should clearly differentiate between collision and non-collision incidents since non-collision incidents have particular causes <sup>1,2,3</sup>.</p> <p><b>1. Aultman-Hall and Hall, (1998) Ottawa-Carleton commuter cyclist on and off-road incident rates.</b> Accident Analysis and Prevention. Vol 30 No. 1 pp29-43.</p>	External cause code and description	Finished consultant episodes	Admissions	Male	Emergenc	V13 Pedal cyclist injured in coll'n with car pick-up truck or van	2,165	2,116	1,819	2,001	V14 Pedal cyclist injured in coll'n with heavy transport vehicle or bus	149	142	116	132	V17 Pedal cyclist injured in coll'n with fixed/stationary object	618	612	517	567	V18 Pedal cyclist injured in non-collision transport accident	10,937	10,812	8,725	9,780	V19 Pedal cyclist injured in oth and unspc transport accident	1,486	1,451	1,206	1,298	
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		<p><b>2. Walker and Jones, (2005)</b> <i>The Oxford &amp; Cambridge Cycling Survey - A large-scale study of bicycle users in two major UK cycling cities.</i> Cambridgeshire County Council</p> <p><b>3. Benington, R, (2010)</b> <i>The causes and circumstances of non-collision cycling incidents.</i> (Unpublished research) Available at: <a href="http://www.avon.nhs.uk/phnet/Avonsafe/Cycling%20Injuries/Cycling%20Injuries.htm">www.avon.nhs.uk/phnet/Avonsafe/Cycling%20Injuries/Cycling%20Injuries.htm</a> and <a href="http://www.apcrc.nhs.uk/Service_Evaluation/completed_evaluation_reports.htm">http://www.apcrc.nhs.uk/Service_Evaluation/completed_evaluation_reports.htm</a></p>	
<b>Brake</b>	General	<p>Brake believes that the most important measures to encourage walking and cycling are engineering measures that make roads safer for cyclists and pedestrians, which are outside the scope of this consultation. However, Brake believes that measures to encourage safe walking and cycling shouldn't be separated from measures to encourage walking and cycling as a transport or recreation choice.</p> <p>Public awareness campaigns that aim to improve public health by promoting walking and cycling should be run alongside and aligned with work to make walking and cycling safer, such as road engineering measures. This is vital given that fear for safety is a major reason behind many people's choice not to walk or cycle on roads (see Brake and Direct Line Report on Safe Driving, Brake and Direct Line, 2010), and given evidence that engineering measures to make walking and</p>	<p>In the development of this piece of guidance reference will be made where appropriate to other NICE guidance (published or under development).</p> <p>The draft scope for this work indicates that interventions that multi-component interventions which include changes to the physical environment would be included. This would include the examples of promotion of traffic free paths if appropriate evidence relating to these was identified.</p>

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		<p>cycling safer often result in increased walking and cycling levels, especially given appropriate local promotion. For example, a local authority campaign to get more people cycling could promote traffic free cycle paths in the area, and inform people about the routes these paths take.</p> <p>Brake also believes that any publicity aimed to encourage to walking and cycling should at the same time promote and encourage safe walking and cycling behaviour. This could be through including advice on where to get cycle training and on wearing appropriate protective and visibility equipment. It's also important to consider how walking and cycling promotional campaigns may indirectly affect behavioural choices, and can be used to nudge people into safer habits. For example, publicity to encourage cycling should only ever feature images of cyclists wearing helmets, to help encourage the perception that this is the norm.</p>	<p>NICE consider the best available evidence of effectiveness and cost effectiveness in the development of its guidance. Unintended consequences from the promotion of walking and cycling is not excluded from this piece of guidance and recommendations on the impact of these consequences, such as injury prevention, will be made where the evidence allows.</p>
<b>British Electric Bicycle Association CIC</b>	General	<p>Use of Electrically Power Assisted Cycles (EPACs) that provide assistance when the rider is pedalling, have been shown through various studies measuring heart rate and oxygen uptake, to count as 'moderate' exercise. They should therefore fall within the scope of this proposed report and be fully considered.</p>	<p>Identification of the specific health benefits associated with EPAC and the potential differences between health benefits for walking and cycling are likely to be beyond the scope of this guidance. However,</p>

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			the significance of intensity of activity may be an issue that will be included in the considerations in the guidance itself.
<b>British Electric Bicycle Association CIC</b>	General	Even those models that can also be propelled through use of a throttle can provide relatively cheap and flexible transport, bringing environmental benefits of reduced air pollution, noise and congestion, along with the health benefits of social contact and increased vitamin D3 levels through being outdoors.	Thank you for your comment.
<b>British Electric Bicycle Association CIC</b>	General	EPACs can particularly appeal to older people, women and those with health problems or disabilities of a permanent nature that prevent them from riding a conventional cycle. These are all cohorts that currently have low cycling levels.	Thank you for your comment.
<b>British Electric Bicycle Association CIC</b>	General	Because of the ability to choose the level of pedalling, EPACs can also appeal to those who wish to get fit or rehabilitate in a gently graded manner, particularly if starting from a very low level of general fitness eg those with heart problems, chronic fatigue syndrome, obesity etc.	Thank you for your comment.
<b>British Electric Bicycle Association CIC</b>	General	EPACs can contribute to a cycling culture and therefore potentially to cycling safety. Because of regulations restricting motor capacity, weight and speed, EPACs are no more dangerous to other road users than	Thank you for your comment.

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		conventional bicycles.	
<b>British Electric Bicycle Association CIC</b>	General	EPACs can help overcome some of the often cited barriers to taking up cycling eg hills, the need to dress smartly for work or have shower facilities at work and the need to carry children, luggage, shopping etc.	Thank you for your comment
<b>British Electric Bicycle Association CIC</b>	General	Whilst NTS data shows that most conventional cycling tails off sharply at around 5 miles, EPACs can easily cover longer distances, with some batteries managing a range of 50-60 miles between charges.	Thank you for your comment
<b>British Electric Bicycle Association CIC</b>	General	Sales in the UK are currently low compared to continental Europe. Whilst some EPACs can be purchased through the Cycle to Work scheme, price is still perceived as high when compared to conventional cycling. BEBA are in discussion with OLEV about possible grants along similar lines to those for electric cars and are working to inform local authority transport planners of EPAC potential in bringing greater value to Local Transport Plan and Local Sustainable Transport Fund schemes.	Thank you for your comment
<b>Chartered Institute of Highways &amp; Transportation</b>	General	Whilst the term 'Active Travel' covers activities such as walking and cycling, CIHT considers that walking and cycling should be considered as different activities in a study of this type. They are different in nature, and are prompted by different motivations. They are also potentially	Thank you for your comments. NICE guidance is based on the best available evidence of effectiveness and cost

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		<p>competitive in their demands for infrastructure, whether in terms of road space (and competition with motorised modes) or footpaths (on and off road).</p> <p>CIHT support the principle of actively encouraging increased levels of walking and cycling, but note that the motivations and requirements will be different for each mode. This is supported by National Travel Survey data (NTS) which shows that in 2009, 80% of all trips shorter than one mile (essentially up to 20 minutes) were made on foot, almost all the rest by car. Even for trips of 1 – 2 miles, 33% were made on foot. Very few people walk more than two miles (say about 40 minutes), which seems entirely understandable as requiring too much time to be acceptable.</p> <p>This illustrates that the two modes, whilst potentially competing for road space, are not necessarily competitive in terms of journey type or length, but are potentially time sensitive.</p>	<p>effectiveness. For clarification walking and cycling will be considered individually and not in 'combination'. This has been clarified in the scope. The guidance will consider the barriers and facilitators to the promotion of walking and cycling where the evidence allows.</p>
<b>Chartered Institute of Highways &amp; Transportation</b>	General	<p>Stress and mental health issues are not explicitly explored, although there is increasing evidence that this is an issue for all road users. Should the scope include considerations on how car drivers might benefit from walking and cycling? And is there a view on whether increased levels of cycling might increase stress levels to that not currently encountered – there are already tales of cycle road rage incidents as a consequence of increased levels of cycling in London.</p>	<p>Thank you for your comment. Consideration of these issues would depend on the evidence identified.</p>

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		Are electric assisted cycles within the scope of cycling in general?	
<b>Cycle to Work Alliance</b>	General	The scope of the guidance should include interventions by local employers to encourage cycling, eg cycle to work scheme, workplace cycle challenges	Thank you for your comment. Interventions by local employers to encourage cycling are not excluded from this piece of work and the guidance will consider this where the evidence allows.
<b>Cycle to Work Alliance</b>	General	By extending the scope to include employers' role in promoting cycling, the consultation can talk about the benefits of reduced absenteeism at work, greater employee engagement (if pro-cycling scheme are run through the workplace) and increased productivity.	Thank you for your comment. The role of employers in promoting cycling is not excluded from this piece of work and the guidance will consider this where the evidence allows.
<b>Cycle to Work Alliance</b>	General	The Cycle to Work Alliance is happy to provide case studies and fact and figures of the benefits of the cycle to work scheme.	Thank you and we welcome your contribution and assistance. Please note that we will be issuing a call for evidence as part of the development of this guidance.
<b>Department for Transport</b>	General	The Department for Transport (DfT) welcomes the proposal to issue guidance on walking and cycling in terms of identifying local measures to promote these modes as a form of transport or recreation. DfT officials look forward to working with researchers in providing useful	Thank you and we welcome the DfT's contribution.

