

Physical activity and the environment (update)

Consultation on draft guideline Stakeholder comments table

21/08/17 to 02/10/17

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Organisation name	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
20's Plenty for Us	Short	7	111-112	<p>This says "Introduce traffic-calming schemes to restrict vehicle speeds (using 112 signage and changes to highway design). [2018]"</p> <p>However</p> <p>1.5.1 in the NICE Air Quality guidance says "20 mph limits without physical measures to reduce speeds in urban areas where average speeds are already low (below around 24 mph) to avoid unnecessary accelerations and decelerations</p> <p>This Physical Activity guidance should mirror the NICE Air Quality guidance rather than contradict it. This guidance must state that 20mph is the right limit for urban areas.</p> <p>Also that vertical traffic calming has an adverse effect on air quality and so is a last resort.</p>	<p>Thank you for this comment. Traffic calming and speed restrictions were in scope for this guideline. However, no evidence was identified which showed the effectiveness of any speed limit in particular. Therefore the committee were unable to make a more specific recommendation, and chose instead to link to NICE's guideline on air pollution, which contains more detail on speed limits.</p> <p>This physical activity guidance is not in conflict with the air pollution guidance. This is because traffic calming measures include vehicle activated signs and other measures in addition to vertical measures and others which inhibit smooth driving (please see Department for Transport's guidance on Traffic Calming). This recommendation does not specify the method of traffic calming to use, as the studies identified on this topic (evidence statements 2.17, 3.7) did not clearly specify which methods of traffic</p>

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					<p>calming were used. Therefore it is not incompatible with NICE's guidance on air pollution.</p> <p>This recommendation has been amended to include a reference to NICE's guidance on Air Pollution: Outdoor Air Quality and Health and Department for Transport's guidance on Traffic Calming, which has some more detailed findings on types of traffic calming and air pollution.</p>
20's Plenty for Us	Short	7	111-112	<p>We ask you to reference that the World Health Organisation says "A safe speed on roads with possible conflicts between cars and pedestrians, cyclists or other vulnerable road users is 30 km/h (see Table 2). To achieve these safe speeds, local authorities should have the legislative power to reduce limits as needed to better protect all who use the roads. In addition, drivers should be informed of limits through sign-posting the legal speed limit on roads and rigorously enforcing the law." WHO – Managing Speed Page 8 (30 km/h is 18.6mph or about 20mph due to UK road signage norms) http://apps.who.int/iris/bitstream/10665/254760/1/WHO-NMH-NVI-17.7-eng.pdf?ua=1</p>	<p>Thank you for this comment. The committee heard evidence about safe speeds in general presented through expert testimony, which informed recommendations 1.2.5 and 1.2.8. As recommendations are required to be as concise as possible, this reference has been added to the committee discussion section for section 1.2, as per the following:</p> <p>"For roads with possible conflicts, the WHO recommends a safe speed of 30 km/h or 20 mph."</p>
20's Plenty for Us	Short	7	111-112	<p>We ask you to also list driver education and engagement on slower speeds and in particular the benefits of education to boost compliance of new 20mph speeds. We ask you to add that enforcement of slower speeds improves compliance and therefore their effectiveness.</p> <p>Effective speed reduction options are certainly not limited to only 'using signage and changes to highway design'.</p> <p>Developing a new social consensus on speed reduction</p>	<p>Thank you for this comment and the information it contains. This recommendation does not specify the method of traffic calming to use, as the evidence identified on this topic (evidence statements 2.17, 3.7) did not clearly specify which methods of traffic calming were used in interventions.</p> <p>This recommendation has been</p>

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				<p>involves joint working between agencies - Council, public health and police, plus engagement with drivers. Driver education, signs, lines, narrowing, planting, gateway features, telematics (in vehicle speed limiters/intelligent speed adaptation devices), pacer vehicles (eg council or other registered vehicles like taxis strongly incentivised to obey new limits), speedwatch volunteers, warnings, fixed penalty notices, vehicle activated signs (signs that light up showing speeds driven), safety cameras, speed awareness courses and court summons all amplify and reinforce compliance.</p> <p>Vertical measures like humps add to air pollution and so are a last resort.</p>	<p>amended to include a reference to NICE's guidance on Air Pollution: Outdoor Air Quality and Health and Department for Transport's guidance on Traffic Calming, which has some more detailed findings on types of traffic calming and air pollution.</p> <p>We also note that measures which are not changes to the environment are outside of the scope. The scope of this guideline was limited to environmental interventions. Behavioural interventions such as driver education and engagement, speedwatch volunteers and courses are outside of the scope of the guideline. Behavioural interventions are explored in more detail in PH41 (Physical Activity: Walking and Cycling).</p> <p>In addition measures such as fixed penalty notices and court summons are outside of NICE's remit and therefore cannot be the subject of recommendations.</p>
20's Plenty for Us	Short	7	111-112	<p>We ask you to reference that the World Health Organisation says "A safe speed on roads with possible conflicts between cars and pedestrians, cyclists or other vulnerable road users is 30 km/h (see Table 2). To achieve these safe speeds, local authorities should have the legislative power to reduce limits as needed to better protect all who use the roads. In addition, drivers should be informed of limits through sign-posting the legal speed limit on roads and rigorously enforcing the law." WHO – Managing Speed Page 8 http://apps.who.int/iris/bitstream/10665/254760/1/WHO-NMH-NVI-17.7-eng.pdf?ua=1 (30 km/h is 18.6mph or about 20mph</p>	<p>Thank you for this comment. The committee heard evidence about safe speeds presented through expert testimony, which informed recommendations 1.2.5 and 1.2.8. As recommendations are required to be as concise as possible, this reference has been added to the committee discussion section for section 1.2, as per the following:</p>

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				due to UK road signage norms)	"For roads with possible conflicts, the WHO recommends a safe speed of 30 km/h or 20 mph."
Arthritis and Musculoskeletal Alliance (ARMA)	Full version	General	General	ARMA welcomes the revision of this guidance which is important for people with musculoskeletal (MSK) conditions, many of whom will have limited mobility, as well as significant pain. Many of these people will be older people, but there are also significant numbers of people of working age with MSK conditions. It is important that the guidance includes measures to address the barriers to active travel faced by people of all ages who have difficulty with walking.	Thank you for this comment. The definition of limited mobility is intentionally broad to include people of all ages who have difficulty with being mobile, including older adults, people using buggies or prams, and other people with conditions that can affect people of all ages.
Arthritis and Musculoskeletal Alliance (ARMA)	Full version	7	133	The list following this heading makes no mention of seating. Seating is important, not just for use of public spaces, but also for people with limited mobility who may need to rest when making a journey on foot. Provision of regular seating along footways that are key walking routes (e.g. around a town centre) should be included. This is supported by much of the expert testimony in appendix 7. P17, Catherine Ward Thompson and Katherine Brookfield make reference to eating in the section on What matters for older people's mobility in neighbourhood streets. P30 and 33, Tom Platt lists seating under overcoming barriers to walking. P36, Ian Findlay lists seating in the top 5 must haves for walking infrastructure. P44 Bruce Kiloh makes reference to seating as part of the provision to improve the walking environment in Glasgow. Given the frequency of reference to seating in relation to walking for transport, rather than leisure use of public spaces, it should be included in the recommendations for making it easy for people with limited mobility to move around their environment.	Thank you for this comment, and your advice. We agree that seating is an important factor for people with limited mobility to feel confident in moving about their environment. While the majority of our evidence concerned seating in open spaces such as parks, the committee agreed that seating in certain key pedestrian routes was important and supported by sufficient evidence to be able to make this recommendation. Recommendation 1.2.7 has been amended to read: "1.2.7 Make it as easy as possible for people with limited mobility to move around their local area. For example: • Ensure seating is provided at regular intervals along footways that are key walking routes (see the Department for Transport's guidance on inclusive mobility)."
Arthritis and Musculoskeletal Alliance (ARMA)	Full version	10	209	Question 4: Chronic pain should be added to the list of examples included in the definition of limited mobility. Whilst	Thank you for this comment. The committee intended to use a broad

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Arthritis Research UK	Full	N/A	N/A	<p>the list is not intended to be exhaustive, mobility which is limited due to chronic pain is often invisible and forgotten. Whilst people with musculoskeletal problems will benefit from exercise, pain is a significant barrier. Approximately 8 million adults report chronic pain that is moderate to severely disabling. (Fayaz A, Croft P, Langford RM, Donaldson LJ, Jones GT. Prevalence of chronic pain in the UK: a systematic review and meta-analysis of population studies. <i>BMJ Open</i> 2016;6:e010364 doi:10.1136/bmjopen-2015-010364. http://bmjopen.bmj.com/content/6/6/e010364)</p> <p>Including pain in this list will remind policy makers and planners that this is a significant factor in relation to limited mobility.</p>	<p>definition of limited mobility which includes a wide range of conditions. Although it is not possible to provide a comprehensive list of every condition covered by this definition, the committee has added a bullet point for chronic pain and neurological conditions:</p> <p>"• people with conditions like chronic pain or neurological conditions."</p>
etal Alliance (ARMA)				<p>Please insert each new comment in a new row</p>	<p>Please respond to each comment</p>
Association of Directors of Public Health	Full	general	general	<p>In relation to the consultation question 5, NICE PH 8 has been substantially implemented locally, with reference to the provisions to support active travel. We have seen less evidence of the implementation of the recommendations related to planning of buildings and schools. Given that the recommendations on buildings and schools have not been updated from PH 8, it is not clear from the draft guideline how the influence of these recommendations on practice will be facilitated.</p>	<p>Thank you for your response. We will pass this information to our resource impact team and our surveillance team for their information.</p>
Arthritis Research UK	Full	N/A	N/A	<p>Our report 'Providing physical activity interventions for people with musculoskeletal conditions' is a useful resource for local authorities to identify gaps in their provision of physical activity programmes. The report provides case studies of evidence based cost-effective interventions to support people with musculoskeletal conditions and has been endorsed by the Local Government Association. http://www.arthritisresearchuk.org/policy-and-public-affairs/policy-reports/physical-activity-report.aspx</p>	<p>Thank you for this comment. We would note that recommendation 1.1.2 endorses community engagement which would provide a channel through which to input into changes.</p> <p>Having considered the report you have provided against our inclusion criteria, we would not be able to include it in our body of evidence as it does not report primary data on environmental interventions for physical activity</p>

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Association of Directors of Public Health	full	4	42	The recommendation to take account of the views and needs of people with limited mobility would be supported by accessible design training for local authority staff, members and people with disabilities, and multi-stakeholder (e.g. Transport, Planning, Public Health, Councillors, and residents with disabilities) visits to public spaces and transport routes. Experiential learning approaches complement the lists of design considerations for accessibility provided in the guidance and help to surface occasions when increasing cycle use (for example) may adversely affect accessibility for people with limited mobility.	Thank you for your response. Your comments will be considered by NICE where relevant support activity is being planned.
Association of Directors of Public Health	full	5	63	Ensuring planning permissions for new developments always prioritise the need for people to be physically active as part of daily life is a major priority. Support is needed at local level for how to achieve this, beyond active travel and promoting the use of stairwells. As well as active design checklists and training packages for development management staff at local authorities, initiatives which recognise and celebrate exemplary developments in terms of active design would be valuable. The Center for Active Design awards in the USA are an example of this kind of initiative: https://awards.centerforactivedesign.org/	Thank you for your response. Your comments will be considered by NICE where relevant support activity is being planned.
Association of Directors of Public Health	full	5	69	There is a need for continued support in how to assess the likely impact of proposed changes to the environment on physical activity levels, especially with regards to increasing physical activity among previously inactive groups (under 30 minutes per week). Illustrative case studies of how this estimation can be done at local level would be welcome (not limited to the health impact of active travel).	Thank you for your response. Your comments will be considered by NICE where relevant support activity is being planned.
Association of Directors of Public Health	full	10	197	School spaces (including halls, fields, playgrounds) are important parts of the local assets for creating physical activity opportunities for local residents. These facilities are often closed or underused outside of school hours. The guidelines could consider including guidance to promote community use of these spaces outside school hours.	Thank you for your comment. The section on schools and the section on buildings were not within the scope of this guideline update. Therefore new evidence has not been searched for or considered in order to be able to make changes or add recommendations for

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					these sections. We will pass this information to our surveillance team for their information.
Association of Directors of Public Health	full	10	198	It would be helpful to provide further guidance and training for town planning and public health staff on how school playground design can encourage active play, beyond marking different areas with different colours.	Thank you for your response. The section on schools and the section on buildings were not within the scope of this guideline update. Therefore new evidence has not been searched for or considered in order to be able to make changes or add recommendations for these sections.
Cambridge Cycling Campaign	Full	General		<p>Section 1.2.5 (Ensure footways, footpaths and cycle routes are well maintained etc) should include general guidance about the design and location of infrastructure which favours active modes: footways and cycle routes are often located next to roads with vehicle traffic, when consideration of shorter, less trafficked routes could lead to a more attractive design. For example, walking and cycling routes can be more direct and straightforward, while car routes go a separate and longer path. This will offer more pleasant conditions with better air quality for people walking and cycling. A similar consideration applies to block size and the permeability of the urban network: this relates to the physical lay-out of the street network, but also to the regulatory context. Regulatory one-way restrictions for car traffic do not apply to pedestrian traffic. Communities with high rates of cycling make cycling more attractive by permitting contraflow cycling on streets with one way restrictions for cars.</p> <p>The planning profession could benefit from guidance that highlights the importance of directness for active travel modes: shortcuts, permeability and the avoidance of large city blocks. It is important that wherever possible pedestrian and cycle facilities should be positioned to avoid close exposure to vehicle exhaust.</p>	<p>Thank you for this suggestion. No evidence was identified about specific characteristics of routes such as directness. However, links to existing best practice have been added to multiple recommendations to ensure design is considered. Recommendation 1.2.4 has been amended to include links to best practice guidance from the Department of Transport. (Department for Transport's guidance on inclusive mobility and the Traffic Signs Manual). In addition, recommendation 1.2.6 which specifically covers cycling infrastructure now includes a link to Transport for London's London cycling design standards, and Highways England's cycle traffic and the strategic road network.</p> <p>These changes have been made to provide general guidance about the design and location of infrastructure which favours active modes.</p>

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					NICE guidance on air pollution has also been referenced in recommendation 1.2.5 and 1.2.8, to direct to more information about the planning of pedestrian and cycle facilities in relation to traffic.
Cambridge Cycling Campaign	Full	General		Section 1.2.2 (Increase physical activity associated with using public transport services) should include general guidance about the benefits of intermodal integration in the active transport domain. One example of this would be "Bike on the Bus/Train" services which allow the person riding a bike to take it onto the bus/train (special rack) for a part of their trip.	<p>Thank you for this comment. Recommendation 1.2.2 has been amended to include a link to Department for Transport's guidance on inclusive mobility.</p> <p>We didn't find any evidence on specific interventions named "Bike on the Bus/Train". However, some evidence was found about bike parking on buses. Therefore, recommendation 1.2.6 recommends installing cycle parking facilities in public places, on and associated with public transport, which encompasses facilities around and on public transport, in order to allow active travel to form part of journeys made by public transport.</p>
Cambridge Cycling Campaign	Full	general		The guidance does not mention Bike Share Systems. The committee should consider to include a general reference to such provisions. Such services work best when they are well integrated in the planning process and not added as an afterthought. Such services belong to the "soft infrastructure" class which may be hard to evaluate in terms of health benefits, but which should be listed because it creates an opportunity to highlight the need for a comprehensive view of terms like infrastructure and environment, which ought to include the regulatory context (see comment # 9 below) and public services like Bike Share. "Bike Share" should also be	Thank you for this comment. Bike share schemes were included in the scope of this guideline but no evidence was identified, therefore recommendations cannot be made on this intervention. The committee disagreed that bike share schemes were a form of public transport, due in part to routes and timetables definable at the individual level, and partly due to the barriers to accessibility which they present to some groups, and

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				included in the definition of "public transport" (see comment #14 below)	so declined to include them in the definition of public transport in this guideline.
Cambridge Cycling Campaign	Full	general		This update is very much welcome. Thank you for your work!	Thank you for this comment.
Cambridge Cycling Campaign	Full		639	Section 1.2.5 (Ensure footways, footpaths and cycle routes are well maintained) should include reference to the need to keep paths for active use free from snow, ice and overgrowth. (recurring)	<p>Thank you for this suggestion. Recommendation 1.2.4 already includes reference to overgrowth: "...ensure: · they are not hidden by overgrown or poorly-managed vegetation."</p> <p>The committee agreed that weather related effects on footways, footpaths and cycle routes could discourage use. The first bullet point of recommendation 1.2.4 has been amended to read:</p> <p>"1.2.4 Ensure footways, footpaths and cycle routes are convenient, safe and appealing to users, and are built and maintained to a high standard. For example, ensure: • they are even and do not present hazards, for example from tree roots, pot-holes, broken paving slabs or seasonal and weather-related obstructions."</p>
Cambridge Cycling Campaign	Full		86, 603, 975	Real time information about transit connections: include reference to smartphone based solutions (NextBus etc)	Thank you for your comment. The evidence searches (inclusion and exclusion criteria specified in the scope) for this guideline did not identify studies which considered smartphone applications. Due to the lack of evidence on their effectiveness, the committee did not include them in this recommendation.