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		background research and policy instruments to achieve this.	
<b>Department of Health</b>	General	In our view, the document should be specific at the outset that the guidance will not consider changes to the local environment and/or infrastructure, designed to promote more walking and cycling.	Thank you for your comment. This guidance will not consider local interventions that solely aim to change the physical environment. Where environmental interventions are part of a broader programme of local measures they will be included.
<b>Department of Health</b>	General	The terms 'travel' and 'transport' appear to be used interchangeably, as do the terms 'measures' and 'interventions'. We feel that the document should aim to be more consistent in this respect	Thank you for your comment. This has been done.
<b>Islington Council / Islington PCT</b>	General	My primary concern is the lack of quality data that would be available to NICE being an evidenced-based organisation. I know that there aren't many studies on cycle training or other similar projects, yet anecdotally we know these schemes do get people cycling. Hopefully they'll be some way to capture these small, effective local programmes. An example of a London Programme that has successfully engaged with black minority ethnic communities is LB Tower Hamlets, Active Travel campaign	Thank you for your comment. NICE guidance is based on the best available evidence of effectiveness and cost effectiveness. We appreciate the difficulty in measuring effectiveness of local interventions. Please note that we will be issuing a call for evidence as part of the process of

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			developing this guidance. We would welcome the submission of any additional relevant evidence at that time.
<b>Islington Council / Islington PCT</b>	General	Another concern is that the risk of cycling is overstated when other factors are taken into consideration. The following article may be of some use  <a href="http://www.ecf.com/files/2/26/60/050207_Cycling_safety_ecf_Thomas_Krag_1.pdf">http://www.ecf.com/files/2/26/60/050207_Cycling_safety_ecf_Thomas_Krag_1</a>  .pdf	Thank you.
<b>Islington Council / Islington PCT</b>	General	The following is an article called 'Valuing the benefits of cycling'. It was commissioned by Cycling England and includes a cost-benefit analysis of cycling programmes, including cycle training : <a href="http://www.dft.gov.uk/cyclingengland/site/wp-content/uploads/2008/08/valuing-the-benefits-of-cycling-exec-summary.pdf">http://www.dft.gov.uk/cyclingengland/site/wp-content/uploads/2008/08/valuing-the-benefits-of-cycling-exec-summary.pdf</a>	Thank you
<b>JMP Consulting</b>	General	We welcome the intention for producing this guidance. We believe that walking and cycling offer some of the most immediate opportunities for people adopting active lifestyles and in cost benefit terms can be cheap	Thank you for your comment

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		to implement for huge benefits. The Chief Medical Officer (2009) referred to physical activity as a wonder-drug. Promoting walking and cycling for community health benefits – at the same time as delivering local transport objectives – should be an obvious investment that is happening everywhere and it is frustrating that still some people fail to see the links. If this guidance can help local authority transport officers and local health staff see these links, this will be an enormous help.	
<b>JMP Consulting</b>	General	Avoid promoting “walking and cycling” together. These are two quite different behaviours that need different measures and messages to promote to different target audiences.	Thank you for your comment. It is not our intention to consider the two as the same issue. This has been clarified.
<b>JMP Consulting</b>	General	Behaviour change programmes need to communicate the benefits of behaviour change in terms of the individuals’ motivations. Whilst NICE may be interested in the physical health benefits, our empirical work shows the primary personal motivations to be: fitness and health, financial savings (walking/cycling instead of driving to work), social elements (walking with the kids to school, bumping into friends whilst being out and about) and mental health benefits (feeling better for being out and about). “Health” is very different things to different people. For a young adult it may be about body-image. For someone who has recently had a health scare it may be about restoring a basic level of fitness in order to	Thank you for your comments. We anticipate that the evidence gathered for this guidance will identify issues such as these. Please note that we will be issuing a call for evidence as part of the process of developing this guidance. We would welcome the submission of any additional relevant evidence at that time

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		maintain independence. Whilst health is very motivating, it is deeply personal and needs to be handled carefully. Interestingly, we have found in our Personal Travel Planning engagements that <i>not</i> being medical practitioners helps – we are seen as offering ‘friendly advice’. We come across a lot of people who say “The Doctor told me I must exercise more” who haven’t done anything, but when our advisors say “Let’s help you find ways you can get more exercise”, they engage positively. Where people are ‘told’ to do something, generally they react badly, but using supportive messages such as the fun / social elements of being active are very positive.	
<b>JMP Consulting</b>	General	The key benefit for cycling is getting people who don’t cycle at the moment to start cycling, or those who cycle a bit to start cycling regularly. These people require different messages and incentives. The health benefit (in terms of return on investment) mainly comes from people with low levels of physical activity taking it up. Often many cycling promotion initiatives tend to be targeted or tend to attract people who already cycle (e.g. bikers breakfasts / organised bike rides). Need to think carefully about messaging and promotion of such events in order to attract the right target market.	Thank you for your comments
<b>Living Streets</b>	General	Living Streets is the national charity that stands up for pedestrians. With our supporters we work to create safe, attractive and enjoyable streets,	Thank you and we welcome Living Streets contribution.

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		where people want to walk. We work with professionals and politicians to make sure every community can enjoy vibrant streets and public spaces. The history of Living Streets demonstrates the strength of our agenda. We were formed in 1929, as the Pedestrians Association, and have grown to include a network of groups and affiliated groups, local authority members and a growing number of corporate supporters. As well as working to influence policy on a national and local level, we also carry out a range of practical work to train professionals in good street design, and enable local communities to improve their own neighbourhoods. We run high profile campaigns such as Walk to School and Walking Works, to encourage people to increase their walking levels and realise a vision of vibrant, living streets across the UK <a href="http://www.livingstreets.org.uk">www.livingstreets.org.uk</a>	
<b>Living Streets</b>	General	Living Streets welcomes guidance on walking and cycling: local measures to promote walking and cycling as a form of transport	Thank you
<b>Local Government Improvement and Development, Healthy Communities Programme</b>	General	We welcome the proposal to develop public health programme guidance on local measures to promote walking and cycling and the inclusion of interventions to promote both transport and recreational participation.	Thank you and we welcome Local Government Improvement and Development, Healthy Communities Programme's contribution.
<b>Local Government</b>	General	The intention to adopt an ecological approach and the inclusion of wider	Thank you for your comment

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<b>Improvement and Development, Healthy Communities Programme</b>		environmental and economic impacts alongside health impacts is significant and will help to engage a wider audience across local government – vital for the success of many interventions to promote walking and cycling.	
<b>Local Government Improvement and Development, Healthy Communities Programme</b>	General	We would like to see the two elements – mode of transport and recreational walking and cycling – researched separately, perhaps as two parts of the same guidance. Recommendations should identify whether interventions can be effective for one, the other of both recognising that the context, motivational factors and barriers may be very different.	Thank you for your comment. It is not our intention to consider the two as the same issue. This has been clarified.
<b>Local Government Improvement and Development, Healthy Communities Programme</b>	General	A consideration of whether participation in recreational walking and cycling can lead to increased cycling and walking as a mode of transport would be a valuable inclusion.	Thank you for your comment. The potential consideration you raise is not excluded and will be considered where the evidence allows.
<b>Local Government Improvement and Development, Healthy Communities Programme</b>	General	Where evidence exists the benefits to population mental health and to individual and community wellbeing should be considered alongside benefits to physical health and the cost effectiveness of interventions. We would welcome further emphasis on the benefits of walking and cycling to mental wellbeing within the scoping document, particularly within the background section which could outline the benefits of	Thank you for your comment. Mental health and wellbeing is indicated as a potential benefit linked to physical activity.

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		walking to mental health, for example to addressing stress and, with it, the links to workplace health.	
<b>Local Government Improvement and Development, Healthy Communities Programme</b>	General	The draft scoping document may not sufficiently cover the impact of the environment, natural and built, as a facilitator and barrier to cycling and walking and whilst we recognise that this subject has been covered in PH8 guidance on interventions specific to walking and cycling should be referenced and reinforced.	Thank you for your comment. Where environmental interventions are part of a broader programme of local measures they will be included. The guidance will include reference to other relevant NICE guidance, such as those you mention. As part of this guidance, we will also be producing a 'pathway' (see <a href="http://pathways.nice.org.uk/">http://pathways.nice.org.uk/</a> ). The content and format of this pathway will be considered during the process of developing the guidance but are likely to include other relevant NICE recommendations.
<b>Luton Borough Council and NHS Luton</b>	General	Recommend to consult a sample of Local Councils about how walking and cycling promotions have worked on the ground.	Thank you for your comment. We are not able to carry out primary research in the development of this

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			guidance. However we would welcome the involvement of Councils as stakeholders in the development of the guidance and particularly on commenting on the draft guidance. Please note that we will be issuing a call for evidence as part of the process of developing this guidance. We would welcome the submission of any additional relevant evidence at that time.
<b>Luton Borough Council and NHS Luton</b>	General	To take account of key messages from the Cycling Demonstration Towns and the Sustainable Travel towns.	Thank you for your comment. We are aware of the evidence arising from these programmes and anticipate its inclusion in the material to be considered.
<b>Luton Borough Council and NHS Luton</b>	General	In Luton walking and cycling promotion has taken place with the Council, NHS Luton, Sustrans and other organisations working together. Partnership working is needed to have programmes in place to address less car use, environment, health and improved living standards through walking and cycling.	Thank you for your comment. Please note that we will be issuing a call for evidence as part of the process of developing this guidance. We would welcome the submission of any additional

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			relevant evidence at that time.
<b>Luton Borough Council and NHS Luton</b>	General	We would recommend that parks and green space are referred to in the document for making walking and cycling for active travel or recreation more attractive.	Thank you for your comment. NICE guidance is based on the best available evidence of effectiveness and cost effectiveness. Inclusion of specific features will be dependent on what evidence is identified during the process of development of the guidance.
<b>Luton Borough Council and NHS Luton</b>	General	With new initiatives calling for a lead from local communities to own and want actions, such as walking and cycling, and to provide volunteers to run initiatives, could this be included in the draft scope.	Thank you for your comment. We will comment on all aspects relating to the local promotion of walking and cycling, in scope, where the evidence allows. This may include reference to 'local community ownership' and 'volunteer impact. NICE guidance is based on the best available evidence of effectiveness and cost effectiveness.
<b>MRC Epidemiology Unit and UKCRC Centre for Diet and</b>	General	It would be useful to acknowledge that walking and cycling are two distinct behaviours that are therefore likely to be influenced by different factors. It may be appropriate to disaggregate the analysis into	Thank you for your comment. It is not our intention to consider the two as the same issue. This has

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<b>Activity Research (CEDAR), Cambridge</b>		interventions that target both walking and cycling, interventions that target walking specifically, and interventions that target cycling specifically.	been clarified..
<b>National Heart Forum</b>	General	The National Heart Forum welcomes the opportunity to comment on the NICE Walking and cycling: consultation on draft scope. We are pleased to see within this draft scope the recognition of the health benefits of walking and cycling in terms of both a travel mode, as well as a form of recreation.	Thank you and we welcome the National Heart Forums input.
<b>National Heart Forum</b>	General	<i>Do you think the scope could be changed to better promote equality?</i> The National Heart Forum feels that this draft scope could be more inclusive of children. Incidental activity through active travel (walking and cycling) provides an opportunity for incorporating physical activity into the routine of everyday living. There is a greater potential for children to maintain certain behaviours and travel choices throughout their life course if a routine of walking and cycling is established early in their life. Walking or cycling to school or play areas is a key way to improve children's health and to reduce obesity, and an example of how this routine behaviour or choice of travel mode could be established. Additionally when interventions, transport routes, public spaces, and	Thank you for your comment. <i>Section 4.1</i> outlines that 'everybody' is included in this piece of guidance and where evidence permits, specific groups or those undertaking particular types of journey. Section 3 has been changed to clarify that children are included.

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		recreation opportunities are designed with children in mind, they tend to be more accessible, safer, and importantly also more appealing for the rest of the community as well.	
<b>Natural England</b>	General	In order to understand what works it would be useful to contextualise interventions against the 'normal' patterns of walking and cycling. Data on use of green spaces for walking was presented in the Monitoring Engagement with the Natural Environment survey (MENE) the outputs of which can be found at <a href="http://www.naturalengland.org.uk/ourwork/enjoying/research/monitor/default.aspx">http://www.naturalengland.org.uk/ourwork/enjoying/research/monitor/default.aspx</a>	Thank you for your comment and included reference.
<b>Natural England</b>	General	Walking for Health fits within the draft scope definition of interventions. A variety of evaluation studies have been undertaken on this intervention including barriers and physical activity outcomes. There remain some outstanding evaluations including a cost benefit analysis using primary data. Published studies can be found at <a href="http://www.wfh.naturalengland.org.uk/our-work/evaluation">http://www.wfh.naturalengland.org.uk/our-work/evaluation</a> Please note that you will need to register as a user to access this site. Registration is free.	Thank you for the reference.
<b>NHS Bristol</b>	General	NHS Bristol strongly welcomes the development of this guidance as an important advance in drawing together evidence on the effectiveness of	Thank you. We look forward to constructive on going engagement

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		walking and cycling as an intervention to improve public health. We especially welcome the potential co-branding of the future guidance on this topic with the Dept Transport and potentially other transport representative bodies, as discussed at the Stakeholder meeting on May 17 <sup>th</sup> . The value of previous PHG eg 8 and 17 has been considerably weakened by the failure to influence delivery among key target groups such as transport planners and engineers who are key to the delivery of both behavioural and environmental intervention programmes.	with stakeholders to ensure that the guidance reaches and is acted upon by appropriate audiences
<b>NHS Bristol</b>	General	As raised at the Stakeholder meeting on May 17 <sup>th</sup> , there will be some evidence gaps on this theme since the research focus has only recently given greater attention to interventions to increase walking and cycling. One of the challenges is to be able to find a means through which robust peer reviewed evidence could be augmented, at least where such evidence is lacking, to include grey literature. For example, providing low cost refurbished bikes affords people on low income an opportunity to cycle – for which there is a project at Bristol Prison (Bike Back) to refurbish second-hand bicycles as well as provide skills to inmates.	Gaps in the evidence are generally an important issue, and are highlighted in the final guidance. We are very keen to hear of any published evidence that will help the committee in developing recommendations, and will be issuing a call for evidence as part of the process.
<b>NHS Bristol</b>	General	As again raised at the Stakeholder meeting on May 17 <sup>th</sup> , in terms of a check-list for researchers undertaking the Evidence Reviews, we offer the Essential Evidence on a page series produced by Adrian Davis	Thank you. Please note that we will be issuing a call for evidence as part of the process of developing

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		<a href="http://www.bristol.gov.uk/tpevidencebase">www.bristol.gov.uk/tpevidencebase</a> . Adrian also has access to considerable grey literature and he can advise on this.	this guidance. We would welcome the submission of any additional relevant evidence at that time
<b>NHS Bristol</b>	General	The issue of funding and historical budgets for walking and cycling is important as a barrier because of the miniscule proportions of transport funds that have been devoted to these modes by local authorities. The injection of funds by Cycling England so that 18 towns and 1 city were able to spend continental levels of investment into cycling for 3 years demonstrated increase funding is important in the achievement of public health ambitions to increase walking and cycling. To do nothing/minimal budgets is very unlikely to deliver significant behaviour change.	NICE's remit does not extend to specifying allocation of budgets. However, the guidance will identify interventions that are cost effective. The costings work which accompanies a piece of guidance also tries to identify the potential local savings associated with implementing the guidance.
<b>NHS Waltham Forest &amp; London Borough of Waltham Forest</b>	General	Please ensure that you examine the impact of parking policy on active travel. Managing/limiting parking - at home, at work and at other destinations - can be very powerful in motivating people to use active modes. On street parking policies can also have a serious impact on walking and cycling. For example, councils often prioritise residents' and traders' desire to park on the public highway - over the needs of cyclists, and, often, pedestrians. Generous parking policies which prioritise motorists can prevent the designation of cycle lanes, or lead to the creation of unsafe cycle lanes (eg between parked cars and moving road traffic), and can result in locally-sanctioned parking on the pavement. A common cause of cyclist injury is being hit by opening car	Thank you. Where environmental interventions are part of a broader programme of local measures they will be included.

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		doors. Vehicle crossovers over pavements (whereby residents are permitted to drive over the pavement into their garden or drive) can also be hazardous to pedestrians. Over-allocating space to car parking can also render the area less pleasant and attractive for walking and cycling.	
<b>NHS Waltham Forest &amp; London Borough of Waltham Forest</b>	General	In order to get full engagement 'buy in' from wider organisation other than NHS co-branding is needed e.g. TFL, DFT and Natural England for this guidance.	Thank you. Communications and implementation strategies will be developed during the process of development of the guidance.
<b>NHS Waltham Forest &amp; London Borough of Waltham Forest</b>	General	Level of interventions should be included and 'a what' to do list to cater for all bodies. For example brief intervention guidelines for Primary Care Practitioners and how to engage the BME groups.	Thank you
<b>Royal College of Nursing</b>	General	The Royal College of Nursing welcomes proposals to develop this guidance. The draft scope seems comprehensive.	Thank you
<b>Royal College of Nursing</b>	General	It would be useful to have a cost / benefit analyses and the wider implications of this proposal. It is probably worth considering in two parts – the short term and the long term.	Thank you. Cost effectiveness will be a key part of developing the guidance. The differences between long term and short term effects, where identified, will be important aspects that will feed into this

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			analysis.
<b>Royal College of Nursing</b>	General	The environmental impact is mentioned and how this would help the reduction of CO <sub>2</sub> emission and impact on climate change could be considered.	The impact on CO <sub>2</sub> emissions will be considered in the guidance.
<b>Royal College of Paediatrics and Child Health</b>	General	The RCPCH welcomes this guidance development especially in relation to children and young people	Thank you.
<b>Royal College of Paediatrics and Child Health</b>	General	The RCPCH supports walking and cycling as healthy recreational activities that are important for children and young people. These will lead to increased levels of general fitness. It will be important to include evidence such as it is in the report for the relationship to the prevention of obesity in this age group.	Thank you.
<b>Royal College of Paediatrics and Child Health</b>	General	For children and young people regular cycling is likely to be to school or college, rather than to a work place as for older people. Many schools have facilities to encourage this such as cycle storage racks and facilities for storing cycle helmets.  As mentioned in section 3 (e) cyclists experience higher rates of injury than motorists. It must be a major concern that an unintended consequence of increased cycling rates in children and young people will be higher accident numbers, particularly head injuries. Fortunately	Thank you. We hope that the evidence assembled for this guidance will be able to consider the real difference in injury rates between different modes of travel, and the possible impact of changing modes.  Evidence relating to interventions