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					<p>The specific type of information which should be communicated by spoken and visual announcements is not exhaustively listed in this recommendation. Decisions about what information to announce would need to be made locally based on what information was considered particularly important, and from the results of consulting with community members.</p>
Cambridge Cycling Campaign	Full	7	127	<p>"installing secure cycle storage facilities [...] on public transport." We submit that the expression "cycle storage on public transport" could benefit from rephrasing, e.g.: "cycle parking associated with public transport" and that the term 'cycle parking' should be used because it indicates a frequently-used facility as opposed to 'cycle storage'.</p>	<p>Thank you for this comment. The evidence about improving cycle parking on public transport is currently limited to on the mode of transport itself. However, the committee agreed that additional facilities associated with public transport (at stops and stations etc. as well as on services) could reasonably be expected to make it easier for people to choose to cycle on routes which also incorporate public transport. Wording has been amended to:</p> <p>"• installing secure cycle parking facilities in public places, on public transport and at public transport stops".</p>
Cambridge Cycling Campaign	Full	16	378	<p>The question was raised if the sentence "an intervention that cost £10 per person" should be re-phrased to make sure that the cost per person is calculated based on the size of the population (100.000) and not on the size of the population which benefits (1.000)</p>	<p>Thank you for this comment. We agree that this is an important distinction. The wording has been amended to read:</p> <p>"For example, in a town with a population of 100,000 people an intervention that cost £1,000,000 (the equivalent of £10 per person) would be beneficial to fund if it motivated 1,000 people to cycle for an</p>

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					additional hour per week or 2,500 people to walk for an extra 30 minutes per week."
Cambridge Cycling Campaign	Full	33	878	We submit that the expression "traffic-free bridges" could benefit from rephrasing. It is very important that the guidance makes clear that active modes are also traffic. E.g.: "infrastructure which creates a path away from car traffic or elevated structures which allow crossing vehicle traffic without conflicts"	Thank you for this comment. The sentence has been amended to: "Improvements can also increase the proportion of all journeys that are made by bicycle [ES2.6]. Improvements included off-street bicycle routes, motor-vehicle-free bridges and the provision of bicycle racks in public places and on public transport."
Cambridge Cycling Campaign	Full	34	907	Road Closures, Ciclovía: we are disappointed that the committee did not feel it could offer guidance relating to such events. Well organized road closure events are very powerful triggers for behavioural and perceptual change. They temporarily change the regulatory context, and as such have a significant impact on the built environment. It shows how difficult it is to draw a rigid line between infrastructure and behavioural interventions. With this proviso, we believe that a positive assessment of such road closure interventions should be included.	Thank you for this comment. Whilst we did include road closure events in the scope for this guideline, the committee was unable to write a recommendation on road closure events due to insufficient robust evidence. The guideline will be updated in the future and new evidence may be considered then.
Cambridge Cycling Campaign	Full	35	940, 943	"incidents": Collisions involving cyclists and pedestrians are sometimes called accidents. This term has been criticised as misleading, because these collisions are often the outcome of infrastructure decisions, which are not "accidental." We appreciate the avoidance of the term "accident" in this context, but we submit that the term "collision" is more appropriate.	Thank you for this suggestion. The wording has been amended as per this suggestion, and now reads: "A second potential harm is around road traffic collisions. Improving cycle infrastructure may increase the number of cyclists. That, in turn, could result in an increase in the absolute number of cyclists being involved in road traffic collisions. However, the committee did note evidence that dedicated infrastructure for cyclists – in 1 case a tarmacked cycle route with regular

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					junctions – may reduce cyclist collisions in the area around the cycle route [ES2.7]."
Cambridge Cycling Campaign	Full	51	1424	Research needed: We submit that research on the effect of car ownership and car use on health status is needed	Thank you for this comment. Part of this research recommendation has been amended to read: "Longitudinal research on interventions to reduce car ownership or use... is needed to understand how it interacts with physical activity and, <i>in the longer term, health status.</i> "
Cambridge Cycling Campaign	Full	51	1424	Research needed: We submit that research on the effect of bicycle ownership and bicycle use on health status is needed	Thank you for this suggestion. However, the committee underwent a process to identify research recommendations - which are limited in number per guideline. This prioritised research recommendations based on the urgency of the research to fill the largest gaps in the evidence. The committee did not consider the effect of bicycle ownership to be as urgent as the research recommendations in the guideline.
Cambridge Cycling Campaign	Full	51	1424	Research needed: We submit that research on the health effect of power assist bicycles is needed	Thank you for this suggestion. However, the committee underwent a process to identify research recommendations - which are limited in number per guideline. This prioritised research recommendations based on the urgency of the research to fill the largest gaps in the evidence. They committee considered power assist bicycles to be too specific to form the focus of a research recommendation on their own.
Cambridge Cycling Campaign	Full	59	1523	Bike Share systems should be included in the definition of Public Transport (see comment # 3 above)	Thank you for this comment. The committee disagreed that bike share schemes were a form of public transport

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					due in part to routes and timetables definable at the individual level, and partly due to the barriers to accessibility which they present to some groups, and so declined to include them in the definition of public transport in this guideline.
Chartered Institution of Highways & Transportation				CIHT is a charity, learned society and membership body with over 14,000 members spread across 12 UK regions and a number of international groups. We represent and qualify professionals who plan, design, build, manage and operate transport and infrastructure networks. Our vision is to see world-class transportation infrastructure and services. Our values are to be Professional, Inclusive, Collaborative and Progressive.	Thank you for this information on CIHT's work.
Chartered Institution of Highways & Transportation				<p>CIHT welcomes the opportunity to respond to the consultation and updates being made to various documents to help support people to be physically active.</p> <p>General commentary: CIHT believe that transport and infrastructure are a fundamental part of the built environment. The design and management of the public realm, the streets and transport associated with it must support physical activity (behavioural change programmes have a role to play here) and be accessible to all.</p> <p>There should be a clear strategy, set nationally, for collaboration between different policy areas in making inclusive and accessible environments. The strategy should include a wider range of professional inputs (e.g. planners, disability groups, highway engineers...so that separate commissioning bodies are clear who should be involved, how they will contribute and how accessible environments can be delivered).</p>	<p>Thank you for this information on the stance CIHT takes in relation to transport and the built environment. We agree that transport and infrastructure is a vital element of the built environment, and should support physical activity of the whole population, including those with limited mobility.</p> <p>This guideline is intended to be used nationally, and is directed at a range of groups as detailed in the "who is it for" section at the start of the guideline document. As a health body, NICE is producing this guideline to encourage those with responsibility for shaping the transport and open space environment to do so in a way that will effectively increase physical activity.</p> <p>We also agree that diversity and</p>

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				<p>The guidance required to support this range of inputs should be refreshed or developed. CIHT would recommend that it should be used in the development, training and ongoing professional development of people delivering services across the built environment.</p> <p>There must be a better understanding of diversity and inclusion, both in terms of the needs of all when using the built environment and by those that are delivering services to the built environment. CIHT recommends that government should commission detailed research into the differing needs of people with physical and mental impairments, including how the needs of different groups should be balanced.</p> <p>Finally for rural areas - in addition to public transport - longer distance cycle route improvements could help address low levels of physical activity in areas of high car dependency.</p>	<p>inclusion should be built into these systems and was considered by the committee throughout development. The guideline committee have produced an Equality Impact Assessment alongside this guideline which represents how equality issues were considered, and the focus of this guideline update is specifically on people with limited mobility, to ensure that those who may have lower levels of physical activity benefit from the recommendations made.</p> <p>There was not sufficient evidence to make recommendations specifically about cycle routes in rural areas. However, the committee felt strongly that rural areas should be represented in this guideline to ensure that they were not left behind. For this reason, they made a recommendation (1.2.2) for available public transport services to be reliable, <i>particularly in rural areas</i> where public transport may be more limited. Evidence shows that using public transport can help people build physical activity into their daily lives. But they also said that in some areas, particularly rural areas, public transport services may not be available or may be unreliable.</p>
Chartered Institution of Highways & Transportation				<p><u>CIHT guidance</u> CIHT has developed some useful guidance that would assist the target audience in implementing some of the aspirations set in the NICE draft documentation; and, as such, would recommend these being cited in the updated guidance. These are the: 'Involving the Public and Other Stakeholders',</p>	<p>Thank you for this information on CIHT's work. We will pass information about your upcoming publications to our surveillance team for their information. Please see responses to comments on individual pieces of guidance for further</p>

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				<p>'Planning for Walking', 'Designing for Walking' and 'Planning for Cycling'. A summary of these documents is provided below.</p> <p>CIHT will soon be publishing 'Planning for Buses in Urban Areas' and would recommend this as a useful contribution. Additionally, CIHT has conducted a review of Shared Space and would recommend this be referenced. Both of these could be considered if NICE update the guidelines further in the future.</p> <p>All the CIHT current guidance is freely available here:http://www.ciht.org.uk/en/knowledge/streets-and-transport-in-the-urban-environment/index.cfm</p>	<p>information.</p>
Chartered Institution of Highways & Transportation				<p><u>Streets and Transport in the Urban Environment</u> With the publication of 'Manual for Streets' in 2007 and 'Manual for Streets 2: Wider Application of the Principles', published by CIHT in 2010, official recognition was given for the first time to the importance of placemaking in the design of highways and other transport infrastructure, particularly in urban areas.</p> <p>CIHT is developing a range of guidelines which will be based upon work carried out over the last few years in updating elements of the 1997 publication 'Transport in the Urban Environment' to assist professionals in implementing 'Manual for Streets'. This work will be grouped under the overall title of Streets and Transport in the Urban Environment.</p>	<p>Thank you for this comment. The evidence discussion section for section 1.1 has been amended to add a link to the road design user hierarchy in the Manual for Streets:</p> <p>"Detail about the road design user hierarchy can be found in the government's Manual for Streets, and Manual for Streets 2."</p> <p>The range of guidelines you reference have been split into separate comments, and these will be responded to individually.</p>
Chartered Institution of Highways & Transportation				<p><u>Involving the Public and Other Stakeholders (2015)</u> The purpose of these guidelines is to encourage and enable practitioners to engage more effectively with those who stand to be most directly affected by the work they undertake. Whether in relation to policy, strategy or scheme design, involving the public and other stakeholders can result in</p>	<p>Thank you for this comment and these resources. The guideline already links to NICE's guidance on community engagement as part of recommendation 1.1.2, and so we would not normally include links to other additional guidance on this topic.</p>

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				<p>many practical benefits, and it is important that practitioners appreciate these benefits rather than consider that 'consultation' is simply an ideological and/or a legal burden placed on them from on high.</p> <p>It is now considered best practice for transport professionals to act as facilitators of engagement – providing technical guidance, knowledge and advice on schemes – and not simply to 'ask for your view'. While involving the public as little as possible may make professional life easier in the short term, the reason that more proactive participation is considered best practice is because it is likely to deliver better outcomes in the long term.</p>	<p>However, we will pass this information to our resource endorsement team. More information on endorsement can be found here.</p>
Chartered Institution of Highways & Transportation				<p><u>Planning for Walking (2015)</u> 'Planning for Walking': describes the characteristics of pedestrian journeys, lists the benefits of walking, identifies factors that discourage walking and how they can be overcome, summarises the legal framework that applies to pedestrians and outlines the way that plans and strategies for pedestrian travel are developed.</p> <p>These guidelines are complemented by another CIHT document, Designing for Walking (CIHT, 2015), which covers the design and evaluation of facilities for pedestrians</p>	<p>Thank you for this comment. References to Planning for Walking and Planning for Cycling have been inserted in the committee discussion for section 1.2, under "other factors the committee took into account". References to guidance in recommendations is restricted to government guidance or that endorsed by NICE. More information on endorsement can be found here.</p>
Chartered Institution of Highways & Transportation				<p><u>Designing for Walking (2015)</u> This document explains how facilities for walking should be designed, following on from how they are planned which is covered in Planning for Walking.</p> <p>Well-designed facilities that follow desire lines, are clutter-free, and are with signs that are legible to all users will assist in enabling walking journeys and improve the experience of those already walking. The design of facilities should also consider the volumes of people walking along (actual or desired) or crossing streets, and the solutions will depend on a variety of considerations. The needs of all users should be</p>	<p>Thank you for this comment. The PowerPoint document suggested, Designing for Walking, does not contain sufficient information to be included in this guideline.</p>

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				carefully taken into account and prioritised as appropriate.	
Chartered Institution of Highways & Transportation				<p><u>Planning for Cycling (2014)</u> Cycling is an important part of urban transport. However, for many years its role has been neglected in the UK, with the focus mainly on the needs of motor traffic. Cycling is one of the most sustainable forms of transport, and increasing its use has great potential.</p> <p>To release this potential, highways, public spaces and other rights-of-way need to be organised accordingly. Planning for cycling is discussed in these guidelines; detailed design of infrastructure and facilities for cycle users will be examined elsewhere. This guide covers:</p> <p>Cycling Characteristics, Behaviour and Trends in the UK, Benefits of Cycling, Current Conditions and Challenges, Legal and Regulatory Context for Cycling, Cycling Strategies and Plans, Planning Cycle Networks and Routes, Promoting Cycling, Monitoring and Evaluation of Cycling Schemes, and, Further Information on Planning for Cycling.</p>	Thank you for this comment. References to Planning for Walking and Planning for Cycling have been inserted in the committee discussion for section 1.2, under "other factors the committee took into account". References to guidance in recommendations is restricted to government guidance or that endorsed by NICE. More information on endorsement can be found here.
Chartered Institution of Highways & Transportation				<p>Recommended Further Amendments CIHT have some specific suggestions regarding the following paragraphs:</p> <ul style="list-style-type: none"> · 1.1.1 – add in a line: ‘Planning for developments must seek to secure the integration of sustainable transport into the delivery of those schemes. This could include linking developments to public transport networks, and also encouraging the use of walking and cycling and hence enable people to be more physically active.’ 	Thank you for this suggestion. The committee discussed this point in relation to recommendation 1.1.4 for which this comment is most relevant. They decided to add an illustrative example as follows: "1.1.4 Ensure planning permissions always prioritise the need for people (including people with limited mobility) to be physically active as a routine part of their daily life, for example ensuring access on foot to local services, for example shops and public transport stops."
Chartered Institution of				· 1.1.2 – add in a line: (see the Chartered Institution of Highways & Transportation (CIHT) guidance: Involving the	Thank you for this comment and these resources. The guideline already links to

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Highways & Transportati on				Public and Other Stakeholders')	NICE's guidance on community engagement as part of recommendation 1.1.2, and so we would not normally include links to other additional guidance on this topic.
Chartered Institution of Highways & Transportati on				· 1.1.5 – add in a line: 'New developments should support a hierarchy of transport provision – walking, cycling, public transport, cars. To deliver this means ensuring that new developments encourage walking and cycling and support the use of public transport (e.g. they accommodate buses into new developments or link to the rail network). Multi modal interchange improvements should provide connections for bus and cycle journeys'	Thank you for this comment. The committee declined to make this change and chose to keep this recommendation consistent with how it was presented in PH8. This recommendation now provides a link to Public Health England's Spatial Planning for Health.
Chartered Institution of Highways & Transportati on				· 1.2.1 – add a bullet point: (see CIHT guidance: 'Planning for Walking and Planning for Cycling') 1.2.5 – add a bullet point: 'Ensure that temporary road works consider the needs of people walking, cycling and for those with mobility impairments. This could include interventions such as mandatory and advisory cycling facilities around roadworks and development loading areas.'	<p>Thank you for this comment. References to Planning for Walking and Planning for Cycling have been inserted in the committee discussion for section 1.2, under "other factors the committee took into account". References to guidance in recommendations is restricted to government guidance or that endorsed by NICE. More information on endorsement can be found here.</p> <p>Reference to temporary road works has been added to recommendation 1.1.3, which now reads:</p> <p>"1.1.3 Develop and put policies into place to ensure people with limited mobility can safely move along and across streets and in public open spaces:</p> <ul style="list-style-type: none"> •... • Provide accessible temporary crossings during street and road works (see Department for Transport's safety at

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Chartered Institution of Highways & Transportation				· 1.2.1 – add in a bullet point ‘For rural areas, in addition to public transport, consideration should be given to longer distance cycle route improvements’	street works and road works)." Thank you for this comment. There was not sufficient evidence to make recommendations specifically about cycle routes in rural areas. However, the committee felt strongly that rural areas should be represented in this guideline to ensure that they were not left behind (please see the Equality Impact Assessment document for more information). For this reason, they made a recommendation (1.2.2) for available public transport services to be reliable, particularly in rural areas where public transport may be more limited. Evidence shows that using public transport can help people build physical activity into their daily lives. But they also said that in some areas, particularly rural areas, public transport services may not be available or may be unreliable.
Chartered Institution of Highways & Transportation				· 1.2.6 (add in a line: (see the CIHT guidance: Designing for Cycling)	Thank you for this comment. We could not identify a document called Designing for Cycling. We identified "Inclusive Design for Cycling" and "Planning for Cycling". The former would not usually be referenced in a NICE guideline as it does not contain sufficient information. The latter has been inserted in the committee discussion for section 1.2, under "other factors the committee took into account". References to guidance in recommendations is restricted to government guidance or that endorsed

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Chartered Institution of Highways & Transportation				· 1.3.1 –add in a bullet point 'Cycle parking provision'	by NICE. More information on endorsement can be found here. Thank you for this suggestion. The wording of recommendation 1.3.1 has been amended to read: "1.3.1 Consider ways to enhance the accessibility, quality and appeal to users of local open spaces, especially green and blue spaces, to increase their use. Focus particularly on communities who may not currently use them, for example those with low mobility, low income communities and some black and minority ethnic communities. Consider, for example, providing: ... • access by public transport, on foot and by bike (including providing cycle parking)"
Chartered Institution of Highways & Transportation				CIHT has been instrumental in promoting the consideration of accessibility, diversity and inclusion, working collaboratively alongside the Department for Transport and others to develop guidance in the highways and transportation sector. This is summarised in the table below. CIHT led Working collaboratively with others Reducing Mobility handicaps towards a barrier free environment 1991 Manual for Streets 1 - 1997 DfT & DCLG Manual for Streets 2 2010 A Transport Journey to a Healthier Life - 2016 Inclusive Mobility - 2005 - DfT Routes to Diversity and Inclusion toolkit 2016 Design Council - Inclusion by Design Planning for cycling 2014 Built Environment Professional Education Project Planning for walking 2015 DfT TAL 5/11 Quality Audit Designing for Walking 2015 Design Council - Inclusive Environments Involving the public and other stakeholders	Thank you for this information about CIHT's work.