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		<p>there is good evidence that cycle helmets will decrease the risk of significant head injury.</p> <p>School-based programmes such as HeadStart and HeadFirst, developed by the Bicycle Helmet Initiative Trust, in primary schools, and HeadSmart, which has been running for 2 years in secondary schools, should be strongly supported to encourage helmet usage to promote safe cycling for children and young people.</p> <p>The initial evidence for these school-based programmes came from a published study: <i>Lee A, Mann N, Takriti R. A hospital led promotion campaign aimed to increase bicycle helmet wearing among children aged 11–15 living in West Berkshire 1992–98. Inj Prev 2000;6:151-153</i></p> <p>A report was produced in 2003 for the Department for Transport based on three community sites and education programmes. Since then, the programmes have continued to monitor attitudes pre- and post-educational programme and have used the young persons' comments to structure the programmes.</p>	<p>to reduce injury rates are outside the scope of this guidance, except where they also consider the impact on walking or cycling.</p>
<b>Royal Society for the Prevention of</b>	General	RoSPA is a registered charity, created in 1917 in response to an 'alarming increase in traffic accidents' in London. We have been at the	Thank you.

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<b>Accidents (ROSPA)</b>		heart of accident prevention in the UK and around the world for more than 90 years. Today, RoSPA's mission is to Save Lives and Reduce Injuries. We promote safety in all areas of life – on the road, in the home, at work, in schools, at leisure and on or near water.	
<b>Royal Society for the Prevention of Accidents (ROSPA)</b>	General	Improving pedestrian and pedal cyclist safety have been key issues right from RoSPA's inception. The first campaign by RoSPA's founders, the London "Safety First" Council, was to change the pedestrian rule so that walkers faced oncoming traffic. Fatal accidents involving pedestrians stepping into the path of vehicles fell by 70% in the first year. RoSPA's involvement in cycling safety dates back to the 1940's (the first Cycling Proficiency Test took place at RoSPA's Road Safety Congress in 1947) and has continued to this day.	Thank you.
<b>Royal Society for the Prevention of Accidents (ROSPA)</b>	General	Therefore, RoSPA warmly welcomes NICE's Consultation on the Draft Scope for Guidance on Walking and Cycling: Local measures to Promote Walking and Cycling as a Form of Transport.  We believe that cycling and walking should be promoted as a 'positive lifestyle choice' available to all citizens in an effort to address the growing levels of obesity in the UK.  Our comments have been produced following consultation with	Thank you.

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		RoSPA's National Road Safety Committee.	
<b>Royal Society for the Prevention of Accidents (ROSPA)</b>	General	<p>There is a lack of good evaluations of road safety education, training and publicity (ETP) interventions, and it would not be surprising if this was also true of similar interventions designed to increase walking and cycling. This is partly because it is much more difficult to evaluate education interventions, than engineering ones, but also to a lack of capacity within the road safety profession. To help address this, RoSPA and the Department for Transport, working with local authority representatives, developed an online resource, <a href="http://www.roadsafetyevaluation.com">www.roadsafetyevaluation.com</a>, to help and encourage road safety practitioners to evaluate their ETP interventions. In addition to a wide range of advice and information about evaluation, the website includes E-valu-it, an interactive tool to help practitioners plan, conduct and publish evaluations of their road safety education interventions.</p> <p>We suggest that the NICE guidance considers whether similar help would be useful for organisations and practitioners in the field of promoting walking and cycling.</p>	Thank you.
<b>Royal Society for the Prevention of Accidents (ROSPA)</b>	General	RoSPA would also highlight some examples of activities and good practice in Scotland relating to the promotion of cycling.	Thank you. We will pass these suggested references on to the team developing the evidence

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		<p>The Cycling Action Plan for Scotland (CAPS) was developed and published (see <a href="http://www.scotland.gov.uk/Publications/2010/06/25103912/0">www.scotland.gov.uk/Publications/2010/06/25103912/0</a>) following a national consultation and in the light of a report by the Transport, Infrastructure and Climate Change Committee. The CAPS sets out a Vision that “By 2020, 10% of all journeys taken in Scotland will be by bike.” It encourages a more integrated approach to increasing walking and cycling in Scotland with the added benefit of increasing sustainable economic growth. The CAPS sets out how cycling (walking and active travel) will contribute to improvements in health, a reduction in congestion and carbon emissions.</p> <p><i>“Central and local government policies and programmes need to acknowledge that active travel, including cycling and walking can help deliver their outcomes. In particular, mechanisms which will support the achievement of the National Indicators and identify local indicators through the Single Outcome Agreements should be developed and strengthened.”</i></p> <p>In addition, the City of Edinburgh Council have further committed to the Charter of Brussels which aims to meet targets of 15% of trips being made by bike by 2020. <a href="http://www.velo-city2009.com/charter-brussels.html">http://www.velo-city2009.com/charter-brussels.html</a></p>	reviews.

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		Within Scotland – Cycling Scotland and the Scottish Centre for Healthy working lives are encouraging employers to promote cycling ( <a href="http://www.cyclingscotland.org/our-projects/award-schemes/cycle-friendly-employer/">www.cyclingscotland.org/our-projects/award-schemes/cycle-friendly-employer/</a> ) as part of an award scheme.	
<b>Royal Society for the Prevention of Accidents (ROSPA)</b>	General	We hope these comments are useful and look forward to the draft NICE guidance.	Thank you.
<b>Scottish Accident Prevention Council</b>	General	As Chairman of Scottish Accident Prevention Council I welcome the opportunity to work, as a partner with ROSPA, to encourage Parent Councils to refresh their School's Road Safety Plans to encourage parents not to use their cars to take their children to school so that they reduce the number of cars parked at or close to schools – where they create hazards for pupils – and to encourage their children to use bikes, scooters or walk to and from school as, by doing so, they will also encourage their children to be fitter and give the children the opportunity to develop more Road Safety knowledge and experience from which they will benefit when they get older as walkers, joggers, motorists and cyclists. I would also welcome any ideas from parents and Parent Councils about how to improve safety for children travelling to and from school	Thank you.

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<b>Transport and Health Study Group</b>	General	<p>This document will be severely limited in effect in that it excludes some of the most important measures:</p> <ul style="list-style-type: none"> <li>a) changing the environment through developing local cycle and walking networks;</li> <li>b) street design</li> <li>c) promotion of the train/cycle combination and</li> <li>d) national policy measures to support consistent applications of measures that will support more local walking and cycling.</li> </ul> <p>Although these are referred to in a previous (2008) guidance, spreading the required measures amongst several documents appears less efficient. There are examples of successful programmes to increase cycling – Edinburgh, London and York are all cases. In each case, success occurred due to a range of measures that included changes to the road network and the opening of off-road cycle paths and walking routes. Application of evidential approaches which seek to isolate individual aspects of these programmes is fundamentally misconceived when applied to cultural and behavioural programmes</p> <p>In addition, we see it as critical that the legal position of pedestrians and cyclists be strengthened, more into line with many Continental countries. “Strict Liability” is of course a national level measure as</p>	<p>It is necessary to restrict the scope to make the work involved manageable. However, where environmental interventions are part of a broader programme of local measures they will be included.</p> <p>The final recommendations will also be presented as a ‘pathway’ which will include recommendations from other guidance documents, including PH8 on physical activity and the environment. We hope that this will bring recommendations together in a way that helps make them more useful to local practitioners.</p> <p>The referral from DH is to consider local measures which exclude measures such as national legal positions and the Highway Code.</p>

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		<p>would be THSG proposals for “throughways” in which vehicles would be permitted into most streets only for access. Likewise we believe that changes to the Highway Code are necessary.</p> <p>However, granted that the limitation has been imposed, we have made some responses below.</p>	
<b>Sustrans</b>	General	Sustrans is delighted to see this referral from the Department of Health, and to be able to comment on the scope.	Thank you.
<b>Sustrans</b>	General	Given the focus of the referral, we do wonder whether too much emphasis may have been placed, in the draft scope, on recreational and sporting aspects of walking and cycling. See more detailed comments below.	The intention is that the guidance will address walking and cycling as both recreation and transport
<b>Sustrans</b>	General	Past experience shows that the production by NICE of guidance may not in itself lead to significant improvement in local delivery, in cases where the strategic and investment planning decisions sit outside the health sector. An example of this is PH8 Physical Activity and Environment, which is not being followed by many local authorities and other non-health actors.	Production of NICE guidance is only one part of the process of achieving change. We look forward to working with a range of stakeholders to ensure the most effective implementation of the final guidance when this is produced.