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Chartered Institution of Highways & Transportation				<p>2015</p> <p>CIHT endeavoured to ensure that the importance of place is recognised in the way that highways and transportation networks are planned, designed and how they integrate with the built environment.</p> <p>CIHT led Working collaboratively with others Reducing Mobility handicaps towards a barrier free environment 1991 Manual for Streets 1 - 1997 DfT & DCLG Manual for Streets 2 2010 A Transport Journey to a Healthier Life - 2016 Inclusive Mobility - 2005 - DfT Routes to Diversity and Inclusion toolkit 2016 Design Council - Inclusion by Design Planning for cycling 2014 Built Environment Professional Education Project Planning for walking 2015 DfT TAL 5/11 Quality Audit Designing for Walking 2015 Design Council - Inclusive Environments Involving the public and other stakeholders 2015.</p> <p>CIHT were pleased that the Lords Select committee for the Built Environment recognised the value of the Manual for Streets approach by including a recommendation in its February 2016 report that the document should be mandated to all local authorities.</p> <p>CIHT has developed an approach to widening the understanding of the link between transport, health and wellbeing in its document A Transport Journey to a Healthier Life which suggested further work was needed in key areas. The key findings from the report were:</p> <ul style="list-style-type: none"> · There are opportunities to improve links between transport, health and wellbeing, but progress is being hampered by a lack of strategic integration nationally and joint working locally. · The health and wellbeing benefits of transport investment need to be measured in terms of cost and non-monetary values to better influence funding decisions. 	Thank you for this information about CIHT's work.

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				<ul style="list-style-type: none"> · The local planning system should take more account of health and wellbeing in decision-making. · The influence of transport choices on people's mental health and wellbeing should be emphasised more in policy and practice. · The transport sector is failing to take full account of the health and wellbeing benefits of walking. 	
Chartered Institution of Highways & Transportation				Finally, CIHT would recommend consulting directly with DfT as we understand that a couple of publications cited: DfT guidance on inclusive mobility and DfT guidance on the use of tactile paving surfaces are under review (see DfT consultation on Accessibility Action Plan[1]).	Thank you for this information. Department for Transport are one of the stakeholders who have reviewed and commented on the guideline at consultation. Their comments and the responses from NICE are published in this document.
Department for Transport	Full	4	33-48	This is already advocated by DfT – all our advice states that engagement with road users is key to developing schemes.	Thank you for this comment. We are glad that this recommendation is in line with your guidance.
Department for Transport	Full	5	55-57	Again, we advocate this already	Thank you for this comment. We are glad that this recommendation is in line with your guidance.
Department for Transport	Full	5	58-60	This misrepresents how crossings work. Pedestrian crossings incorporate two time periods to enable people to safely cross the road. The green figure is not meant to be long enough to cross – it is an invitation to start crossing. It is followed by a clearance period (a blackout, a flashing green man) which is calculated to be long enough to complete crossing if one steps off the kerb at the end of the green figure.	Thank you for this comment. The committee chose not to use the term "green man" or "green figure" in the guideline as they were aware that this is not synonymous with "crossing time", which also incorporates the clearing phase. This recommendation refers to "time to cross". The committee therefore felt that they had not misrepresented crossings in this recommendation.
Department for Transport	Full	7	113-121	Refer to good practice guidance in Inclusive Mobility and the Traffic Signs Manual	Thank you for this suggestion. This comment is consistent with a number of other stakeholder comments. We have therefore amended this recommendation to link to the Department for Transport's guidance on inclusive mobility as follows:

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					<p>1.2.2 Increase physical activity associated with using public transport services. This includes encouraging use of these services by:</p> <p>...</p> <ul style="list-style-type: none"> • Making public transport physically accessible to everyone (see the Department for Transport's guidance on inclusive mobility). <p>In addition, a link to the Traffic signs manual has been added to recommendation 1.2.4.</p>
Department for Transport	Full	7	122-125	Again, we advocate this already in Local Transport Note 2/08	Thank you for this comment. We are glad that this recommendation is in line with your guidance.
Department for Transport	Full	8	139-140	Advising that footways are set back from traffic is actually not very practical for many people with limited mobility, who may need access to the kerb for parking and boarding/alighting. This is more so if the footway is separated by a grass verge – these may be difficult to negotiate with mobility impairments.	Thank you for this comment. The committee felt that separation by features such as grass verges were sufficiently beneficial to the perceived or actual security of pedestrians and others, that this outweighs potential disbenefits. They also considered that the disbenefits were minimal, as it is current practice that footways are constructed so that, at points which are designed to allow crossing (those with dropped kerbs and so on), separation is interrupted to allow access to the kerb for crossing as well as boarding or alighting. Therefore, as regular breaks in separations like grass verges are already common practice, the committee considered that it was unnecessary to specify this in the recommendation.

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Department for Transport	Full	8	143-144	Audible signals are not suitable everywhere. At a staggered crossing, or at a junction, there is a risk that audible signals for one part of the crossing may be mistaken for another, leading people to walk into the road when it is not safe. For this reason, we advocate tactile cones as a default and audible signals wherever possible. Suggest adding 'where appropriate' after 'beep' on line 144.	Thank you for this comment. This change had been made, and the recommendation now reads: "• Ensure signal-controlled crossings have tactile rotating cones and, if appropriate, an audible beep, and give people, including those with limited mobility, enough time to cross the road safely."
Department for Transport	Full	8	145-148	Tactile paving is recommended at all crossing places, to the appropriate layout and colour.	Thank you for this comment. This has been added to recommendation 1.2.7, which now reads: "• Ensure tactile paving is correctly installed and maintained where it is needed, for example at all crossing places, at the top and bottom of stairs, on the edge of railway platforms and on shared footways and cycle tracks (see the Department for Transport's guidance on tactile paving surfaces)."
Department for Transport	Full	8	155-156	What is a speed reduction zone? This is not a term we recognise.	Thank you for this comment. The wording of recommendation 1.2.9 has been amended to: "Introducing measures to reduce vehicle speed".
Department for Transport	Full	11	242-end	This is all advice we have put forward in various Local Transport Notes and other guidance. It is the bread-and-butter approach taken by local authorities, albeit some may do it better than others.	Thank you for this observation. This section is present in all NICE public health guidelines to provide some implementation support. It is positive to hear that it is the standard approach of local authorities.
Department for Transport	Full	14	304	Policy – it may be useful to refer to the Government's Cycling and Walking Investment Strategy, and the draft Accessibility	Thank you for this information. The policy section has been amended to include

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				Action Plan	reference to Cycling and Walking Investment Strategy. We will pass the information about the Accessibility Action Plan to our surveillance team for their information.
Department for Transport	Full	16	366	What, if any, UK work did you consider as part of this?	Thank you for this query. The list of included studies is available in Appendix 2, along with the location of each study. Of the 71 papers considered, 22 were conducted in the UK. Interventions included the Bristol University Transport Plan, a Glasgow motorway extension, the Cambridgeshire Busway, the west London congestion charging zone, Fitter for Walking, Cycling Demonstration Towns, Cycling Cities and Towns, Connect2, Home Zone interventions in Bristol, D-I-Y Streets, Smarter Choices Smarter Places (SCSP), and UK-based woodland projects.
Department for Transport	Full	16	370	Cost-effectiveness: health benefits are usually not the primary driver of such schemes – this is usually economic.	Thank you for this comment. Health benefits are an important consideration for NICE guidance. We have acknowledged how the economic modelling considers health benefits only and that this means that societal net benefit could be even higher (please see the "cost effectiveness evidence" section of the guideline)
Department for Transport	Full	17	388	Replace 'footpath' with 'footway'. Replace 'cycle paths' with 'cycle routes'. There is no such thing as a cycle path.	Thank you for this suggestion. The committee chose to retain the current wording of "cycle path" in certain instances where it refers to a physical path rather than a conceptual route. We are advised that the terms footpath

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					and footway are two separate terms, with footway referring to pavements and footpath to less formal routes that are not parallel to a carriageway. Therefore we determine footpath is appropriate here.
Department for Transport	Full	17	399	It would be useful to refer to the Local Cycling and Walking Implementation Plans local authorities are now required to produce.	Thank you for this comment. Specific mention of the Local Cycling and Walking Implementation Plans has been added to recommendation 1.1.1.
Department for Transport	Full	17	405-417	Again, this is the approach we have always advocated.	Thank you for this comment. We are glad that this recommendation is in line with your guidance.
Department for Transport	Full	18	430-431	As explained in comment 4 above, this misrepresents the way crossings work. Suggest the last sentence beginning 'also ensuring...' is removed.	Thank you for this comment. The committee chose not to use the term "green man" or "green figure" in the guideline as they were aware that this is not synonymous with "crossing time", which also incorporates the clearing phase. This recommendation refers to "time to cross". The committee therefore felt that they had not misrepresented crossings in this recommendation.
Department for Transport	Full	22	554-555	'contested space': In recent years there has been a shift in street design, with a focus on reducing dominance of motor traffic. The hierarchy of provision set out in the Manual for Streets explains this quite well: https://www.gov.uk/government/publications/manual-for-streets	Thank you for this comment. This is supported by recommendation 1.2.5 which states that users of active transport should be prioritised over motorised transport when developing streets and roads. The evidence discussion section for section 1.1 has been amended to add a link to the road design user hierarchy in the Manual for Streets: "Detail about the road design user hierarchy can be found in the government's Manual for Streets, and Manual for Streets 2."

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Department for Transport	Full	23	575	'informed by...best practice': in that case why is none of the considerable body of good practice guidance already in use referred to?	<p>Thank you for this comment. This section refers to data and best practice which may be drawn on when developing strategies, policies and plans locally. The committee recognised that although there are some established sources used consistently (we chose to name the JSNA here, and as a result of consultation comments have also added the Local Cycling and Walking Plan), there is a diverse range of data sources and best practice available.</p> <p>This section also provides links to several pieces of guidance and best practice:</p> <ul style="list-style-type: none"> - NICE's guidance on community engagement - Department for Transport's guidance on the use of tactile paving surfaces - Department for Transport's guidance on safety at street works and road works <p>And the following has been added as a result of consultation comments:</p> <ul style="list-style-type: none"> - Public Health England's Spatial Planning for Health report. <p>Additionally, some information required to put together strategies, policies and plans will be very specific to the area in which the plans are to be implemented. The committee therefore chose to allow local areas to identify the best possible sources of information to shape these strategies for them.</p>
Department	Full	24	611-	This is advocated in our guidance already	Thank you for this comment. We are glad

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for Transport			617		that this recommendation is in line with your guidance.
Department for Transport	Full	25	629	Refer to good practice guidance in Local Transport Note 1/07: Traffic Calming	Thank you for this suggestion. A link to Local Transport Note 1/07: Traffic Calming has been added to the end of recommendation 1.2.5.
Department for Transport	Full	25	631-639	Refer to good practice guidance in Inclusive Mobility and the Traffic Signs Manual	Thank you for this suggestion. The links to Inclusive Mobility and the Traffic Signs Manual have been added to recommendation 1.2.4.
Department for Transport	Full	25	640-645	Refer to good practice guidance Local Transport Note 2/08: Cycle Infrastructure Design	Thank you for this comment. We are glad that this recommendation is in line with your guidance.
Department for Transport	Full	26	653-664	Pavement parking is permitted as a default outside London, unless signs prohibit it. See also comments 6, 7 and 8 above.	Thank you for this comment. The committee decided that explanation of where pavement parking is and is not permitted was unnecessary in the definition itself. Therefore the definition now reads: "Parking part, or the whole, of a motorised vehicle on a pavement".
Department for Transport	Full	26	676-680	Refer to the DfT work on 'propensity to cycle' tools	Thank you for signposting to this tool. Reference to it has been added to the Evidence discussion section for section 1.2, as follows "The committee were aware of tools such as the Propensity to Cycle tool to assess potential for increasing cycling."
Department for Transport	Full	29	755-756	As explained in comment 4 above, this misrepresents the way crossings work.	Thank you for this comment. The committee chose not to use the term "green man" or "green figure" in the guideline as they were aware that this is not synonymous with "crossing time", which also incorporates the clearing

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					phase. This recommendation refers to "time to cross". The committee therefore felt that they had not misrepresented crossings in this recommendation. They did, however, remove the phrase "by crossing signals" to avoid the impression that this relates only to the green figure.
Department for Transport	Full	33	870	Replace 'cycle path' with 'cycle route'.	Thank you for this comment. The committee chose to retain the current wording of "cycle path" as it refers to a physical path rather than a conceptual route.
Department for Transport	Full	51	1403	As explained in comment 4 above, this is not needed and misrepresents how crossings work at the moment.	Thank you for this comment. The committee chose not to use the term "green man" or "green figure" in the guideline as they were aware that this is not synonymous with "crossing time", which also incorporates the clearing phase. This recommendation refers to "time to cross". The committee therefore felt that they had not misrepresented crossings in this recommendation. They did, however, remove the phrase "by crossing signals" to avoid the impression that this relates only to the green figure.
Department for Transport	Full	57	1455	As explained in comment 7 above, audible signals are not suitable everywhere. Suggest adding 'where appropriate' after 'beep'. It would also be more helpful to refer to controlled and uncontrolled crossings, as this is the industry terminology.	Thank you for this comment. The definition of crossings has been amended, and the definition now reads: "...Accessible crossings: these have dropped kerbs that are flush with the carriageway, and tactile paving. Those with signals also have tactile rotating cones and, if appropriate, an audible beep."
Department	Full	57	1464	Consider amending to '...roads (carriageway), pavements	Thank you for this comment. This

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for Transport				(footway)...'	clarification to the definition has been made.
Department for Transport	Full	58	1486	Home Zones are legally defined in the Transport Act 2000. There are also the Homes Zones and Quiet Lanes Regulations 2006.	Thank you for this comment. The definition of Home Zones has been amended to that used in the quiet lanes and home zones (England) regulations 2006.
Department for Transport	Full	58	1491	...'shared space (areas with no separate raised pavements)'. This is incorrect and misleading. Shared space is not defined by a lack of raised pavements – it is possible to have a shared space with full kerbing. See Local Transport Note 1/11. Shared space is also not related to Home Zones but is more fluid and generally referred to in a non-residential context. It is a red herring to refer to it here.	Thank you for this comment. The definition of Home Zones has been amended to that used in the quiet lanes and home zones (England) regulations 2006.
Department for Transport	Full	58	1505	This is incorrect. Replace last sentence with 'This is prohibited within Greater London unless signs allow it. It is permitted outside London unless signs prohibit.'	Thank you for this comment. The committee decided that explanation of where pavement parking is and is not permitted was unnecessary in the definition itself. Therefore the definition now reads: "Parking part, or the whole, of a motorised vehicle on a pavement".
Department of Health	Full	General	General	I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.	Thank you for your comment and this feedback.
Ecosystems Knowledge Network	Full	General	General	We would like the findings of the meeting of experts entitled 'Naturally Healthy' that we organised and held on 2nd March to be taken into account in the finalisation of the new Guideline. In particular, the scope of the economic considerations is broader than is implied by the economic model produced in support of development of the new guideline. The meeting report is attached. The research recommendations in the report highlight the importance of inter-disciplinary collaboration when seeking to	Thank you for this comment. We have acknowledged how the economic modelling considers health benefits only and that this means that societal net benefit could be even higher (please see the overall cost effectiveness evidence section in the full guideline). However, the meeting notes you attached to your consultation comments cannot be considered as evidence for this guideline