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		<p>It is clear, and the scope acknowledges, that in order to be effective this guidance will have to influence the work of professionals in other sectors – transport planners, private developers, public transport operators, perhaps police forces, and many others.</p> <p>I have no doubt that NICE has given much consideration to the question of <b>how</b> this cross-sectoral influence can be achieved. One suggestion is that DfT could be approached to explore the possibility of joint-branding the guidance: this would raise its profile with transport professionals.</p>	
<b>The British Psychological Society</b>	General	The Society welcomes NICE addressing the issues of health and resources which emphasise the importance of walking and cycling. However, there are some omissions in the consultation document which the Society considers may risk repetition of the mistakes made in previous public health campaigns on this topic. In particular, we recommend that greater attention be paid to the dangers and limitations of cycling in the current context, as outlined in our comments, below.	Thank you.
<b>The British Psychological Society</b>	General	INHERENT PROBLEMS. Cycling can be successfully promoted in an urban and suburban context (Bauman <i>et al.</i> , 2011), as shown in the Netherlands, for example. However, the UK's record on this has been patchy. One problem appears to have been a belief that nothing can	Thank you. The process of developing the guidance will identify successful approaches to promoting cycling and walking and

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		<p>overcome the parallel discomforts of heat and sweat on the one hand, and adequate protection against the weather on the other.</p> <p>However, the most pertinent disincentive must be the obvious danger in loss of control of the bike, particularly that occasioned by collision with motor vehicles. A crucial issue here is the fourth-power relationship between motor-vehicle speed and fatality rates (Hyden &amp; Varhelyi, 2000).</p> <p><i>References:</i></p> <p>Bauman A, Titze S, Rissel C &amp; Oja P. (2011). Changing Gears: Bicycling as the panacea for physical inactivity? <i>British Journal of Sports Medicine</i>. Advance online publication doi:10.1136/bjism.2010.085951</p> <p>Hyden, C. &amp; Varhelyi, A. (2000). The Effects on Safety, Time Consumption and Environment of Large Scale Use of Roundabouts in an Urban Area. <i>Accident Analysis &amp; Prevention</i>, 32, 11-23.</p>	<p>also to identify barriers such as those you identify</p> <p>Please note that we will be issuing a call for evidence as part of the development of the guidance. We would be keen to receive any other relevant evidence at that time.</p>
<b>The British Psychological Society</b>	General	<p>TRAFFIC CALMING. Potential amelioration could reside in the mass slowing of motor traffic. For example, road-humps and chicanes can make traffic safer for pedestrians but, at the same time, cause difficulties for cyclists. Promotion of cycling has typically entailed</p>	<p>Thank you. Where environmental interventions are part of a broader programme of local measures they will be included.</p>

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		separation from motor traffic.	
<b>The British Psychological Society</b>	General	<p>CYCLE-LANES. Poorly designed and policed facilities may render the situation for cyclists worse than if no amelioration is attempted. Where roadside cycle-lanes are provided these are often well short of any plausible journey. In addition, despite official prohibition (Automobile Association, 2008), motor-vehicles frequently park in or straddle cycle-lanes before undertaking manoeuvres: junctions are particularly problematic regarding rights-of-way.</p> <p>Cyclists are free to use other traffic lanes (Automobile Association, 2008) but motorists seen unaware of this and often evince hostility towards cyclists exercising this freedom.</p> <p>Some cyclists are therefore uncomfortable on any part of the road and may therefore resort to the illegal use of pavements (which are solely for pedestrians).</p> <p>The conclusion is that the development of mass cycle-use is in fact discouraged, despite what the authorities may intend.</p> <p><i>Reference:</i></p> <p>Automobile Association (2008). The Highway Code. Basingstoke:</p>	Thank you. Where environmental interventions are part of a broader programme of local measures they will be included.

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		AA Publishing.	
<b>The British Psychological Society</b>	General	DEDICATED PATHS. While (as noted above) pavements beside the road are exclusively for pedestrians, dedicated paths are provided in some areas for the shared use of cyclists and pedestrians. Although pedestrians no doubt make better fellow-travellers for cyclists than do motorists, the two groups are nonetheless incompatible: both cycling through groups of pedestrians and walking through streams of cyclists are uncomfortable.	Thank you. Where environmental interventions are part of a broader programme of local measures they will be included.
<b>The British Psychological Society</b>	General	CHANGING CIRCUMSTANCES. Perhaps real change will ultimately arise from the ongoing increase in fuel costs. Some motorists may, as a result, eschew car-ownership altogether and fully adopt cycling. They may also choose to travel at reduced speeds in order to save limited fuel, with a concomitant saving in road-casualties.  The latter might be supported by government intervention, as was the case when, in response to the fuel crises of the 1970s, the UK government reduced the maximum speed to 50 mph. Unfortunately, there was a subsequent rush to return to “normal” road conditions; future such restrictions, could be made a permanent feature of traffic law (Reinhardt-Rutland, in press).	Thank you. The referral is to consider local measures. As such, fiscal measures such as fuel price and duty are outside the scope of the guidance.

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		<p><i>Reference:</i></p> <p>Reinhardt-Rutland A H. The Effectiveness of Dedicated Cycling Facilities: Perceived and objective risk. <i>Injury Prevention</i> (in press). Advance online publication doi:10.1136/injuryprev-2011-40038</p>	
<b>The Chartered Institute of Logistics and Transport (UK)</b>	General	<p>We welcome the announcement of the guidance and look to engage fully with the process. We have a cycling forum with c.1000 members and will soon launch the Cycling Knowledge Hub – an online resource building on the work of Cycling England. These resources and our wider regional structure will be employed to develop a response to the consultation on the draft guidance in the spring. If you would like to draw on aspects of our work and expertise during the development of the guidance please let me know. <a href="mailto:Daniel.parker-klein@ciltuk.org.uk">Daniel.parker-klein@ciltuk.org.uk</a></p>	<p>Thank you. We look forward to your continued involvement as a stakeholder.</p>
<b>The Ramblers</b>	General	<p>The Ramblers very much welcomes this project, and the opportunity to participate in its development through the consultation process. During the development process of the existing (recently reviewed) guidance on physical activity and the environment, we drew attention to the need for promotional initiatives to reinforce environmental interventions. The two pieces of guidance should complement each other very well.</p>	<p>Thank you.</p>
<b>Transport for London</b>	General	<p>Whilst the term 'Active Travel' covers activities such as walking and cycling, TfL considers that walking and cycling should be considered as</p>	<p>Thank you. It is not our intention to consider the two as the same</p>

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		<p>different activities in a study of this nature. They are different in nature, and are prompted by different motivations. They are also competitive in their demands for infrastructure, whether in terms of road space (and competition with motorised modes) or footpaths (on and off road). TfL support the principle of actively encouraging increased levels of walking and cycling, but note that the motivations and facilities will be different for each.</p> <p>We believe it would be beneficial to refer to 'lessons learned' and full evaluation document from Sustainable Travel Demonstration Towns, which was produced on behalf of the Department for Transport. Whilst health was not the primary focus of the paper, it does contain useful measures to reduce health inequalities and social exclusion.</p>	<p>issue. This has been clarified.</p> <p>The difference in motivations and facilities required is an important issue, and we hope that as far as the evidence allows these differences will be examined and taken into account when developing recommendations.</p>
<b>Transport for London</b>	General	<p>Stress and mental health issues are not explicitly explored, although there is increasing evidence that this is an issue for all road users. Should the scope include considerations on how car drivers might benefit from walking and cycling? And is there a view on whether increased levels of cycling might increase stress levels to that not currently encountered – there are already tales of cycle road rage incidents as a consequence of increased levels of cycling in London.</p> <p>Are electric assisted cycles within the scope of cycling in general?</p>	<p>Physical activity has significant mental health benefits. If studies on promoting walking or cycling report changes in stress levels these will be recorded.</p> <p>Identification of the specific health benefits associated with EPAC and the potential differences between health benefits for walking and</p>

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<b>Stakeholder Organisation</b>	<b>Section Number</b>	<b>Comments Please insert each new comment in a new row.</b>	<b>Response Please respond to each comment</b>
		<p>We feel that promotional events such as Green Week, working directly with the public, are cost effective and effectively reach a large. Giving away 'freebie' items such as pedometers has been found to be an effective way to encourage people to take and read information. We have found it to be less effective to try to carry out 'flyering' with leaflets alone.</p> <p>The Biking Boroughs Initiative aims to improve access to town centres for cyclists. This initiative has been popular within Boroughs, and supports Proposal 52 of the Mayors Transport Strategy, which aimed to 'pilot Biking Borough approach, and develop Biking Borough scheme including measures such as cycle hubs and marketing initiatives to promote cycling'.</p>	<p>cycling are likely to be beyond the scope of this guidance. However, the significance of intensity of activity may be an issue that will be included in the considerations in the guidance itself.</p> <p>Use of pedometers is included in the scope. Where evidence permits, recommendations may be made in this area.</p>
<b>UKPHA Health and Sustainable Environments Special Interest Group</b>	General	The UKPHA HSE SIG welcomes the proposal to develop public health programme guidance on local measures to promote walking and cycling and the inclusion of interventions to promote both transport and recreational participation. The intention to adopt an ecological approach and the inclusion of wider environmental and economic impacts alongside health impacts is significant.	Thank you.
<b>UKPHA Health and Sustainable</b>	General	The research will need to distinguish between the two elements, mode of transport and recreational walking and cycling. Recommendations	Thank you. It is not our intention to consider the two as the same