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				create cost-effectiveness evidence in support of using the environment as a means to increase physical activity. The next steps identified in the report provide a logical way forward for improving the availability of methods to demonstrate cost-effectiveness.	as they do not meet the inclusion criteria specified in the scope.
Faculty of Public Health	Full	General	General	I looked hard to see the evidence underpinning your recommendation that crossing times at signalised pedestrian crossings should be extended but I didn't find any. I hope it was because of studies such as ours (Asher L, , Aresu M, Falaschetti E, Mindell JS. Most older pedestrians are unable to cross the road in time: a cross sectional study. Age Aging. 2012;41:690-4), which led to the Living Streets campaign 'Three seconds more', including the review they commissioned from TRL of pedestrian walking speeds.	Thank you for your comment. No evidence from the literature on the optimum crossing time that met our inclusion criteria was identified for this guideline. However, expert testimony highlighted it as a barrier for some people and the committee agreed. Recommendations 1.1.3 and 1.2.7 recommend that there should be enough time given for people to cross the road. Whether or not this means an increase in time given will depend on the type of crossing currently in place.
Faculty of Public Health	Full	4	1.1.2	It should be borne in mind that public meetings are usually more car-friendly than other forms of community engagement given the impact of self-selection and childcare	Thank you for this comment. We agree that the methods of engaging with the community will affect the success of this activity. Recommendation 1.1.2 refers to NICE's guidance on community engagement, which contains a section on making it as easy as possible for people to get involved (1.5). We would expect this guidance to be used when engaging with communities.
Faculty of Public Health	Full	4	1.1.4	The policy on obstructions should not prevent the aesthetic improvement of walking routes, nor should it prevent the siting of sufficiently frequent seating for older people and others with impairments that limit walking distances without intermittent rests.	Thank you for this comment. We agree that some obstructions are necessary for other groups to be enabled to be physically active. To clarify this, the Rationale and Impact section has been amended to read:

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					"Some experts suggested that both temporary and permanent obstructions on footways are not only inconvenient but can cause injuries. However some items, such as seating, may be needed to enable some groups to be physically active."
Faculty of Public Health	Full	5	1.1.4	Tactile paving should not occupy the full width of the crossing as older people and others with walking or balance impairments can fall on it. It needs to occupy only half the width.	Thank you for this comment. We agree that it is important to install tactile paving correctly. However, rather than detail the width of tactile paving and other specifics on how and when it should be used, we have provided a link to Department for Transport's guidance on tactile paving and recommended that this is used to guide installation and maintenance. Therefore we would not provide further detail than is already in this recommendation.
Faculty of Public Health	Full	5	1.1.5	The Safety by Design standard is often used to oppose through pedestrian routes and needs urgent health impact assessment as we believe it may be damaging health to a much greater extent than it is preventing crime.	Thank you for this comment. Assessment of the Safety by Design standard is not an activity which would be done by NICE. This guideline instead makes recommendations based on research evidence. Recommendation 1.1.4 has been carried forward from PH8, for which this guideline is an update, as the committee considered it still to be a relevant and important method of increasing physical activity.
Faculty of Public Health	Full	6	1.2.3	As the utility of a network is proportional to the square of its size, linking two networks of roughly equal size quadruples their utility. There should be a focus on planning networks, rather than considering every proposal in isolation	Thank you for this comment. The committee agreed that considering the network of routes rather than the route in isolation is important. Recommendation 1.2.3 has been amended to read:

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					<p>"1.2.3 Ensure new and refurbished footways, footpaths and cycle routes link to existing routes and improve the connectivity of the network as a whole. Aim to make it as easy as possible for people to walk, cycle or use other forms of active travel rather than making short journeys by car. This includes journeys between residential areas and:</p> <ul style="list-style-type: none"> • public transport stops and stations • places of work • public open spaces • schools, colleges and early years settings • healthcare services • shops, and leisure sites."
Faculty of Public Health	Full	6	1.2.4	After a transitional period, separate provision for cyclists and walking should be a condition of setting a speed limit higher than 20mph.	Thank you for this comment. Although the committee agree that the safety of pedestrians and cyclists is a very important factor in the decision about whether or not to undertake active travel, there was no empirical evidence that suggested that separate provision for cyclists and walking should be a condition of setting a speed limit higher than 20mph. Therefore the committee were unable to make this recommendation.
Faculty of Public Health	Full	7	1.2.4	Chicanes are a better form of traffic calming than speed bumps. Living streets used for community purposes where the carriageway is merely the gaps between the obstacles are best. For air quality reasons, traffic calming should compel the maintenance of a slow speed not regular speeding up and slowing down. However, arguments about air pollution are not a valid reason for not having lower speed limits.	Thank you for this comment. Recommendation 1.2.5 does not specify the method of traffic calming to use, as the evidence identified on this topic (evidence statements 2.17, 3.7) was unclear about the methods of traffic calming they used.

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					This recommendation has been amended to include a reference to NICE's guidance on Air Pollution: Outdoor Air Quality and Health, and Department for Transport's guidance on traffic calming which have some more detailed findings on types of traffic calming to compel the maintenance of a slow speed.
Faculty of Public Health	Full	7	1.2.5	They should also be gritted in winter.	Thank you for this comment. The committee agreed that weather related effects on footways, footpaths and cycle routes could discourage use. However they declined to recommend specific ways in which this maintenance should be addressed. The first bullet point of recommendation 1.2.4 has been amended to read: "1.2.4 Ensure footways, footpaths and cycle routes are convenient, safe and appealing to users, and are built and maintained to a high standard. For example, ensure: • they are even and do not present hazards, for example from tree roots, pot-holes, broken paving slabs or seasonal and weather-related obstructions."
Faculty of Public Health	Full	8	1.2.7	See our earlier comment on tactile paving. It is important to note that most pedestrian crossings do not allow enough time for older people to cross the road in the clearance phase. See for example Asher L et al. Most older pedestrians are unable to cross the road in time: a cross sectional study. <i>Age Aging</i> . 2012;41:690-4.	Thank you for this comment. Rather than detail the specifics on how and when tactile paving should be used, we have provided a link to Department for Transport's guidance and recommended that this is used to guide installation and maintenance. Therefore we would not provide further detail than is already in

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					<p>this recommendation</p> <p>Although no evidence from the literature on the optimum crossing time that met our inclusion criteria was identified for this guideline, expert testimony highlighted it as a barrier for some people and the committee agreed.</p> <p>Recommendations 1.1.3 and 1.2.7 recommend that there should be enough time given for people, including those with limited mobility, to cross the road. Whether or not this means an increase in time given will depend on the type of crossing currently in place.</p>
Faculty of Public Health	Full	8	1.3.1	Continuous aesthetically attractive pedestrian routes arranged in a network are important. Green walls are cheap to install and should be required in planning policies. The practice of removing street trees to reduce maintenance costs should cease forthwith.	<p>Thank you for this comment. Networked pedestrian routes are covered in recommendation 1.2.3.</p> <p>Including green infrastructure along entire routes may not be feasible in all settings. In addition, no empirical evidence was identified on the effect of including green infrastructure alongside routes. Recommendation 1.2.5, on giving priority to active travel, includes a reference to NICE's guideline on air pollution: outdoor air quality and health, which contains recommendations about greenery and pollution.</p>
Faculty of Public Health	Full	8	1.3.1	The use of roof gardens should be borne in mind as a way of reconciling the need for development and the need for open space	Thank you for this comment. No empirical evidence which met the inclusion criteria for this guideline considered roof gardens. In addition, the guideline looks to make

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					recommendations which can be made in public spaces (please see the scope for further detail) and widely across various settings. For these reasons, the committee chose not to make a specific recommendation about rooftop gardens.
Faculty of Public Health	Full	9	1.4.2	In view of the evidence of the impact on traffic on social networks in streets (community severance, see for example Appleyard D.et al. <i>Livable Streets.</i>), there is a strong case for placing car parks some distance from the workplace to reduce traffic in local streets and introduce an active travel element into the journey (if car parking needs to be provided).	Thank you for this comment. The section on schools and the section on buildings were not within the scope of this guideline update. Therefore new evidence has not been searched for or considered in order to be able to make changes or add recommendations for these sections.
Faculty of Sport and Exercise Medicine (FSEM) UK	Full	6	104	Make it mandatory that all new roads or newly surfaced roads also have cycle and foot paths.	Thank you for your comment. It is not within NICE's remit to make this recommendation mandatory. However, recommendation 1.2.5 was carried forward from PH8, as the committee felt that prioritising methods of active travel was still a valid recommendation.
Faculty of Sport and Exercise Medicine (FSEM) UK	Full	6	88	Add that not only should public transport be accessible to everyone but that it be cost-effective to use, with appropriate government financial support, particularly those from lower socio-economic backgrounds.	Thank you for this comment. The financing of these interventions and financial support provided by the government is outside of the scope of this guideline and is therefore not able to be covered in these recommendations.
Faculty of Sport and Exercise Medicine (FSEM) UK	Full	10	202	Provide appropriate funding and resources for primary care to provide 'green' and 'exercise prescriptions' for their patients, to allow their patients to take advantage of the local resources to benefit their health.	Thank you for your comment. The scope of this guideline was limited to changes to the environment. Behavioural interventions such as activities, organisation of groups or prescribing activities are outside of the scope of the guideline. NICE cannot make funding decisions on these interventions: this would be the responsibility of local

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					decision makers.
Faculty of Sport and Exercise Medicine (FSEM) UK	Full	13	277	Add that these improvements seen with physical activity are comparable, if not better, to those improvements seen with traditional medications.	Thank you for this comment. Although the committee felt strongly that physical activity could be hugely beneficial in the prevention of various conditions across a lifetime, evidence comparing the effect of physical activity against medication was not specifically considered, and therefore we would not make this assertion. Additionally, this may vary across conditions or stages of conditions.
Faculty of Sport and Exercise Medicine (FSEM) UK	Full	21	506	That all health professionals receive mandatory training on the benefits of physical activity and how to prescribe physical activity safely to their patients, including those with a disability, utilising the local resources available to them.	Thank you for your response. Your comments will be considered by NICE where relevant support activity is being planned.
Faculty of Sport and Exercise Medicine (FSEM) UK	Full	21	506	Create more Consultants in Sport and Exercise Medicine within the NHS to allow better promotion of physical activity within UK, with particular emphasis on utilising the local natural resources. There should be a particular emphasis on promoting and prescribing physical activity to those with a disability.	Thank you for this suggestion. The creation of additional posts is outside of the scope of NICE's work. The scope of this guideline was limited to changes to the environment. Behavioural interventions such as activities, organisation of groups or prescribing are outside of the scope of the guideline. Links to NICE's guidance on Behaviour Change, and to PH41 (Physical Activity: Walking and Cycling) - which contains more information on behavioural interventions for physical activity - are provided in the section on "Issues beyond the scope of this guideline".
Faculty of Sport and Exercise Medicine (FSEM) UK	Full	24	594	That active travel be promoted through financial incentives, such as the 'cycling to work schemes'.	Thank you for this suggestion. Financial incentive schemes are outside of the scope of this guideline. The scope of this guideline was limited to changes to the environment. Behavioural interventions

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					such as activities or promotion of physical activity are outside of the scope of the guideline. Links to NICE's guidance on Behaviour Change, and to PH41 (Physical Activity: Walking and Cycling) - which contains more information on behavioural interventions for physical activity - are provided in the section on "Issues beyond the scope of this guideline".
Faculty of Sport and Exercise Medicine (FSEM) UK	Full	26	673	Every school child, from school entry to leaving, should have at least 30 minutes of structured physical activity during every school day.	Thank you for this suggestion. However, the school curriculum is outside of the scope of this guideline. The scope of this guideline was limited to changes to the environment. Behavioural interventions such as changes to the curriculum or promotion of physical activity are outside of the scope of the guideline. Links to NICE's guidance on Behaviour Change, and to PH41 (Physical Activity: Walking and Cycling) - which contains more information on behavioural interventions for physical activity - are provided in the section on "Issues beyond the scope of this guideline".
Fit For Sport	Draft	1.5 Page: 5	General	To a great extent, the rise in modern technology, the growth in fast food options and the restrictions that are placed on kids enjoying active play have reduced children's appetite to take part in regular physical activity. Therefore teaching kids the importance of leading healthy lifestyles can be so crucial to their development and something that they will take with them into their adult lives. After all it is at school where we are educated and understanding how vital being active is to our general wellbeing should be a key part of learning. It's also essential to understand that not every child is going	Thank you for this comment. The committee agrees that children undertaking physical activity is important, and therefore made recommendations about children and their families (1.1.5), specifically around active travel to school (1.2.8 and 1.2.9) and open spaces which can be used by whole families to be physically active (1.3.1-1.3.3). However, the scope of this guideline

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				<p>to be interested in a specific sport, which tends to be intrinsically linked to physical activity. But those children who do hold less interest in sport must be still be engaged, even more so in fact, and it is the school's system that is best placed to teach them how to be active.</p> <p>A recent Fit For Sport study of 10,000 children found that completing 60 minutes of physical activity during the school day improved their health-related fitness levels by up to 15% over one academic year.</p> <p>Sport disengages more children than engages in our view which is why we would like to propose we change the PE and Sport premium to the physical active premium! We must stop trying to focus and fund most of PE and school activities on core sport as this simply has not worked and never will in our view.</p> <p>Playgrounds and lunchtime with breaks are the perfect way to achieve our 30 mins a day for all children but we must encourage schools to again allow our children to play with equipment like skippings ropes, hoops, hop scotch and fun games instead of asking children not to run or you may fall which happens in many schools!</p> <p>The most important element of change required in my view is to up – skill what some still referred to as dinner ladies! These staff if trained are best place to get all kids active and all engaged in fun activities like we have shown with 3 very successful programmes called Engage To Compete.</p>	<p>update was limited to environmental interventions to increase physical activity. The section on schools and the section on buildings were not within the scope of this guideline update. Therefore new evidence has not been searched for or considered in order to be able to make changes or add recommendations for these sections.</p> <p>The scope of the update also did not include behavioural interventions such as training or health promotion. This guideline contains links to NICE's guidance on Physical Activity: Walking and Cycling which contains more information on behavioural interventions for physical activity.</p>
Greenspace Scotland	Full	general		<p>We are concerned that – while covering the most important types of intervention – this guidance does not fit well with the NHS Health Scotland approach to Healthy Places where strategies, policies and plans should be focused on delivering good places which encourage and sustain Physical Activity (PA). This is a very holistic approach beginning with place quality whereas the NICE guidance seems more fragmented.</p>	<p>Thank you for this comment. We agree that it is important to provide places and settings which encourage physical activity in a sustainable way to make changes to long term health at a population level.</p> <p>This guideline initially covers planning with recommendations 1.1.1 and 1.1.2, which is intended to span all other</p>

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					<p>recommendations. Recommendations then move on to cover specific settings and types of activity: section 1.2 covers active travel for both leisure and transport in streets and local environments. Section 1.3 covers ways to increase physical activity in open space environments (mainly green and blue space, as grey is more relevant to section 1.2).</p>
Greenspace Scotland	Full	general		<p>While we understand the decision to focus on physical environmental changes and to exclude behaviour change, this is likely to exacerbate and widen health inequalities – those who already undertake PA will benefit and those who do not (for whatever reason) will not. With this in mind, we would wish to see cross-referencing to behaviour change activities feature much more strongly in the guidance (rather than in the discussion of evidence and rationale)</p>	<p>Thank you for this comment. We agree that taking into account behaviour change methods and theory is important in implementing this guideline. However as you point out, the scope of this guideline was limited to environmental interventions, or changes to the environment.</p> <p>Links to NICE's guidance on Behaviour Change, and to PH41 (Physical Activity: Walking and Cycling) - which contains more information on behavioural interventions for physical activity - are clearly provided in the section on "Issues beyond the scope of this guideline". In this section, the committee also recognised the importance of future research into the relative effectiveness of interventions to change the environment alone, and interventions to change the environment that are supported by interventions to change people's behaviour. Additional text has been added to the section on "putting this guideline into practice" to make this</p>

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					<p>consideration more prominent:</p> <p>"Some issues were highlighted that might need specific thought when implementing the recommendations. These were raised during the development of this guideline. They are:</p> <p>...</p> <ul style="list-style-type: none"> • Whether and how behavioural interventions may be combined with the environmental interventions covered in this guideline (see NICE's guidelines on physical activity: walking and cycling, and behaviour change: individual approaches for more information)." <p>Careful consideration has been given to equality issues in the formation of this guideline (please see the Equality Impact Assessment for more detail). This guideline is specifically aimed at making it easier for people with limited mobility to do more physical activity in everyday life by improving the environment they live, work and go to school in.</p> <p>Recommendation 1.1.2 encourages planners to take specific account of people with limited mobility when planning. Recommendations 1.1.3 and 1.2.7 are specifically aimed at improving the environment to enable people with limited mobility to be physically active. Changes recommended throughout the guideline also support this, for example providing accessible information about</p>

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					public transport (1.2.2), ensuring footways and footpaths are even and unobstructed (1.2.4), and that open spaces are clearly signposted and have appropriate facilities for people with limited mobility (1.3.1).
Greenspace Scotland	Full	general		We are concerned that there is no reference to gardening and growing as a form of physical activity	<p>Thank you for this comment. We agree that being physically active can take many varied forms. It is important to note that the definition of physical activity used in this guideline is broad and encompasses the full range of human movement. Mention of gardening has now been added to this definition:</p> <p>"[Physical activity] includes the full range of human movement and can encompass everything from competitive sport and active hobbies to walking, cycling and the general activities involved in daily living (such as housework and gardening)."</p> <p>Text has been added to the discussion section for section 1.1, which reads:</p> <p>"Physical activity is a broad concept that includes everyday activities such as housework, gardening and carrying shopping bags, as well as recreational or employment-related activities such as sports, manual work and active travel to work."</p>
Greenspace Scotland	Full	4	46	This addition is very welcome and should be part of all guidance	Thank you for this comment.
Greenspace Scotland	Full	5	50	We feel that the guidance needs further detail on how to make public open space more accessible for those with	Thank you for this comment. We have made it clearer that changes to open

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				impaired mobility (equivalent to 1.1.14 for street crossings)?	space recommended in the guideline are explicitly for the benefit of those with impaired mobility. To do this, recommendation 1.3.1 has been edited to broaden the list of example groups to include those with low mobility.
Greenspace Scotland	Full	6	90 & 92	We welcome the addition of guidance on integrating public green and open space with active travel routes and with public transport	Thank you for this comment.
Greenspace Scotland	Full	7	111	This is an area where place quality and thinking more holistically is essential – poorly designed or poorly constructed traffic calming can make streets harder to navigate for walkers and cyclists	Thank you for this comment. In the committee discussion section for this recommendation, the following wording was added: "The committee felt that design of traffic-calming measures, and parallel improvements to pedestrian and cycling infrastructure and public transport provision, should be carefully considered to ensure that active travel is not reduced."
Greenspace Scotland	Full	9	181	The discussion section details the health benefits of community engagement as part of the rationale for including this statement – this should be clearer in the body of the guidance (see also comment 12)	Thank you for this comment. Recommendations are intended to be as concise as possible and not to contain background information or reasons for decisions being made. The discussion section is where this information is captured, and is intended to be read alongside the recommendations.
Greenspace Scotland	Full	10	197	While understanding that the section on schools has not been changed, we feel that an opportunity has been missed to provide guidance on the location of new schools and on the use of green infrastructure within schools to provide multiple benefits – including the promotion of physical activity	Thank you for your comment. The section on schools and the section on buildings were not within the scope of this guideline update. Therefore new evidence has not been searched for or considered in order to be able to make changes or add recommendations for

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Greenspace Scotland	Full	27	703	We are surprised that the reference to making it easy to access open space a short walk from home is only accorded the status of 'experts told us' – there is a wealth of research evidence for the benefits of having greenspaces within a 5-minute walk of home/workplace	<p>these sections. We will pass this information to our surveillance team for their information.</p> <p>Thank you for this comment. The empirical evidence which matched the inclusion criteria set out in the scope and protocol documents for this guideline did not present evidence on the location of parks in relation to people's homes, and the link between this and physical activity. Please see Review 3 for summaries of these studies.</p> <p>Most studies related to open space observed people taking part in various forms of exercise (walking, playing etc.) in the spaces, but did not investigate the spaces in relation to communities. For this reason, and accordance with section 3.5 of the NICE manual, expert witnesses were invited by the committee to fill these gaps in the evidence.</p>
Greenspace Scotland	Full	39	1061	The phrase 'to a high standard' needs to be clarified	<p>Thank you for this comment. The committee discussed the concept of high quality in the evidence discussion section for section 1.3. They considered that this covered in the discussion of high standards in relation to open space:</p> <p>"The committee recognised that there is no national definition of 'quality' or 'high standard' in relation to green space. The committee noted that other studies on the quality of green space have used measures such as the number of parks per urban authority awarded Green Flags</p>

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					and Best Value Performance Indicators (Urban green nation: building the evidence base Commission for Architecture and the Built Environment)."
Greenspace Scotland	Full	39	1062	We strongly support the inclusion of community engagement as an approach which increases both the success of projects and the delivery of health benefits – however, the example used in the guidance of what community engagement might mean (reporting problems) is the ‘lowest common denominator’ of community engagement and is out of sync with the emerging role of communities in decision making and direct management of public open space – a more ambitious example would be better	<p>Thank you for this comment. We agree that the inclusion of communities in all aspects of delivering an intervention is beneficial. Recommendations 1.1.1 and 1.1.2 recommend the involvement of communities in development of strategies, policies and plans, and reference NICE's guideline on community engagement, which recommends the involvement of communities and voluntary sector organisations in planning, designing, developing, delivering and evaluating initiatives.</p> <p>Recommendation 1.3.3 has been amended, and now reads:</p> <p>"1.3.3 Involve community groups and volunteers in decisions on how to design and manage public open spaces, including trails, footpaths and towpaths. Encourage them to help maintain them, for example by reporting any problems affecting use and accessibility (see NICE's guideline on community engagement)".</p>
Greenspace Scotland	Full	41	1134	In discussing the lack of a national indicator for quality, the committee mentions that studies have used the number of Green Flags in an authority area as a proxy. We would welcome the inclusion of an assessment of the value of this approach since we feel it is heavily flawed – there are many reasons why one area may have more Green Flags than	Thank you for this comment. In the discussion section for this recommendation, the committee stated that they recognised the lack of a national definition for 'quality' of open green and blue spaces, and decided to

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				another which have nothing to do with quality; also, the fact that your council area has X Green Flag parks says nothing about the quality of the local spaces that you encounter on a day to day basis.	mention the Green Flag system as an option. Assessing the quality of this particular measure is outside of the scope of this guideline.
Greenspace Scotland	Full	45	1228	Health impacts are unlikely to be the primary driver for greenspace creation/provision - this should be recognised and acknowledged somewhere in the discussion of economic models and cost effectiveness	We have acknowledged how the economic modelling considers health benefits only and that this means that societal net benefit could be even higher (please see the overall cost effectiveness evidence section in the full guideline)
Greenspace Scotland	Full	46	1274	We welcome the inclusion of this statement – the quality and sustainability of ongoing management is a crucial factor in the quality and functionality of public spaces	Thank you for this comment.
Greenspace Scotland	Full	47	1308	This is a really important recommendation for research but does not reappear in the section on research recommendations for 'Changes to public open spaces' (line 1340) – could this be rectified?	Thank you for this suggestion. The committee agreed that this is an important area for future research. Therefore they decided to add an additional research recommendation on this topic. Please see research recommendation 6 for further detail.
Greenspace Scotland	Full	49	1355	We strongly support the proposed areas for research in this list	Thank you for this comment.
Guide Dogs				1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. Response: Active spaces: More clarity on walking and cycling especially where it is on pavements. This is a major issue for people with a visual impairment and the current design on the street environment does not emphasise implementing segregated routes. The mention of encouraging cycling especially along school routes does pose concerns. More children would be encouraged to ride if the routes are safe for all both pedestrians and cyclists therefore installing segregated routes will promote this. We would recommend mention of the 'Guidance on the use of tactile paving surfaces' which has the specific requirements to promote safety and independence.	Thank you for this comment. This recommendation is not specifically encouraging the construction of routes which are shared between pedestrians and cyclists; it recommends general improvements to routes. The committee opted not to recommend segregated or unsegregated shared use routes in this guideline. This is because the most appropriate type of route will depend on local context. In addition, the committee pointed out that it is possible that segregated shared use routes may

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					encourage greater speeds of cycling which could be hazardous. However, a link to the Department for Transport's guidance on shared use routes has been added to recommendation 1.2.5.
Guide Dogs				4. The definition used for "limited mobility" is not intended to be exhaustive. Do stakeholders feel that this definition is appropriate in terms of the types of populations it includes? Response: We did have some concerns that this category might encourage users of the guidelines to think of limited mobility in terms of physical impairments, but sensory disabilities are mentioned further down in the glossary to the guidance. Perhaps using a term which would immediately imply reference to the different disability groups.	Thank you for this comment, and suggestion. The definition of limited mobility has been broadened to include "people with conditions like chronic pain or neurological conditions" to ensure that people with conditions that may not be immediately visible to others are explicitly included. We also note the inclusion of people with disabilities: "some disabled people, including people with sensory impairments or learning disabilities".
Guide Dogs		4	42 - 45	We strongly agree with the recommendation that local authorities and other planners and designers should take account of the views of people with limited mobility. We would go further and recommend that people with limited mobility should be involved in the design process from the start so that inclusive design is the default for new infrastructure. It is worth noting here that the needs of people with limited mobility are not uniform and so it is essential to ensure that people in different circumstances and with different conditions are represented and involved in the design process.	Thank you for this support of recommendation 1.1.2. The recommendation links to NICE's guidance on community engagement. Recommendation 1.1.4 of NICE's guidance on community engagement covers ensuring representativeness of the local population, and so this would not be repeated in the guideline on physical activity.
Guide Dogs		5	55 - 57	Street obstructions are a major barrier for people with sight loss when getting out and about. A survey by Guide Dogs showed that 97% of blind or partially sighted people have encountered problems with street obstructions. In the worst cases it can deter people from leaving home alone – the same survey showed 40% of visually impaired respondents said street clutter made them less willing to go out on their own, which will have a negative impact on their independence and ability to undertake physical activity. The	Thank you for this comment. We agree that obstructions can be disruptive to people with limited mobility, and may impair their ability to get out and about. The committee has recommended that approaches to obstructions are consistent (recommendation 1.1.3) and that footways, foot paths and cycle routes are free from these obstructions as much

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				<p>most common obstructions were pavement parked cars; 90% had experienced trouble with a pavement parked car.[2]</p> <p>Outside London, the onus is on local authorities to restrict unsafe pavement parking through the use of Traffic Regulation Orders. This is unlikely to be cost-effective as individual TROs are limited to small geographic areas and require extensive signage and a lengthy consultation process. However, without pressure from local authorities for additional powers to deal with unsafe pavement parking this situation is unlikely to change. Guide Dogs is campaigning for a new law to make pavement parking an offence, except where specifically permitted by the local authority, as is already the case in London and will be the case in Scotland following upcoming legislation.</p> <p>A 2012 street analysis found that almost 40% of high streets had vending board placed inconsistently along the pathway, creating a non-linear path for pedestrians to navigate.[3] We therefore recommend councils implement licensing schemes to control the proliferation of vending boards and pavement cafes and to ensure that what is permitted it strictly controlled. Our guidance for vending boards and café licenses includes the following points:</p> <ul style="list-style-type: none"> · A-boards and café furniture should be easily detectable by pedestrians with visual impairments · They must be situated so they can be negotiated with ease by people with mobility problems. Boards should be displayed directly adjacent or in close vicinity to the premises. · Furniture should only be allowed on pavements where sufficient width of footway can be left clear and unobstructed for pedestrian usage of the area (usually a minimum of 2 metres). <p>A-boards and goods must be removed from the street outside the times permitted in the licence. · Where premises are in a side street, A-boards must not normally be placed remotely in the main street directing customers to the premises.</p>	<p>as possible (recommendation 1.2.4). The committee has also amended recommendation 1.2.7 to read:</p> <p>"• Ensure footways: ... - are free from unauthorised and unnecessary obstructions (whether permanent or temporary) including being free from pavement parking (see recommendation 1.1.3)"</p> <p>The committee felt that it was not possible to remove obstructions altogether.</p> <p>We are unable to reference external guidance in recommendations except where it is endorsed by NICE, or under exceptional circumstances. More information on endorsement can be found here.</p>

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				<ul style="list-style-type: none"> · All A-boards placed on the highway should be able to be moved freely and easily. An A-board should not be attached to any sort of object on the highway. · Whilst positioned on the highway they should be stable and kept upright · The A-board should not cause damage to the highway <p>[2] Guide Dogs Streets Ahead Survey of 1600 people, July 2013. http://www.guidedogs.org.uk/media/5816698/streets-ahead-survey-2013-executive-summary.docx</p> <p>[3] Street Clutter Survey of High Streets, Guide Dogs, 2012. https://www.guidedogs.org.uk/supportus/campaigns/streets-ahead/information-for-local-campaigners/street-clutter-survey-2012</p>	
Guide Dogs		5	58-60	<p>We support the recommendation on accessible pedestrian crossings. Guide Dogs has produced guidance for local authorities on street crossings following research into the experience of blind and partially sighted pedestrians when crossing roads, which we would be happy to share.[4] This guidance recommends that major streets should have at least one pedestrian-controlled crossing – i.e. a signalised crossing such as a puffin or pelican crossing – so that all pedestrians can cross safely and independently, regardless of their ability.</p> <p>We believe that given the trend for replacing controlled crossings with informal or courtesy crossings, where pedestrians have no right of way, the importance of controlled crossings should be emphasised in the guidelines by amending line 58 to “ensuring that there are enough pedestrian-controlled crossings”.</p> <p>[4] Guide Dogs, The Importance of Controlled Crossings for People with Sight Loss, 2017 http://www.guidedogs.org.uk/media/15374546/importance-of-</p>	<p>Thank you for this comment. While we are unable to reference external guidance in recommendations except where it is endorsed by NICE, or under exceptional circumstances, we have considered the paper you reference in your comment.</p> <p>Recommendation 1.1.3 has been amended to read:</p> <p>"Ensure there are enough accessible pedestrian-controlled crossings."</p> <p>More information on endorsement can be found here.</p>

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				controlled-crossings.pdf	
Guide Dogs		5	61 - 62	We agree that it is necessary that local authorities use tactile paving surfaces consistently. One of the reasons that guidance on the use of tactile paving surfaces has been ignored by local authorities is that it is in urgent need of an update. The guidance was originally published in 1989 and is based on research conducted in the 1980s. The Department for Transport announced that it would begin updating this guidance in summer 2017 but this has not yet started. When this update is completed, the guidelines should direct users to the updated tactile paving guidance.	Thank you for your response. We will pass this information to our surveillance team for their information.
Guide Dogs		5	63 - 65	This paragraph mentions planning permission for new developments should prioritise the need for people (including people with limited mobility) to be..... yet there is no mention how this would be done. It would be great to have mentioned that all new development should produce an equality impact assessment or an impact assessment to determine how to make sure the proposal has considered the needs of people with limited mobility. It seems that only large or major scheme are the ones required to produce one however, there is no definition as to how to categorise what a large or small scheme is. Perhaps rewording this paragraph: Ensure planning permissions for new developments always prioritise the needs for all users more especially people with limited mobility by carrying out impact assessments or other measures to ensure that it is inclusive for all.	Thank you for this comment. Recommendation 1.1.4 was originally part of PH8, for which this guideline is an update. The committee decided to carry recommendation 1.1.4 forward into this guideline as they felt it was still important and relevant, but no empirical evidence was identified in the research literature to provide additional detail. The recommendation includes all planning permissions, which also applies to This recommendation now provides a link to Public Health England's Spatial Planning for Health.
Guide Dogs		5	73	It is vital for an Equality Impact Assessment or Impact Assessment tools used to determine if the changes made would affect the current situation. Such assessments would help to identify how the changes would affect most especially people with limited ability. Determining this will prevent retrofitting post development and save on costs. Involving and consulting people with limited mobility or organisational representatives will only make the changes accessible for all if the most vulnerable requirements have been considered right from the onset.	Thank you for this comment. Equality impact assessments are a legal requirement under equality legislation. Therefore NICE guidance does not need to recommend them. This recommendation is concerned specifically with health impact assessments. This has been clarified in the recommendation by the addition of the word "health" before "impact

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				We would like to see using Impact assessment tools made mandatory. Replacing the word 'could' with 'should' or 'must' would be a good step in the right direction.	assessments". The committee agreed that it is important to make these assessments in advance and to make them public.
Guide Dogs		6	84 - 87	<p>We support the recommendation for audio-visual information on public transport and stops. Audio-visual announcements (AV) are already required on new trains and the Government intends to use powers in the Bus Services Act 2017 to require bus operators to provide AV on buses. The introduction of AV on buses would enable passengers with sight loss to travel independently and with confidence. AV also provides reassurance for people with memory loss, or people with learning disabilities, as well as infrequent bus users and tourists. Audio-visual information at public transport stops would further improve accessibility, allowing passengers with sight loss to find the right bus without the need to stop every bus.</p> <p>Estimates from the Bus Services Bill impact assessment show that AV can be provided at a low cost (£2647 per bus for large operators).[5] Some bus companies have used their AV equipment to run advertisements to defray the cost of installation; the Oxford Bus Company reported that their AV equipment paid for itself over two years.</p> <p>[5] Department for Transport, Accessible information requirement: impact assessment, October 2016 https://www.gov.uk/government/publications/bus-services-bill-impact-assessments</p>	Thank you for your response. We will pass this information to our resource impact team for their information.
Guide Dogs		7	133 - 135	We agree that the distinction between the footway and the road should be clearly defined. We recommend that "clearly defined edge" be replaced with "kerb with a clearly defined change in level". One of the most important navigational cues for people with sight loss, and particularly for guide dog owners, is the kerb. A 2017 Guide Dogs survey of people with sight loss found that 75% regarded a kerb as an	Thank you for this comment. This amendment has been made as it is in line with the Department for Transport's guidance on tactile paving. The recommendation now reads: "• Ensure footways:

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				<p>Please insert each new comment in a new row</p> <p>essential safety feature.[6] Without a detectable change in level, people with sight loss are at risk of walking into the path of cars without being aware of it. Where kerbs are absent, guide dog owners face particular difficulties because guide dogs are trained to stop at the kerb. Guide Dogs has conducted research in partnership with UCL on kerb delineators and the minimum kerb height which is reliably detected by people with sight loss. This research found that a 60mm kerb was reliably detected, while a 40mm kerb was not.[7]</p> <p>Lisburn Council in Northern Ireland were recently forced to reconsider the kerb heights in a shared space scheme by a judicial review, on the grounds that they had failed to observe the public sector equality duty by considering the impact on equality of opportunity for blind and partially sighted people.[8] This scheme featured 30mm kerbs, while Transport NI's guidance recommends a minimum 60mm kerb. The judgment noted that the 30mm kerb may also have been in breach of the duty to make reasonable adjustments for people with disabilities.</p> <p>It may be useful to make clear that this does not affect the recommendation for dropped kerbs and tactile paving at crossing points. We recognise that dropped kerbs are necessary for people using wheelchairs and others with limited mobility. Where there is a defined kerb away from crossing points, tactile paving and other features of controlled crossings make these detectable even with a dropped kerb.</p> <p>[6] Guide Dogs, Scared Surfaces, August 2017. http://www.guidedogs.org.uk/media/15222376/9147-scared-space-report_accessible.pdf</p> <p>[7] UCL Accessibility Research Group, Effective Kerb Heights for Blind and Partially Sighted People, October 2009. http://www.cege.ucl.ac.uk/arg/pamela/Documents/Steps_proj</p>	<p>Please respond to each comment</p> <ul style="list-style-type: none"> - have even, non-reflective anti-glare surfaces - are free from unauthorised and unnecessary obstructions (whether permanent or temporary) including being free from pavement parking (see recommendation 1.1.3) - are set back from traffic, if possible (for example, by a grass verge). • Ensure footways which have a kerb clearly define the kerb with a change in level apart from at pedestrian crossings."