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<b>Environments Special Interest Group</b>		should identify whether interventions can be effective for one, the other of both recognising that the context, motivational factors and barriers may be very different.	issue. This has been clarified
<b>UKPHA Health and Sustainable Environments Special Interest Group</b>	General	A consideration of whether participation in recreational walking and cycling can lead to increased cycling and walking as a mode of transport would be a valuable inclusion.	Thank you. This is an interesting area and will be considered if the evidence permits.
<b>UKPHA Health and Sustainable Environments Special Interest Group</b>	General	Where evidence exists the benefits to population mental health and to individual and community wellbeing should be considered alongside benefits to physical health and the cost effectiveness of interventions.	Thank you. Physical activity has benefits relating to mental wellbeing.
<b>UKPHA Health and Sustainable Environments Special Interest Group</b>	General	The draft scoping document may not sufficiently cover the impact of the environment, natural and built, as a facilitator and barrier to cycling and walking.	Multi component interventions which include environmental change will be included in the evidence.  The guidance will include reference to other relevant NICE guidance. As part of this guidance, we will also be producing a 'pathway' (see <a href="http://pathways.nice.org.uk/">http://pathways.nice.org.uk/</a> ). The content and format of this pathway

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			will be considered during the process of developing the guidance but are likely to include other relevant NICE recommendations.
<b>UKPHA Health and Sustainable Environments Special Interest Group</b>	General	We would like to draw your attention to the Transport and Health Study Group and to the publication 'Health on the move 2' Available at <a href="http://www.transportandhealth.org.uk/?page_id=74">http://www.transportandhealth.org.uk/?page_id=74</a>	Thank you.
<b>University of Bristol (DECIPHer UKCRC Public Health Research Centre of Excellence, School of Social and Community Medicine)</b>	General	Throughout the document care should be taking to acknowledge that walking and cycling are different activities. There is a tendency in the research literature and in policy making to talk about 'walking and cycling' and then focus on cycling. In terms of health inequalities, walking is more egalitarian and more accessible than cycling. It does not require special equipment or 'lessons'. Walking is a popular, familiar, convenient, and free form of exercise that can be incorporated into everyday life and sustained into old age. Walking is the most obvious, immediate, and normative means by which to increase physical activity. It may, therefore, be more effective at addressing health inequalities than cycling.	Thank you. This is an important point. This has been clarified in the scope and we anticipate that there will be further discussion in the guidance itself.
<b>University of Bristol (DECIPHer UKCRC)</b>	General	To what extent can/should public transport be considered where this includes walking and cycling as part of the journey?	Inclusion of a public transport element in an intervention would

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Public Health Research Centre of Excellence, School of Social and Community Medicine)			not exclude it from consideration.
University of Bristol (DECIPHer UKCRC Public Health Research Centre of Excellence, School of Social and Community Medicine)	General	<p>To what extent should other ‘active travel’ methods be considered, particularly if they encourage walking and/or cycling? For example, non-motorised scooters are a popular mode of ‘transport’ for children and young people. Sustrans argue “Scooting is fun for those children not yet able to cycle, encourages active travel from an early age and fosters skills which carry through to cycling later on such as steering, stopping and balancing.”<sup>1</sup> If children enjoy scooting to school, this may encourage parents to walk with them rather than drive the car. DfT guidance states: ‘Walking’ includes journeys by non-motorised scooter, roller skates and skateboard.<sup>2</sup> The public health debate/evidence about scooters as active transport for children and young people appears to have focussed on injuries.<sup>3,4</sup> It would seem that further research is required into this mode of active transport.</p> <p>1. <a href="http://www.sustrans.org.uk/what-we-do/safe-routes-to-schools/resources/school-travel-faqs/involving-everyone/younger-children">http://www.sustrans.org.uk/what-we-do/safe-routes-to-schools/resources/school-travel-faqs/involving-everyone/younger-children</a>  2. <a href="http://www.dft.gov.uk/adobepdf/162469/221412/221692/LTPschoolindicators.pdf">http://www.dft.gov.uk/adobepdf/162469/221412/221692/LTPschoolindicators.pdf</a></p>	Where the evidence identified addresses other methods of ‘active travel’ this will be considered.

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		<p>3. Josefson D. Scooters cause 9500 injuries in US in 8 months. <i>BMJ</i> 321 : 655 doi: 10.1136/bmj.321.7262.655 (Published 16 September 2000) [and subsequent debate]</p> <p>4. M Stokes and M Corbo. Scooter injuries to children. <i>Inj Prev.</i> 2001 June; 7(2): 166. doi: <a href="https://doi.org/10.1136/ip.7.2.166-a">10.1136/ip.7.2.166-a</a>.</p>	
<b>University of Strathclyde</b>	General	We would question the proposed timing of this guidance. Systematic reviews on this topic have only recently been published (walking, Ogilvie et al, 2007; cycling, Yang et al, 2010) and both reviews highlight the limitations of the current literature from which inferences can be drawn. Further to this, there are a number of projects currently ongoing from a recent HTA call on promoting walking and cycling. These projects could potentially contribute important information that would inform these guidelines open publication of their findings (approx 2 years).	Thank you. We are unable to alter the timing of this guidance. However, it is generally the case that more evidence will be available in the future, and these will be considered when the guidance is considered for updating (approx 3 years after publication)
<b>University of Strathclyde</b>	General	We welcome guidelines that cover both walking and cycling as forms of active travel. However, we would emphasize that whilst sharing some commonalities, these two modes of physical activity are very different entities each with distinct issues to address. It will be helpful for the guidance to ensure that the recommendations are clear as to which mode of activity they apply to.	Thank you for your comment. It is not our intention to consider the two as the same issue. This has been clarified.
<b>JMP Consulting</b>	General / 3b	It is worth stressing that walking is the most accessible and acceptable	Thank you for your comment. This

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		form of physical activity for most people, especially those people who have poor levels of fitness (lots of evidence to support this – e.g. Active Bristol Strategy).	issue may be discussed more fully in the guidance itself.
<b>Department for Transport</b>	General - CBA	<p>Cost Benefit Analysis (CBA) is used by the DfT to assess its interventions. The WHO HEAT analysis is included in the analysis of cycling schemes. The analysis of the CDTs found that the major benefit was to public health from decreased mortality. These analyses have highlighted some unresolved questions:</p> <ul style="list-style-type: none"> <li>• What is an effective way of assessing schemes that primarily benefit children in that children do not have the decreased mortality benefits in the short term but potentially increased risk of an accident?</li> <li>• The CBA analysis does not account for increased health. Can morbidity benefits be included in the analysis?</li> </ul> <p>Over how many years does the benefit of increased cycling apply? In other words, if a programme increases the number of cyclists, should this be counted as a short term benefit or will the benefit continue for many years.</p>	Thank you for your comments. These are important issues to be addressed in the development of modelling associated with the guidance. We look forward to stakeholder's continued involvement in this process.
<b>Department for Transport</b>	General – health impacts (2b)	The research underpinning the health benefits of physical activity (PA) are very strong with many large prospective studies as well as shorter focused interventions showing health benefits. We feel the knowledge gaps may be more in understanding how individuals and groups	Thank you for your comments. These are important issues and may be discussed in the development of guidance. The

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		<p>actually engage in PA both in the short term and over their lifetime. Particular questions which we believe are unresolved are:</p> <ul style="list-style-type: none"> <li>• PA benefits result from a lifetime of regular activity, whereas interventions tend to be concentrated on changing behaviour. What are the environmental or personal indicators which lead to continued PA?</li> <li>• What is the relationship between children PA and adult PA?</li> <li>• To what extent does walking and cycling contribute to overall PA levels?</li> <li>• To what extent does walking or cycling contribute to preventing overweight or obesity, or play a part in weight loss?</li> </ul> <p>To what extent does PA lead to better health and reduced morbidity?</p>	<p>focus of the guidance is to produce recommendations on effective and cost effective local interventions to promote walking and cycling. This will be based on the evidence available.</p>
<b>Department for Transport</b>	General - research	<p>DfT has undertaken several important research programmes and published several documents which will have a strong bearing on the findings. In particular, the following should be noted:</p> <ul style="list-style-type: none"> <li>• Sustainable travel towns (STTs)</li> <li>• Cycle Demonstration Towns (CDTs)</li> <li>• Cycle City and Towns (CCTs)</li> </ul> <p>The latter is in the middle of an extended research programme which will last until 2012, based on detailed before and after surveys of the population as well as detailed monitoring of the process. Additionally, we believe that our work on travel behaviour and</p>	<p>Thank you for the information. We are aware of the published evaluations you mention. We would be most interested in the outcomes of the additional work you identify.</p>