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				ect_for_Guide_Dogs_Association.pdf [8] Toner (Joanna's) Application, May 2017. https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiQ56798LPWAhWIB8AKHZtXCrkQFggoMAA&url=http%3A%2F%2Fwww.courtsni.gov.uk%2Fen-GB%2FJudicial%2520Decisions%2FPublishedByYear%2FDocuments%2F2017%2F%5B2017%5D%2520NIQB%252049%2FMAG10187Final%2520-%2520Approved.doc&usg=AFQjCNFqLfAadsYh2fQ7cHtT0WaWk3uwXg	
Guide Dogs		8	136 - 138	As discussed above (p.5 55-7) it is councils that have the power to restrict unsafe pavement parking. We would therefore recommend that "where it is not permitted" on line 138 is removed. The aim of this change would be to encourage councils to use existing powers to restrict unsafe pavement parking, and to lobby central government for powers to tackle this problem in a cost-effective manner.	Thank you for this comment. We agree that pavement parking is one of many obstructions that people with limited mobility may find difficult to navigate when out and about. The wording specified in your comment has been removed.
Guide Dogs		8	140 - 142	As discussed above (p.7 133-5), we would recommend that "flush kerbs" be replaced with "dropped kerbs" to avoid implying that a level surface between footway and road is accessible away from crossing points.	Thank you for this comment. The committee considered that dropped kerbs needed to be flush with the carriageway in order to be most useful for many people with limited mobility. Therefore they chose to retain the current wording.
Guide Dogs	Full	5	50	We would like some text added to the end of the paragraph to clarify what is meant by 'easy as possible'. Please add '... open spaces safely and independently'. We feel this will ensure that all considerations would be accessible for all users especially people who are blind or partially sighted.	Thank you for this comment. Recommendation 1.1.3 has been amended to read: "1.1.3 Develop and put policies into place to ensure people with limited mobility can safely move along and across streets and in public open spaces."
Guide Dogs	Full	5	59	We would like the Guide Dogs guidance on pedestrian crossings referenced or referred to here. The document 'Why controlled crossings are important: the experience of people	Thank you for this comment. We are unable to reference external guidance in recommendations except where it is

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				who are blind or partially sighted' which is based on both a qualitative and quantitative research on people who have a visual impairment and their requirements in relation to pedestrian crossings.	endorsed by NICE, or under exceptional circumstances, and so will not be able to make this change. More information on endorsement can be found here .
Guide Dogs	Full	5	73	Reword the sentence to make it mandatory as equality impact assessments are vital to ensure that all users more especially people with limited mobility, so they can use the space or environment safely and independently thereby getting out and about and being active. Reword the sentence to read; 'Existing impact assessment tools should be used' or replace 'should' with 'must'	Thank you for this comment. Equality impact assessments are a legal requirement under equality legislation. Therefore NICE guidance does not need to recommend them. This recommendation is concerned specifically with health impact assessments. This has been clarified in the recommendation by the addition of the word "health" before "impact assessments".
Guide Dogs	Full	6	105	It is vital that segregated shared routes are encouraged where cycle lanes have been placed on pavements (see above points). This is to ensure safety and reduce conflict especially for the vulnerable road users. We would like the word 'segregated' added just before the word 'cycle lanes'.	Thank you for this comment. The committee opted not to recommend segregated or unsegregated shared use routes in this guideline. This is because the most appropriate type of route will depend on local context. In addition, the committee pointed out that it is possible that segregated shared use routes may encourage greater speeds of cycling which could be hazardous. However, a link to the Department for Transport's guidance on shared use routes has been added to recommendation 1.2.5.
Guide Dogs	Full	6	99	This sentence seems to support putting cyclists on the pavements. Shared pedestrian and cyclist routes are of major concern for people with a visual impairment as cyclists are silent. This is also common in shared surface schemes where cyclists, pedestrians and vehicles share the same space. By removing the delineation between the different modes makes	Thank you for this comment. This recommendation is not specifically encouraging the construction of routes which are shared between pedestrians and cyclists; it recommends measures to increase connectivity.

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				it more difficult for a blind or partially sighted person to use that area. We would like to see this document encourage the recommendations in the cycling infrastructure design where cycling is only introduced onto the pavement when all other avenues have been exhausted. If that is the case then the appropriate layout as recommended in the 'Guidance on the use of tactile paving surface should be implemented to ensure that the different users know which side of the route they should be on thereby promoting safe and independent use of such routes. We would like some text added to the end of the sentence to ensure that the recommended guidance is used to maintain the 'high standard' mentioned. Please change the sentence to 'These new routes should be built and maintained to a high standard according to the relevant recommended guidance for segregated routes especially for people with limited mobility.	The committee opted not to recommend segregated or unsegregated shared use routes in this guideline. This is because the most appropriate type of route will depend on local context. In addition, the committee pointed out that it is possible that segregated shared use routes may encourage greater speeds of cycling which could be hazardous. However, a link to the Department for Transport's guidance on shared use routes has been added to recommendation 1.2.5.
Guide Dogs	Full	7	112	Some traffic calming measures tend to inhibit inclusion and sometimes confuse pedestrians. It is vital that these measures do not compromise the safety of pedestrians. To add for more clarification '...highway design but ensuring it does not exclude people with limited mobility'.	Thank you for this comment. In the committee discussion section for this recommendation, the following wording was added: "The committee felt that design of traffic-calming measures, and parallel improvements to pedestrian and cycling infrastructure and public transport provision should be carefully considered to ensure that active travel is not reduced."
Guide Dogs	Full	7	121	To include another bullet point after this one. Designed to be inclusive and beneficial to all more especially people with limited mobility	Thank you for this comment. We agree that it is important for these changes to be made, and that they may disproportionately benefit those with limited mobility, for whom they were initially a significant barrier to physical activity. The committee considered that your suggested wording is embodied in

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					this recommendation as it is currently written.
Guide Dogs	Full	8	139	Add another bullet point Where a cycle route is placed on the pavement this shared route should be segregated to promote safety and independence for those with limited mobility especially people who are blind and partially sighted.	Thank you for this comment. The committee opted not to recommend segregated or unsegregated shared use routes in this guideline. This is because the most appropriate type of route will depend on local context. In addition, the committee pointed out that it is possible that segregated shared use routes may encourage greater speeds of cycling which could be hazardous.
Guide Dogs	Full	8	148	To add to the end of the sentence 'railway platforms and segregated shared pedestrian and cycle routes (see Department....)	Thankyou for your comment. The wording of recommendation 1.2.7 has been amended, with the following added to the end of the point you reference: "...and on shared use routes".
Guide Dogs	Full	8	157	Add another bullet point to encourage safe cycling to and fro school and other early years active travel. Where cycle routes have been provided on the pavements, we would like to see these as segregated routes. The bullet point should include where cycling is promoted on routes to school and other early years active travel these shared routes must be segregated with the recommended tactile paving. This option should only be explored where other options have been exhausted as recommended in the Design Cycling Infrastructure and DFT Guidance on the use of tactile paving surfaces.	Thank you for this comment. This recommendation is not specifically encouraging the construction of routes which are shared between pedestrians and cyclists; it recommends general improvements to routes. The committee opted not to recommend segregated or unsegregated shared use routes in this guideline. This is because the most appropriate type of route will depend on local context. In addition, the committee pointed out that it is possible that segregated shared use routes may encourage greater speeds of cycling which could be hazardous. However, a link to the Department for Transport's guidance on shared use routes has been

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					added to recommendation 1.2.5.
Guide Dogs	Full	9	178	Add another bullet point after 177 Adequate and appropriate tactile paving as recommended in the 'Guidance on the use of tactile paving surfaces' be used to assist people with a visual impairment to be able to orientate and navigate open spaces safely and independently e.g. using guidance paving to guide people with a visual impairment through wide open spaces or confusing environments.	Thank you for this comment. Recommendation 1.3.1 has been amended to include mention of tactile paving below. For the sake of brevity and because recommendations themselves are intended to be concise, this has been worded as: "Consider, for example, providing ... - footpaths with even, non-reflective, anti-glare surfaces and tactile paving".
Kilburn Older Voices Exchange	Full			We support the use of the term 'limited mobility' but suggest that it is defined at some point. People do tend to associate 'limited mobility' with a reduced walking capability rather than with, say, a sensory impairment which can also affect getting about. Similar difficulties arise from cognitive impairments (like dementia) and communication impairments (like aphasia). The report could also acknowledge the problem faced by people escorting and guiding manual wheel-chair users, an important minority whose needs are rarely highlighted.	Thank you for this comment. We would like to point you to the definition of "limited mobility" which can be found under "terms used in this guideline". The committee were aware of ensuring a broad definition of limited mobility to include people with sensory impairments, learning disabilities, people using buggies or prams, and people with neurological conditions. To ensure people escorting or guiding people using mobility aids, the following text has been added to the definition of limited mobility: "• people using wheelchairs, cycles or other mobility aids, or those supporting people using these aids."
Kilburn Older Voices Exchange	Full	4	43 (see also lines	1.1.2 In our organisation's experience the focus on 'maintenance' - for example, with respect to pavement erosion - is insufficient. Maintenance will need to be better resourced if the 'views and needs of people with limited	Thank you for this comment. We agree that the maintenance of any change is important to its continued usefulness.

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			1273 - 1274)	mobility' are to be taken meaningfully into account. The impact of commonplace minor injuries to foot and ankle, for example, can have a deterrent effect and damage morale and confidence. You make this point clearly later on in relation to 'Open Space' under 'other factors the committee took into account' (p 46).	Maintenance is covered in recommendation 1.1.2, and is also a core part of other recommendations, for example 1.3.3. As you point out, the committee noted that the cost of maintenance should be factored into calculations when planning interventions. Community involvement may also identify maintenance as an important issue, giving it additional importance. The committee therefore considered that the issue of maintenance was covered in this guideline.
Kilburn Older Voices Exchange	Full	5	55	1.1.4 We are concerned that local authorities have increasing difficulty funding 'a consistent approach to permanent or temporary obstructions' particularly where officials face intransigent and aggressive shop-keepers as is sometimes the case on Kilburn High Road. We would welcome this recommendation and also acknowledge the difficulty caused by (a) commercial rubbish collection schedules and their frequent misuse and (b) fly tipping and street-cleansing problems in busy shopping areas more generally.	Thank you for this comment. The committee agreed that this was an important point. However, this section of the recommendation is not intended to be an exhaustive list of types of permanent or temporary obstructions. We consider the list as it stands to be a good indication of types of obstruction and that the inclusion of "bins" references your points on rubbish collection.
Kilburn Older Voices Exchange	Full	5	59	1.1.4 We are concerned that in the absence of new guidance from the Department for Transport the recommendation to 'ensure that crossings with signals give people enough time to cross the road' will not lead to significant improvements. We recommend that (as an alternative to adjusting the standard pedestrian clearance interval - cf. LaPlante and Keiser, 2007 below) proper attention be given to proposals and devices that either adjust signals to the capabilities of an individual with limited mobility or enable them to control crossing times themselves (cf. Webb et al., 2017 below). https://www.scribd.com/document/83881862/A-History-of-Pedestrian#	Thank you for this comment. No evidence was identified in the literature or from expert testimony which considers these specific interventions and therefore recommendations cannot be made on them.

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				Please insert each new comment in a new row http://www.sciencedirect.com/science/article/pii/S2214140517300464?via%3Dihub	Please respond to each comment
Kilburn Older Voices Exchange	Full	5	63-65 (and see also 497 - 505)	1.1.5 This recommendation will be a challenge in practice because for the most part people with limited mobility and related chronic conditions are not well-organised. As a result they may have difficulty getting involved with consultations and then in sustaining their perspective once they are engaged. We have seen very little evidence of determined efforts to consult people about planning permissions, for example. While we support improvements in that field such a focus should not be at the expense of the wider consideration of 'local strategies, policies and plans' as identified at lines 494 and 498. Through our model of regular community forums we can draw on sustained experience of implementing small-scale consultations with vulnerable and isolated people - including those who are unable to leave their homes https://vimeo.com/channels/kove/100454175	Thank you for this comment. People with limited mobility may face situations which require them to demonstrate an even greater level of organisation in order to be active than for people without such limitations. Recommendations 1.1.1 and 1.1.2 encourage the involvement of a range of stakeholders. These recommendations also link to NICE's guidance on community involvement, which has further detail on who to involve in community consultation, how to involve them and other recommendations to ensure sustainable consultation processes.
Kilburn Older Voices Exchange	Full	5	72	1.1.7 Besides 'making results publicly available' we are concerned that public bodies pay too little attention to actively publicising changes and developments in thinking about mobility. Older people have often little information to go on about changes to the street environment, whether these concern crossing times and signal types, or more complex behavioural and cultural issues like the 'shared use' of footways with cyclists or in the mixed use approaches to traffic calming that involve harmonising road and pavement levels and so-on. We are also concerned that throughout the report the emphasis on 'contested spaces' - while welcome in giving that issue due weight - has an underlying tendency to refer to open space rather than to the routes people must use to travel between familiar meeting points or activity centres.	Thank you for this comment. The recommendation to make results publicly available comes as a result of discussion about the importance of public involvement both in the development and maintenance of these changes. However, the ways in which public bodies publicise changes is otherwise out of the scope of this guideline and should be considered locally. We have taken care to refer to contested space as routes as well as open space: for example, see recommendation 1.1.2.
Kilburn Older Voices	Full	6	85, 86, 87	1.2.2 We have been concerned (like many older peoples' organisations) that the installation of TFL Countdown facilities	Thank you for this comment. The committee considered it important to

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Exchange				at bus-stops in London is incomplete and that there seem to be no plans to extend it. This recommendation should take into account the limited take up of alternatives like smart-phones among older people in London which means that many remain reliant on more standard communication systems.	include in recommendation 1.2.2 methods of communication which are accessible to a broad range of people. For this reason both spoken and visual announcements are recommended. The committee decided not to recommend smart phone applications specifically due to the lack of evidence identified for this guideline which considered them.
Kilburn Older Voices Exchange	Full	6	88, 89	1.2.2 In our experience the accessibility of buses suffers from the under-regulation of bus-stops. We recommend that full attention is given to the following design and maintenance issues: the state of repair of the roadway next to the kerb (which often experiences buckling and becomes a trip hazard); the feasibility of the bus parking close enough to the kerb for people to get on and off without undue effort; the common obstruction caused by street furniture like rubbish-bins; the deterrent effect of bus-stops without shelters in bad weather; the design of seating at bus shelters; the cleanliness and maintenance of shelters. We recommend that attention is given to the problem of bunching and its consequences for passengers with limited mobility and/or visual impairment when bus-stops serve multiple routes. When several buses arrive at once there is often no scope for people to identify the route of those furthest back in the queue and no guarantee that when their turn comes those buses will move forward to collect at the official stop.	Thank you for this comment. The evidence searches (inclusion and exclusion criteria specified in the scope) for this guideline did not identify studies which considered route planning or 'bunching' of public transport services. Additionally, although evidence was identified on the introduction of new public transport services and additional stops (Evidence statements 1.2, 1.3, 1.4, 1.5, 1.10); detail about repair issues, proximity to kerb, or the design of seating was not identified. In order to supplement this, recommendation 1.2.2 includes a link to the Department for Transport's guidance on inclusive mobility. This covers issues of state of repair, bus parking, shelters and seating and maintenance of shelters. Obstructions (temporary and permanent) are covered in recommendation 1.1.3, 1.2.4 and 1.2.7 of this NICE guideline.
Kilburn Older Voices	Full	6	88, 89	1.2.2 In our experience communication at bus-stops serving multiple routes is a particular issue for passengers with a	Thank you for this comment. However, the scope of this guideline was limited to

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Exchange				sight-impairment. We recommend that (in the absence of solutions using information technology) drivers are trained and required to anticipate the needs of sight-impaired passengers (particularly when accompanied by a guide dog) so that they do not have to enter the bus to find out what route it serves. The consequences of poor practice in this area (along with other matters relating to bus stops) are examined in our forthcoming film All Aboard! to be found at https://vimeo.com/channels/kove/	changes to the environment. Behavioural interventions such as driver training are outside of the scope of the guideline. Links to NICE's guidance on Behaviour Change, and to PH41 (Physical Activity: Walking and Cycling) - which contains more information on behavioural interventions for physical activity - are provided in the section on "Issues beyond the scope of this guideline".
Kilburn Older Voices Exchange	Full	7	126	1.2.6 We are concerned this recommendation exacerbates the problems that follow when pedestrians and people with limited mobility who do not cycle are left out of the consultation and design processes that address the installation of cycle lanes. We recognise that cyclists themselves are vulnerable road users but consider that meeting their needs should require much greater dialogue with the needs of other vulnerable groups. (We are concerned throughout that these guidelines do not directly address the design and implementation of shared and mixed-use approaches to road and - in particular - footway use in London.)	Thank you for this comment. We agree that consulting with a broad range of people is important for understanding how to increase physical activity more widely. This is covered in this recommendation, which recommends engaging with people who walk, cycle and drive in the local area, including those with limited mobility. The Rationale and Impact section for recommendation 1.2.6 has also been amended to include mention of people who do not currently cycle and may feel prevented from doing so by a lack of suitable infrastructure: "Additionally, the views of people who do not cycle because of the current infrastructure and people with limited mobility should be taken into account. That is because there may be conflict when space is shared by people using different types of travel."
Kilburn Older Voices	Full	8	145	1.2.7 We consider that maintenance should be given greater prominence within this recommendation: tactile paving is	Thank you for this comment. We agree that the maintenance of any change is

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Exchange				vulnerable to sinkage and tilting particularly in hilly side streets and on steep corners, which contributes directly to discourage people of limited mobility from leaving the house. Neglect can also irritate the rest of the public and undermine the principle of accessibility which is being implemented.	important to its continued usefulness. The committee considered that maintenance is clearly mentioned in this recommendation, and is also a core part of other recommendations, for example 1.3.3.
Kilburn Older Voices Exchange	Full	8	149-150	1.2.8 We consider it unfortunate that this recommendation is presented so as to be rather age-specific. There is an implication that older people's journeys have less social or educational intent than those of younger people. Benches and accessible toilet facilities are as important to connectivity as footways and crossings particularly with respect to longer journeys (see points 13 and 14 that follow).	<p>Thank you for this comment. This recommendation has been carried forward from PH8, recommendation 1 (please see the table at the end of the full guideline for information on updated recommendations). This recommendation originally stated: "ensure children can participate in physically active play". The recommendation has been extended to include mention of the families and carers of the children, and to include mention of specific ways physical activity could be achieved for children and their families outside of play (transport to places of education).</p> <p>We note that recommendation 1.2.3 and 1.4.2 specifically talk about transport to workplaces and other destinations, which includes other age groups.</p> <p>We also note that recommendation 1.2.7 has been amended to include a recommendation for the provision of seating. The committee declined to make additional recommendations on the provision of toilet facilities but did add text to the discussion section to emphasise the importance of</p>

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					<p>accessibility of these facilities:</p> <p>"Using routine maintenance and refurbishment of facilities such as toilets in parks, to increase their accessibility, would be an efficient way of ensuring that existing facilities are of a high standard."</p>
Kilburn Older Voices Exchange	Full	8	149-150	1.2.8 Benches help older people and those with limited mobility to pause, rest and talk stock on the way to a destination. Our organisation now has two years' experience of implementing a programme of short 'bench to bench' walks which support people to get to know their locality, navigate it with more confidence, and undertake more physical exercise. See http://tonyellis.net/kove/publications/KOVE16.PDF	Thank you for your response. We will pass this information to our local practice collection team. More information on local practice can be found here .
Kilburn Older Voices Exchange	Full	8	149-150 (see also 173, 1055, 1092)	1.2.8 We are concerned that the guideline under-represents the importance of accessible - and free - public toilets. This has been a campaign issue for KOVE for 15 years. We have focused on the lack of toilets in Kilburn, given reluctant support to Camden's community toilets scheme, and endorsed a campaign to open a public toilet in Hampstead Cemetery. We have ample evidence of the practical problems the lack of toilets presents to older people and of the offence many people feel to their dignity when there is no facility - either for use in open public spaces or at a sensible number of transit points to assist getting around.	<p>Thank you for this comment. Toilets are mentioned in section 1.3, and their importance is discussed in the discussion section. The committee declined to make additional recommendations on the provision of toilet facilities but did add text to the discussion section to emphasise the importance of accessibility of existing facilities:</p> <p>"Using routine maintenance and refurbishment of facilities such as toilets in parks, to increase their accessibility, would be an efficient way of ensuring that existing facilities are of a high standard.</p> <p>Providing and maintaining facilities may cost money, but if they create an environment in which people are more active and their health improves as a result, this will lead to savings for the NHS and local authorities as well as</p>

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Kilburn Older Voices Exchange	Full	8	155	<p>1.2.8 We are concerned that this recommendation underrates the cynicism and indifference that arises where speed reduction zones are ignored. We are concerned that speed reduction zones are only one of a range of measures needed to encourage physical activity and reduce community severance. Members of our organisation experience these problems acutely in Finchley Road in north London and contributed to recent research about it. We recommend that public bodies are encouraged to use more ambitious over-arching approaches to reducing traffic density, insensitive road layout and uncivil behaviour by drivers.</p> <p>https://www.theguardian.com/cities/2015/may/29/do-20mph-speed-limits-actually-work-london-brighton https://streetmobility.wordpress.com/2014/02/28/our-second-case-finchley/</p>	<p>society at large."</p> <p>Thank you for your comment. The links you provide do not meet the inclusion criteria for this guideline (please see the protocol document for all inclusion and exclusion criteria) so cannot be specifically considered as evidence when writing these recommendations.</p> <p>The committee heard that intervention packages including improving footways and road crossings, speed reduction measures and drop-off zones had some positive impact on children's active travel to school. The committee also took account of evidence from expert testimony (expert testimony 3) that lowered speeds reduce accidents between cars and pedestrians, and contribute to a feeling of safety in people engaging in active travel.</p> <p>It is important to note that recommendation 1.2.9 recommends reducing vehicle speeds as a way to improve routes, along with other methods such as improvements to crossings. The remainder of these recommendations cover other interventions to streets and the local area which are designed to increase physical activity: the committee do not intend that speed reduction measures are used in isolation without any other improvements or developments.</p>
Kilburn Older	Full	9	181 -	1.3.3 We are concerned that this recommendation gives	Thank you for your response. In the

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Voices Exchange			183	insufficient weight to the impact that voluntary activity can make to raise the standard and scrutiny of professional services where these are available. We have recent experience of supporting older residents on a Camden housing estate to show how voluntary action to challenge neglect and misuse can be used to encourage better use and accountability of public money in contract management and implementation. Cf. https://vimeo.com/channels/kove/203477039	<p>rationale and impact section for recommendation 1.3.2 and 1.3.3 (joint), the committee recognise the impact that voluntary activity can have:</p> <p>"Experts also highlighted how community groups and volunteers can help design and manage public open spaces, footpaths and trails, as well as support the authorities responsible for maintaining them."</p> <p>Regarding your experience, we will pass this information to our local practice collection team. More information on local practice can be found here.</p>
Kilburn Older Voices Exchange	Full	11	243 - 246	We are concerned that this recommendation does not make the case for an overarching local forum which can link service delivery, user experiences and community initiative and provide a more informed framework for planning intervention at neighbourhood level.	Thank you for this comment. This section is present in all NICE public health guidelines to provide some implementation support, and is not specific to this guideline.
Kilburn Older Voices Exchange	Full	16	377 - 380	We are concerned that the uncritical deployment of this cost-benefit approach will encourage the use of easy targets and not get to grips with the less dramatic outcomes that can be achieved by and for people with limited mobility and/or chronic ill-health. We note that our point is well captured under 'Interpreting the evidence' at lines 527 - 529 (ie. by 'moving from being sedentary to having low levels of activity') and again at 790 - 792. We strongly recommend that the issue be credited with a recommendation in its own right.	There was a lack of effectiveness evidence on how interventions affected low mobility populations. The basecase economic analysis did not disaggregate the whole population health benefits by level of mobility. However, the scenario analysis did show that smaller MET gains are required for interventions to be cost-effective for limited mobility populations. Driving these results are the lower baseline physical activity levels of this population, which mean that any increases in physical activity create greater relative comorbidity and mortality risk reductions and larger health gains.

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Kilburn Older Voices Exchange	Full	22	547 - 549	We are concerned that barriers faced by older people living in accommodation they cannot get out of (most commonly in Camden by being unable to negotiate flights of stairs) should be properly highlighted.	<p>Thank you for this comment. This issue is covered in recommendation 1.1.4, which recommends that developments prioritise people's ability to be physically active as a routine part of their daily life. This would include older people required to negotiate flights of stairs.</p> <p>This recommendation covers new developments as well as any refurbishments for which planning permissions are required. However, residential properties are not within the scope of this guideline and so a recommendation about property interiors cannot be made.</p>
Kilburn Older Voices Exchange	Full	25	636 - 638 (and see also lines 871 - 873)	We are concerned that these points should be extended to cover the accessibility of hand-rails and other forms of intermediary support. We have useful experience of members challenging the failure of estate contractors to fully appreciate the importance of keeping hand-rails clear of obstruction and also of members negotiating effectively with neighbours to reduce the nuisance of overhanging trees on walkways and other obstructions to footpaths. See https://vimeo.com/channels/kove/203477039	<p>Thank you for this comment. The committee felt that the obstruction of handrails was largely covered by the point in recommendation 1.2.4 that recommends that paths are not overgrown or hidden by poorly managed vegetation.</p> <p>Regarding your experience, we will pass this information to our local practice collection team. More information on local practice can be found here.</p>
Kilburn Older Voices Exchange	Full	28	733 - 738	We are concerned that these points be extended to cover the kind of temporary seasonal problems that arise from flooding on pavements, leaf fall, snow and ice which would benefit from clearer public purpose.	<p>Thank you for this comment. The committee agreed that weather related effects on footways, footpaths and cycle routes could discourage use. The first bullet point of recommendation 1.2.4 has been amended to read:</p> <p>"1.2.4 Ensure footways, footpaths and</p>

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					<p>cycle routes are convenient, safe and appealing to users, and are built and maintained to a high standard. For example ensure:</p> <ul style="list-style-type: none"> • they are even and do not present hazards, for example from tree roots, pot-holes, broken paving slabs or seasonal and weather-related obstructions."
Kilburn Older Voices Exchange	Full	31	817 - 819	<p>As a London-based organisation we have experience of implementing informal approaches which encourage people to make imaginative use of public transport and understanding the importance of transport interchanges. Public bodies need to better understand the impact for older people with limited mobility of the relationship between the problems at their door-step and those arising when undertaking longer journeys. Maintaining contact with old friends or former centres of activity is important to some of our members: we are concerned that the case for being sensitive to this kind of strategic travel requirement is under-represented in these guidelines and should be highlighted (particularly with regard to the continuing delay in introducing wheelchair accessibility to many London tube, Overground and national rail stations).</p>	<p>Thank you for this comment, and the information provided on what is of importance to older adults. We agree that maintaining contact with friends and other activities is important for everyone, including people with limited mobility. Recommendations about pedestrian or cycling environments and public transport provision should enable journeys of multiple parts to take place in a smoother and more connected manner.</p> <p>We agree that it is important for transport planners and all involved in this process to gain an understanding of the way public transport is used and is needed by all people, including those with limited mobility. The committee decided to make recommendations to ensure that people are engaged and consulted in the process of making strategies and plans (please see recommendation 1.1.1 and 1.1.2). This specifically includes people with limited mobility.</p> <p>Recommendation 1.2.2 provides a link to the Department for Transport's guidance on inclusive mobility. This guidance</p>

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					contains information on accessibility of stations.
Kilburn Older Voices Exchange	Full	32	839 - 843	We are concerned that the difficulty for older people with limited mobility in engaging in the planning process for 'liveable neighbourhoods' has been underestimated in these guidelines. For example, despite our collaboration with academic partners and the conversations taking place in our development forums and steering group, we have been disappointed that the Swiss Cottage gyratory improvements are not better conceived in relation to the needs of bus passengers with respect to the accessible siting of bus stops.	Thank you for this comment. Recommendation 1.1.1 and 1.1.2 outline the importance of community involvement, and provide a link to NICE's guideline on community involvement for more information on how this can be managed most effectively. This guidance should be considered when planning an environmental physical activity intervention to ensure that the views of those who will be affected by the change are taken into account.
Kilburn Older Voices Exchange	Full	50	1367 - 1383	We welcome the research objectives identified on pages 47 - 51. While we acknowledge the importance of longitudinal studies and control groups we would also recommend more ethnographic work in this field and better use of small-scale comparative studies linked (a) to particular micro-neighbourhoods (like LSOAs) and (b) to particular ethnic groups and other communities of interest. (An analysis of our own investigatory work across this field over many years can be found on the Publications page at www.kove.org.uk): From footcare to walking bench to bench: an examination of the evidence base for KOVE's environmental approach to wellbeing and social isolation	Thank you for this comment. While we welcome studies which are more ethnographic in nature, including small scale comparative studies, the reason that we specify longitudinal studies with a control group is to aid us in establishing causality. This is the type of research which this guideline would benefit most from being conducted in order to fill gaps, particularly bearing in mind that the study designs specified in the scope are before and after studies as a minimum.
Landscape Institute	Full	General	General	The Landscape Institute (LI) is the royal chartered body for the landscape profession. As a professional organisation and educational charity, we work to transform and manage the built and natural environment for the public benefit. The LI represents over 5000 landscape planners, managers, scientists and designers. We champion multifunctional and sustainable landscapes in both rural and urban areas. In our experience, professionals, let alone public sector individuals, rarely have time to fully digest current guidance.	Thank you for this comment, and for your suggestion. After publication of a guideline, NICE produces a Pathway. NICE Pathways are interactive tools for health and social care professionals providing fast access to NICE guidance and associated products. It is designed to be easy and clear to use. Thank you for your suggestion about

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				<p>We therefore suggest the addition of a technical summary or quick-guide to this document that very clearly conveys the main points, which we believe to be the following:</p> <p>the importance of mobility of people; management/maintenance of the public realm; consideration of sustainable movement networks to communities and neighbourhoods. Additionally, we believe that the document would also benefit from the insertion of cross-references to current legislation and guidance on for example, green infrastructure, BS 8300, and Building for Life 12.</p> <p>In our view, the Guide should also include greater detail of delivery routes. There is a lack of understanding of who designs, owns and manages the public realm e.g. Highways, and how the proposals in the Guide will be delivered and who is responsible for delivery.</p> <p>Our members have also raised concerns about the lack of definitions in some of the terminology e.g active travel - this can be interpreted in different ways.</p> <p>A few pictures/diagrams would help in terms of backing up the guidance message e.g. pedestrians to have priority over all other modes of transport.</p>	<p>cross-referencing. Additional references to Department for Transport guidance and other NICE guidelines have been made in recommendation 1.2.4, 1.2.5, and 1.2.6 to make sure that readers are signposted to the current best practice on designing routes, traffic calming, inclusive mobility, cycle infrastructure and traffic signs. Green Infrastructure is now considered in discussion section 1.1.</p> <p>The guideline contains a section entitled "who is it for" which details relevant groups who may be carrying out these recommendations. However, implementation of these recommendations is outside of the scope of this guideline. Responsibility for individual guidelines should be negotiated and agreed locally to ensure that this is relevant and appropriate to the local context.</p> <p>The guideline includes a section on terms of reference for definitions which are specific to this guideline. The glossary at the end of the guideline includes terms, such as active travel, which are common to more than one guideline.</p> <p>Thank you for your suggestion about diagrams. NICE guidelines do not generally include diagrams except in exceptional circumstances. The committee did not feel that they were especially necessary here. Additionally,</p>

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					the Manual for Streets link provided in the rationale and impact section for recommendation 1.2.5 contains a range of diagrams including ones to demonstrate the issue of priority.
Landscape Institute	Full	1	5 table	<p>The Landscape Institute agrees that the daily activities of many individual bodies and organisations can potentially result in significant changes to the built and natural environment in both urban and rural areas. We commend NICE for seeking to encourage a very wide range of public, private, community and voluntary sector organisations, whose work impacts on external environments, to take into account the need to create and manage high quality places and routes in order to encourage people to become more physically active. This approach is entirely consistent with the Institute's stated position that 'green infrastructure' (GI) networks of open spaces, when properly planned, designed and managed, will deliver multiple benefits for society.</p> <p>However, we would suggest to NICE that greater consistency of terminology would make the overall message more coherent. Green infrastructure is a term in common usage, defined in the glossary to the National Planning Policy Framework (NPPF) and referred to in the National Planning Practice Guidance (NPPG). Parks, open spaces, green spaces, public spaces, water bodies (blue spaces), wildlife corridors, pedestrian and cycle routes are all components of the green infrastructure networks that intersperse and connect villages, towns and cities.</p> <p>A key finding of the House of Lords Select Committee on National Policy for the Built Environment, Building Better Places' (February 2016) recommended that: "Within and beyond Government, there must be wider recognition of the fact that green infrastructure is an asset, and offers wider economic, health and social benefits".</p>	Thank you for this comment. The terminology used in this guideline is consistent with the scope, and related to increasing physical activity, which is the aim of this guideline. The concept of Green Infrastructure is now considered in discussion section 1.1. The committee decided to keep the original terminology used rather than using Green Infrastructure terminology because, although it is a linked field which overlaps to some extent with the interventions in this guideline, the focus on air quality, climate change and biodiversity is outside of the scope of this guideline. In addition, the economic analysis and committee discussion recognises the wider benefits arising from these types of interventions.