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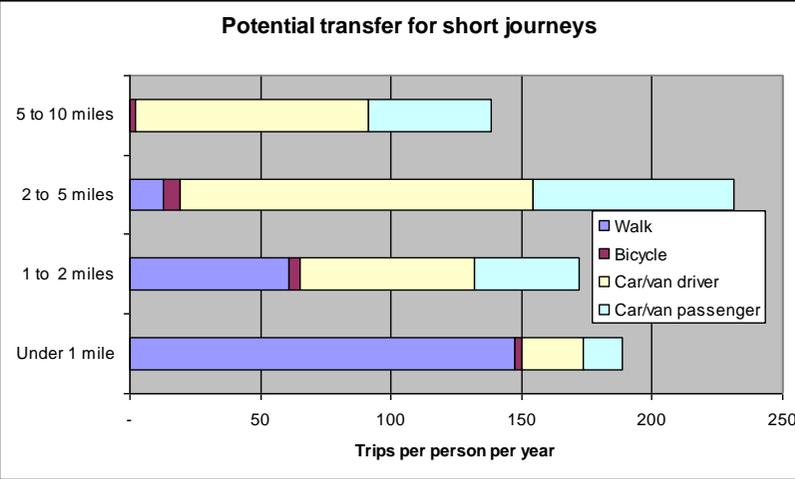
Stakeholder Organisation	Section Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		segmentation will be of interest, as well as the findings on Bikeability training, the Cycling England Finding New Solutions programmes and Cycling and Health Pilot Projects. We invite the NICE team to work with our researchers to discuss these findings.	
<b>Department for Transport</b>	General – walking and cycling	DfT has concentrated on cycling interventions whereas DH has tended to concentrate on walking interventions. The reasons for this difference are probably because DH notes that walking is more prevalent than cycling and that those most at risk (inactive, elderly and obese patients) may be more likely to take up walking. In contrast, the DfT has concentrated on cycling in that cycling has a greater potential to impact on transport in general. This is because most short journeys (under 1 mile) are already walked whereas only a very small percentage of journeys easily cycled (1-5 miles) are by cycle (see NTS 2008 data below)	<p>Thank you for your comment and further information.</p> <p>We anticipate that it is likely that issues relating to potential for modal shift to walking or to cycling will be addressed in developing the recommendations. Evidence used is not restricted to UK evidence, and information from other countries is frequently included in developing NICE guidance. NICE guidance is based on the best available evidence of effectiveness and cost effectiveness. It may not be possible within this piece of work to comment more widely on impact of journey length and health</p>

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		<p align="center"><b>Potential transfer for short journeys</b></p>  <table border="1"> <caption>Potential transfer for short journeys (Estimated data from chart)</caption> <thead> <tr> <th>Journey Length</th> <th>Walk</th> <th>Bicycle</th> <th>Car/van driver</th> <th>Car/van passenger</th> </tr> </thead> <tbody> <tr> <td>5 to 10 miles</td> <td>0</td> <td>0</td> <td>~90</td> <td>~45</td> </tr> <tr> <td>2 to 5 miles</td> <td>~10</td> <td>~5</td> <td>~135</td> <td>~75</td> </tr> <tr> <td>1 to 2 miles</td> <td>~65</td> <td>~5</td> <td>~65</td> <td>~40</td> </tr> <tr> <td>Under 1 mile</td> <td>~145</td> <td>~5</td> <td>~20</td> <td>~10</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• We recommend that the NICE team be aware of the difference in potential modal transfer in framing its advice.</li> <li>• We recommend that the NICE team take account of the patterns of usage in many European towns and countries, in particular with their higher cycling levels, as examples of higher population participation in PA.</li> <li>• We would like to understand more in terms of lifetime regular participation between people primarily walking or cycling.</li> <li>• We also would like to know whether assisted cycling by EAPC</li> </ul>	Journey Length	Walk	Bicycle	Car/van driver	Car/van passenger	5 to 10 miles	0	0	~90	~45	2 to 5 miles	~10	~5	~135	~75	1 to 2 miles	~65	~5	~65	~40	Under 1 mile	~145	~5	~20	~10	<p>benefits from walking and cycling or lifetime regular participation between those walking or cycling, or the significant differences between the health benefits of walking and cycling but they may be considered, where the evidence allows, in the development of this guidance.</p> <p>Identification of the specific health benefits associated with EPAC and the potential differences between health benefits for walking and cycling are likely to be beyond the scope of this guidance. However, the significance of intensity of activity may be an issue that will be included in the considerations in the guidance itself.</p>
Journey Length	Walk	Bicycle	Car/van driver	Car/van passenger																								
5 to 10 miles	0	0	~90	~45																								
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		<p>(electrically assisted pedal cycles) could play a role in encouraging older people to continue cycling and what those health benefits would be.</p> <ul style="list-style-type: none"> <li>We would like clarification on whether there are significant differences between the health benefits of walking and cycling, in that the MET (Metabolic Equivalent Task) for normal walking is in the lowest range of moderate activity whereas cycling lies in the moderate/vigorous range.</li> </ul> <p>It would be useful to understand how short a journey can be and to what extent of effort is needed for walking or cycling before there is health benefit.</p>	
<b>Department for Transport</b>	General (3e) Safety	<p>Cycle safety is perceived to be the major barrier to people taking up cycling. Various studies have shown that the health benefits outweigh the risks. But questions remain:</p> <ul style="list-style-type: none"> <li>The benefits are calculated on life years gained through better health against life years lost through potential accidents. However is this a fair calculation for an individual, in that for an individual the potential loss is probably many years if the victim is young, whereas the gain is usually a few years at the end of life? For an individual, would a calculation of better health in older age be a more convincing argument?</li> <li>Published DfT cycle safety figures are based on comparison between</li> </ul>	<p>Thank you for your comments and further information. As you indicate, it is likely that issues relating to safety are likely to be identified as significant barriers to participation. We anticipate that these issues will be considered by the PDG in developing the guidance.</p>

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		<p>risk to an individual by mile travelled. In reaching your conclusions, we believe that in using this figure, you need to consider</p> <ul style="list-style-type: none"> <li>○ The risk to other road users</li> <li>○ That the comparison is for potential transfer; much of the car mileage is based on motorway driving</li> <li>○ That risk and safety can be changed; several European countries have lower risk levels for walking and cycling.</li> </ul> <ul style="list-style-type: none"> <li>• As safety is the major perceptual barrier among people, the inquiry may wish to look into what this is based on, in that this does not apply to walking where the actual published risk level is very comparable.</li> <li>• The accident rate of walking is based on STATS 19 accident reporting. This does not include slips, trips and falls. An understanding of the overall risk and measures to reduce that risk may be useful. An understanding of the comparative risk of other forms of beneficial PA (such as sports) in comparison to the risk of walking or cycling may also be of benefit.</li> </ul>	
<b>Department for Transport</b>	General (4.2 and 4.2.5b) Scope	<p>On the basis of DfT research, it is our understanding that to increase cycling a “package approach” is necessary. A package consists of complementary range of measures that include both improvements to the cycling infrastructure and promotional activities. Whilst we understand the reason that infrastructure has been omitted from the list in 4.2.1., we think that this potentially creates a bias in the findings. We</p>	<p>Thank you for your comment. Where environmental interventions are part of a broader programme of local measures they will be included. Please note that NICE has produced guidance on physical</p>

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		believe that it is important to recognise and acknowledge that adequate infrastructure (including complementary safety measures) is an essential element in a successful package to promote walking and cycling.	activity and the environment (PH8). As part of this guidance, we will also be producing a 'pathway' (see <a href="http://pathways.nice.org.uk/">http://pathways.nice.org.uk/</a> ). The content and format of this pathway will be considered during the process of developing the guidance but are likely to include other relevant NICE recommendations.
<b>Royal College of Paediatrics and Child Health</b>	General / 4.1.2	Given that no groups are excluded, that implies that children of all ages are included – although the document appears to be written with adults in mind, and there is no mention of children. It would be reassuring to know that evidence will be sought for the importance of an early introduction to cycling and walking in relation to future behaviours and health; and that the advantages and disadvantages of encouraging children to cycle and walk from an early age will be investigated by the programme development group and discussed in the resulting document.	The intention is indeed to include children, and appropriate evidence will be sought. We have included further mention of physical activity rates in children and anticipate that this will be expanded in the guidance itself.
<b>York Health Economics Consortium</b>	General comment	Bearing in mind the paucity of evidence found in previous similar reviews relating to physical activity, we suggest that further primary research is required before this proposed guidance is formulated.	Thank you. We are unable to alter the timing of this guidance. However if insufficient evidence is

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			found this will be reflected in the guidance.
<b>Chartered Institute of Highways &amp; Transportation</b>	General comments from panel members: why not cycle?	<p>Cycle ownership is extremely high. Domestic garages across the country hold cycles a high proportion of which are not or very rarely if ever used.</p> <p>Enquiries of students asking what would encourage them to cycle more reduced the factors to simply two fears:</p> <ul style="list-style-type: none"> <li>i) of traffic</li> <li>ii) of theft</li> </ul> <p>It is unrealistic to address this by campaigning for vast miles of segregated paths for exclusive cycle use. However improved training for cyclists and drivers will help. The adoption of driver fault will be even more positive whereby it is assumed that accidents involving cars and pedestrians the driver is at fault unless it can be clearly shown that the pedestrian or cyclist is at fault. This principle might also be adopted where (as is less common) cyclist/pedestrian accidents assume the cyclists fault in the absence of clear evidence that the pedestrian is at fault.</p> <p>Cycle theft is huge and frequently marks the end of cycling for the victim. Cycle security is critical and effective response to theft is required if not from the police then some other agency better motivated and equipped to address this.</p> <p>All town centre residential developments need to have high quality cycle</p>	<p>Thank you for your comments and further information. National legislation, such as adoption of 'driver fault' is outside the scope of this guidance. Please note that we will be issuing a call for evidence as part of the process of developing this guidance. We would welcome the submission of any additional relevant evidence at that time</p>

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		storage as a planning requirement	
<b>Chartered Institute of Highways &amp; Transportation</b>	General comments from panel members: why not walk?	<p>To achieve growth in walking, the reasons for not walking are fundamental. These are:</p> <ul style="list-style-type: none"> <li>i) positive deterrence by parents. Fear of allowing children to walk anywhere. This starts with schoolchildren and continues throughout life (in one panel members work at university handling appeals against the rule that cars cannot be brought by first year students I have experienced angry parents who 'will not have my son daughter (age about 18!) walking the streets').</li> <li>ii) The weather. Walking on a balmy summer day is pleasant. Walking in cold windy and wet days is not. These conditions that create our green and pleasant land can prevail throughout the year and are hard to forecast with confidence.</li> </ul> <p>For a significant return to walking as a mode of choice – rather than necessity as of now - it is necessary to design walking destinations with the need for weather protection – colonnades, footpaths running inside and through buildings rather than along the windy periphery.</p>	Thank you for your comment and further information. Please note that we will be issuing a call for evidence as part of the process of developing this guidance. We would welcome the submission of any additional relevant evidence at that time.
<b>NHS Bolton/Royal</b>	General	Whilst train stations are increasingly providing cycle racks & lockers,	Thank you for your comment

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<b>Bolton Hospital</b>	travel by cycle	trains themselves are mostly not 'bike-friendly'. The majority of cyclists, commuters or otherwise will not own fold-up bikes and thus travelling with a cycle on both quiet and especially busy trains is often not easy. Train companies need to be encouraged to increasingly cater for bikes on trains and not just parking facilities at stations.	
<b>Department for Transport</b>	General: European Context	<p>The research needs to take account of the fact that England has very low levels of cycling (&lt;2% of journeys) but relatively high levels of walking compared to most continental European countries (cycling average across Europe 5% with levels of 10% in Germany, 17% in Denmark and 26% in Netherlands). This affects people's understanding (e.g. in local government and health professionals) of the role that walking and cycling in particular can play in terms of health and transport. We therefore recommend an understanding of this context, for instance in the participation of different groups in cycling. For instance, the evidence suggests unlike in England</p> <ul style="list-style-type: none"> <li>• that older people continue to cycle in high cycling countries at levels similar to younger groups</li> <li>• that in many high cycling countries, women cycle at least as much or more than men</li> </ul> <p>that cycle fatality rates by hour travelled are similar to car drivers in some high cycling countries.</p>	Thank you for your comment and observations. It will be important to ensure that the guidance is relevant to the context in England.

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<b>NHS Bolton/Royal Bolton Hospital</b>	Impact on health	<p>Cycling even in not strenuous fashion leads to deeper more rapid breathing. Increased emissions from increased road traffic may make cycling more detrimental to health walking whereby breathing will mostly not be as deep or rapid. Plus cyclists are potentially more closely involved in the emission environment than a pedestrian?</p> <p>Cyclists with asthma can be adversely affected due to this. Plus still weather and increased smog may be more of a risk to cyclists who are deep breathing in the open for longer?</p> <p>Cycling may lead to more episodes of acute onset of hypoglycaemia? The unexpected energy use for cycling is perhaps less predictable than walking? Ability to carry rescue remedies may be limited? Cycling may involve more desolate routes than waling and less availability to acquire some rescue remedy</p>	Thank you for your comments
<b>JMP Consulting</b>	Introduction to JMP	<p>JMP is a transport consultancy with a specialism in travel behaviour change and promoting active travel.</p> <p>We have run Personal Travel Planning (PTP) programmes across the UK, including in Dundee and Tewkesbury where the primary objective of the programmes was improving health and increasing physical activity.</p> <p>The design of our programmes utilises behavioural psychology and</p>	Thank you and we welcome JMP's contribution.

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		<p>social marketing principles to maximise change. We monitor the outcomes of our programmes through aftercare surveys with participants and run focus groups to understand what makes people change behaviour. Monitoring of over 600 participants from three different PTP programmes in 2010 showed that over 40% had increased their amount of walking and 14% had increased their amount of cycling.</p> <p>We therefore feel that we have the theoretical background and empirical evidence to contribute to the development of NICE's guidance on walking and cycling and would be very happy to provide information, data or critical review of emerging guidance at any stage.</p>	
<b>York Health Economics Consortium</b>	Logic model	The title of the top RH box should include the words 'Examples of'	Thank you. We have added this.
<b>NHS Bolton/Royal Bolton Hospital</b>	Other	Effective cycling clothing is often expensive. Whilst the argument may be made that there are savings elsewhere For example from non-car travel, this in practice does not often relate well. Resorting to inappropriate, ineffective cycle wear and suffering as a consequence can discourage further involvement in cycling. Workplace clothing subsidy may be an option? Or reduced VAT on official range of cycle clothing?	Thank you for your comments. Changes to VAT are outside the scope of this guidance.

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<b>Chartered Institute of Highways &amp; Transportation</b>	P8	Would suggest that re-allocation of road space should be added to box labelled 'Interventions....' The diagram doesn't really include a box for audiences – and specifically does not give consideration to the role of employers or fiscal benefits associated with increasing these activities?	Thank you for your comments. The logic model provides an overview of the context in which interventions act and the possible outcomes. It is not intended to identify audiences for specific actions. These will be brought out in recommendations rather than in the logic model. We anticipate that the model will be developed further during the production of the guidance
<b>NHS Bolton/Royal Bolton Hospital</b>	Promoting cycling	There should be increasing support from the government to keep the subsidy on staff cycle purchase schemes. Recently the scheme has been undermined by increased bureaucracy and a reduction in favourable financial incentive. Experience at Royal Bolton Hospital shows it does encourage cycle ownership - though we have no data to prove increased cycle useage.	Thank you for your comments. Please note that we will be issuing a call for evidence as part of the process of developing this guidance. We would welcome the submission of any additional relevant evidence at that time.
<b>Department for Transport</b>	Questions 4.3	We support these research questions but recommend that these are viewed in the context of the comments above.	Thank you.
<b>University College</b>	Section 1	The title contains the word 'to' i.e. local measures to promote walking	Thank you. This is the guidance

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<b>London - Centre for Transport Studies</b>		and cycling. This implies that only measures that are specifically aimed at increasing walking and cycling will be considered, and other measures such as converting streets to shared space will not be considered (so evidence on successful interventions may not be submitted).	title and not intended to indicate exclusion from the evidence to be reviewed. We will be issuing a call for evidence as part of the process of developing the guidance and will ensure that this potential for confusion is addressed.
<b>NHS Bolton/Royal Bolton Hospital</b>	Self esteem & well being	<p>Whilst the physical effort of cycling and the psychological feedback of the challenge of cycling may increase self esteem and personal well being, it also requires a certain level of both to cycle in the first place. Being in a minority in any given environment may require a significant amount of personal resource in self-confidence and self-ability to be 'stood out' from the crowd.</p> <p>Cycling gear whilst often having a 'fashion' element can for many body-types be very embarrassing.</p> <p>Cyclists receive significant amount of vocal and visual abuse (hand/finger gestures) from motorists. This again requires an assertive personality to begin with. People will be affected by such to varying degrees. Even hardy self-confident cyclists can be demoralised and 'beaten down' by such and may forsake cycling due to excessive experiences of conflict. Novice, unconfident cyclists may find that the experience of verbal or visual abuse will quickly put them off cycling?</p>	Thank you for your comments. We anticipate that a range of barriers, which may include the ones you indicate, will be identified in the evidence for the development of the guidance.

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		Personal negative experiences of cycling are likely to be 'handed down' to family members especially children. Only the children of committed cyclists are perhaps the ones who will ever be encouraged to cycle? Even so, what a regular committed cyclist will tolerate for themselves may not be what they will tolerate for their children, so a regular cyclist if receiving regular abuse may not in fact encourage family members to cycle?	
<b>NHS Bolton/Royal Bolton Hospital</b>	Workplace and cycling:	<p>Sufficient good quality cycle parking/storage central to main entrance areas. Most people do not want to cycle, then have to park bike in uncovered area. If the cycle parking is some distance from main entrance walking in wet, heavy cycle gear is not comfortable and dedicated cyclist shoes (cleets) is difficult. Workplaces with multiple entrance should not just focus on the 'main entrance'. This could be some distance for staff who work at the periphery of a site.</p> <p>It should be increasingly publicised and advocated that attending meetings, even senior level in cycling clothing is acceptable and even preferable? Constantly carrying and changing clothing to satisfy dress code for meetings is a chore that non-cyclist do not generally have to endure.</p> <p>Allowance will need to be made for the time needed around arrival at</p>	Thank you for your comments.

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		<p>work and meetings for cyclists? Extra travel time, securing bike, removing cycling gear (even just out layers?), freshening up/cooling down, clothes change etc</p> <p>Provision of changing areas and shower facilities in the main will be beyond the reach of many cyclist who do or could commute. The provision of such should be increasingly exhorted but realistically the actual appearance of such in workplaces will be slow and limited and this can often a big impact on willingness to cycle as a commute. Mileage allowance for cycling compared to car use. This is either a token amount or in many cases may have disappeared from allowance claim systems due to recent lack of claims. There may also be some reluctance to claim this as it is not promoted as a justifiable claim and may be derided by fellow colleagues?</p>	

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