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Landscape Institute	Full	4	28-34	<p>The Landscape Institute strongly supports the NICE recommendations para 1.1.1 to develop 'Strategies, policies and plans to encourage and enable people to be more physically active' and para 1.1.2 to 'Use community engagement approaches to take account of the views and needs of users of the local environment, including people with limited mobility.'</p> <p>In our view, the general public is mostly unaware of the health and wellbeing benefits of outdoor activities. We would respectfully suggest that NICE should do more to identify, review and publish research findings that demonstrate to everyone, including the general public and not just people with limited mobility, the direct positive impacts of all types of moderate physical activity out of doors. For example, the findings (lines 527/ 790) that 'for people who are least active, moving from being sedentary to having low levels of activity would bring the greatest health benefits', could be incorporated into the recommendations.</p> <p>The positive relationship between green spaces and public health has been assumed for centuries and conventional wisdom has proved "... surprisingly accurate in the prediction of what more recent empirical research has demonstrated" [Ward-Thompson, C., (2011) 'Linking Landscape and Health: The recurring theme', Landscape and Urban Planning, vol. 99 (3-4) pp 187-195, 2011. Given the increasing concern over the costs of treating ill-health, we take the view that greater efforts are needed to ensure its prevention. This must include greater support for parks and green spaces, as part of wider GI networks.</p> <p>The health and social benefits of GI are increasingly important to all sectors of society, but in particular children, young people, families and BME communities, as evidenced by the Heritage Lottery Fund report 'State of UK Public Parks'</p>	<p>Thank you for these comments, and your support of recommendation 1.1.1 and 1.1.2.</p> <p>Recommendations are designed to be as concise as possible and for that reason do not include justifications, evidence or supporting statements. These can always be found in the resource and impact, or committee discussion sections of the guideline. This aids clarity of recommendations when being used by practitioners.</p> <p>Your note about children, families and minority communities and physical activity is covered by recommendations 1.2.8 and 1.3.1.</p> <p>We would like to direct you to this website which details the guidance produced by NICE which relates to physical activity. A systematic review of available literature is undertaken as part of each guideline process (Please see the NICE Guidelines manual for more information).</p>

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				<p>(2016). Significantly, the relationship between parks and public health is increasingly being recognised by the health sector itself. A recent Public Health England report, 'Fair Society, Healthy Lives, the Marmot Review – Strategic review of health inequalities in England post 2010' Department of Health 2010, concluded that: "There is significant and growing evidence on the physical and mental health benefits of green spaces ... Increasing the use of good quality green space for all social groups is likely to improve health outcomes and reduce health inequalities..."</p> <p>The Landscape Institute position statement, "Public Health and Landscape: Creating healthy places" (2013) advises that the planning, design and management of green spaces should be guided by their importance for public health. This was the conclusion we reached following an evidence review on the relationship between parks and public health, all referenced in the publication itself. The report concluded that healthy places help us to overcome health inequalities, can promote healthy lifestyles, and are restorative, uplifting and healing for existing physical and mental health conditions.</p>	
Landscape Institute	Full	5	63	<p>The two paragraphs 1.1.5 and 1.1.6 are very brief and we would suggest that further detail is required to describe ways in which new developments could be required, by means of conditions on any grant of planning permission, to facilitate an active lifestyle - for example: safe and attractive walking routes leading from individual [domestic or business] properties directly towards bus stops, schools, shops etc; generous use of trees to provide cooling and reduce air pollution and thus make walking a more attractive activity than using a vehicle for short distances; green infrastructure networks throughout the development area to encourage people, in particular children, to become better connected with wildlife, the natural environment, the seasons and the weather; well designed and inclusive green spaces along well-used public footpaths to facilitate social</p>	<p>Thank you for this comment. This guidance makes recommendations about maintenance of streets and open spaces, and recognises that this is an important factor in the continued use of these interventions.</p> <p>Recommendations 1.1.4 and 1.1.5 have been imported from PH8, for which this guideline is an update. No new evidence which met the inclusion criteria was identified to support any further detail for recommendation 1.1.4, but the committee decided to add an illustrative example as follows:</p>

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				<p>interactions, neighbour contacts and community activities such as walking, gardening, wildlife observation or local history groups; rain gardens, natural drainage systems, ditches and water channels to allow people to follow the movements of rainwater, see the operation of infiltration systems, and observe the wildlife they support.</p> <p>Parks and green spaces can be funded through developer contributions, in order to reflect the additional pressures that development places on the natural environment and existing infrastructure. Community Infrastructure Levy (CIL) and Section 106 agreements, and local plan policies may require developers to meet a required standard for open space provision and/ or recreation provision.</p> <p>However, in relation to new developments, a general concern of the Landscape Institute is the reluctance or inability of landowners and private sector developers to deliver new and improved landscape infrastructure. The Government recognises the many constraints on the provision of new and enhanced public spaces by the private sector. In 2012, the DCLG Impact Assessment for the NPPF explained: "The wider benefits to society of green infrastructure in terms of its environmental and recreational functions are not usually valued in the price of land in the land market, and therefore green infrastructure is likely to be under-supplied by private agents; this is an example of market failure where government intervention is necessary."</p> <p>In addition, the Landscape Institute's own research has shown that there has been a significant loss of landscape expertise in the public sector over recent years, resulting in a loss of capacity in local authorities to strategically plan GI and to provide skilled input into its delivery. This hinders the ability of local authorities to mobilise the private sector to deliver the kind of environment society needs, including by direct commissioning, requiring development proposals to</p>	<p>"...for example ensuring access on foot to local services, for example shops and public transport stops".</p> <p>Any new evidence relating to safe routes to school (recommendations 1.1.5, 1.2.8 and 1.2.9) is included in recommendation 1.2.9, which expands on types of improvements which were identified in the literature as potentially being effective.</p> <p>The terminology used in this guideline is consistent with the scope, and related to increasing physical activity, which is the aim of this guideline. The concept of Green Infrastructure is now considered in discussion section 1.1. The committee decided to keep the original terminology used rather than using Green Infrastructure terminology because, although it is a linked field which overlaps to some extent with the interventions in this guideline, the focus on air quality, climate change and biodiversity is outside of the scope of this guideline.</p>

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				<p>support healthy outcomes, and subsequent enforcement. Addressing this deficiency is a challenge, given the current focus on reducing public spending, coupled with the removal of extant regulations.</p> <p>Also, we fear that there is a real risk that the achievements and investments in parks and green spaces (in particular Heritage Lottery Fund support) over the past decade will be wasted. If management and maintenance is not considered at the outset then the initial investment is at risk. Despite considerable efforts in the past, a solution has not yet been found which puts the costs of maintaining parks on a sustainable footing – one that can weather external pressures such as austerity and declining political interest.</p>	
Landscape Institute	Full	5	69	<p>The Landscape Institute understands that NICE wishes to identify the right organisations and individuals to take action, and reflect the importance of people and organisations working together. Whilst the draft (line 5 table) suggests that members of the public may be interested in the guidance, it does not appear to be written with individuals and families in mind. This in our view is regrettable as we are aware that many local improvements are initiated by interested residents acting together to improve their own neighbourhoods. Examples include preparing neighbourhood plans or parish plans, setting up Forest Schools for outdoor learning, and direct action such as turning highway verges into communal gardens (eg. the 'Incredible Edible' movement).</p>	<p>Thank you for this comment. The guidance is aimed primarily at those with responsibility for transport and the open space environment, but may also be of interest to the public. Various recommendations are for activities to involve the public in community engagement (see recommendations 1.1.1 and 1.1.2), and voluntary organisations in caring for and maintaining open spaces (recommendations 1.1.2 and 1.3.1). Insufficient evidence was identified on neighbourhood or parish initiatives to be able to make specific recommendations in this area</p>
Landscape Institute	Full	5	73	<p>The draft guidance (para 1.1.7) proposes that organisations introducing changes should carry out an impact assessment. We consider that NICE should expand this section to demonstrate how small changes in the external environment can be highly effective in terms of encouraging people to benefit from even modest outdoor activities such as gentle</p>	<p>Thank you for this comment. The committee noted that small changes can have large effects in the evidence discussion for section 1.2:</p> <p>"The committee discussed which</p>

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				<p>walking or gardening.</p> <p>An extensive and growing evidence base describes the many social, environmental and economic benefits that public parks provide. Reports that highlight a number of ways to measure and capture the natural capital value of parks and wider green infrastructure networks within which they are located include:</p> <ul style="list-style-type: none"> - CABE Space 'The Value of Public Space: how high quality parks and public spaces create economic, social and environmental value' - Commission for Architecture and the Built Environment (2004); - Centre for City Park Excellence 'Measuring the Economic Value of a City Parks System' - Trust for Public Land, 2009; - Landscape Institute 'Green Infrastructure, an integrated approach to land use' 2013. The Institute could, if requested, provide case studies that demonstrate the huge potential for designing, managing and maintaining green spaces for optimal value to society. 	<p>measure was most appropriate for considering the change to total physical activity. They agreed that when considering the population as a whole, the objective is to increase the amount of moderate to vigorous activity most people do. However, they noted that there is a continuum of benefits from being physically active and that for people who are least active, moving from being inactive to having low levels of activity, or replacing sedentary behaviour with physical activity would bring the greatest health benefits"</p> <p>Effectiveness evidence is presented in the committee discussion, along with cost effectiveness data where it was available. For detail on what effect was reported after interventions of different scale, readers should consult the committee discussion.</p>
Landscape Institute	Full	5	74	<p>We are concerned that the sections relating to movement on footways, footpaths, cycle routes, streets and roads emphasise functionality, safety, accessibility and connectivity and the need to plan and provide convenient physical infrastructure for pedestrians, in order to reduce car use. In our view these requirements will not, by themselves, transform sedentary car users into active pedestrians and cyclists. Walking is not an easier option but, with high quality landscape design, it can become an attractive alternative to regular car use.</p> <p>In comment 5 above, we suggest ways in which developments can incorporate green infrastructure features to encourage walking and cycle use. We consider that the</p>	<p>Thank you for your comment. As this guideline focuses primarily on those with limited mobility, this has naturally led to concepts of safety and accessibility being at the forefront as this could be seen as a barrier to use which needs to be overcome for this group before attractiveness can come into play. However, the committee did recognise that the attractiveness of an environment will affect its appeal. This is recognised in recommendation 1.4.4 (from PH8), and in the discussion for section 1.3.</p>

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				inclusion of locally-relevant components of landscape planning and design, such as planted boundaries, trees, hedgerows, water channels, informal play and sitting areas is essential, in order to make a walking route attractive and enjoyable for pedestrians, and to potentially encourage people to leave their car at home. In terms of the overall development costs of, for example, a new housing estate, such landscape interventions can be demonstrated to be low in terms of unit costs, and highly cost effective in terms of health benefits, provided they are designed in from the outset.	In order to further recognise the importance of aesthetics and attractiveness of outdoor environments, some amendments have been made: - Recommendation 1.2.4 has been amended to state that "Ensure footways, footpaths and cycle routes are convenient, safe and appealing to users, and are built and maintained to a high standard". - Recommendation 1.2.8 has been amended to read "Focus on improving safety, accessibility, connectivity, sustainability and appeal to users." - Recommendation 1.3.1 has been amended to read "Consider ways to enhance the accessibility, quality and appeal to users of local open spaces..."
Landscape Institute	Full	6	98	The Landscape Institute agrees that the planning of direct routes, as well as the construction and maintenance of new footways, footpaths and cycle routes, are important considerations. However we consider that that provision of, or improvements to, direct routes to places of employment, shopping and learning, and direct access to public transport services, will not necessarily motivate people to make a consistent behaviour change. The guideline needs to ensure that, for example, plant materials, landscape features, different colours and textures of surfacing materials, and places to sit are incorporated into the design of the route, in order to create pedestrian and cycle paths that are interesting, comfortable and attractive for people to use in all weathers. Attention to detail in terms of landscape design can result in cost-effective schemes that produce health benefits.	Thank you for your comment. As this guideline focuses primarily on those with limited mobility, this has naturally led to concepts of safety and accessibility being at the forefront as this could be seen as a barrier to use which needs to be overcome for this group before attractiveness can come into play. The committee considered that there was insufficient evidence which met the inclusion criteria on specific characteristics of new or existing routes needed in terms of landscape design. However, the committee did recognise that the attractiveness of an environment will affect its appeal. This is recognised in recommendation 1.4.4 (from PH8), and in the discussion for section 1.3.

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					<p>In order to further recognise the importance of aesthetics and attractiveness of outdoor environments, some amendments have been made:</p> <ul style="list-style-type: none"> - Recommendation 1.2.4 has been amended to state that "Ensure footways, footpaths and cycle routes are convenient, safe and appealing to users, and are built and maintained to a high standard". - Recommendation 1.2.8 has been amended to read "Focus on improving safety, accessibility, connectivity, sustainability and appeal to users." - Recommendation 1.3.1 has been amended to read "Consider ways to enhance the accessibility, quality and appeal to users of local open spaces..."
Landscape Institute	Full	7	111-112	<p>The Landscape Institute considers that more should be included when describing the ways in which the benefits (which are not only restricting traffic speeds) of traffic calming can be delivered than 'signage and changes to highway design'. Many of our members are involved in the detail design of schemes which aim to create safe, attractive streets. These are not only designed with the intention of restricting traffic speeds. Even if that is the main intention, the quality of the resultant road or street environment should also be a consideration. The approach in many places would be one of a multi-disciplinary approach to assessing the needs of all the users and designing a street layout which brings about the desired behaviours, particularly by drivers through the design of the place, not through restrictive signage. This can be achieved by creating a shared street surface that encourages low traffic speed resulting in a greater sense of safety for pedestrians and a more personalised interaction</p>	<p>Thank you for this comment. Recommendation 1.2.5 has been amended to include links to NICE's guideline on air pollution: outdoor air quality and health, and Department for Transport's guidance on traffic calming which provide more detail on ways benefits may be delivered. In addition, Manual for Streets and Manual for Streets 2 are now referenced from the discussion section for section 1.1.</p>

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				<p>between them and motorists.</p> <p>We also suggest there should be reference to the Manual for Streets. https://www.gov.uk/government/publications/manual-for-streets-2</p>	
Landscape Institute	Full	8	158	<p>As for active travel above, we consider that the inclusion of locally-relevant components of landscape planning and design, such as planted boundaries, trees, hedgerows, water channels, informal play and sitting areas is essential, in order to make a green space more attractive and enjoyable, and to potentially encourage people of all ages to engage more often in sociable and healthy activities out of doors.</p>	<p>Thank you for your comment, and your suggestions. The committee has recognised the importance attractiveness plays in people using a resource, and they discuss this in the committee discussion for section 1.3. To add additional emphasis to this point, recommendation 1.3.1 has been amended to read: "Consider ways to enhance the accessibility, quality and appeal to users of local open spaces...".</p> <p>However there is insufficient empirical evidence relating specifically to landscape design of these open spaces in relation to physical activity to enable a recommendation to be made at a greater level of detail.</p>
Landscape Institute	Full	19	452	<p>The Landscape Institute commends the committee for agreeing that "local strategies, policies and plans which take account of local needs and follow best practice are an important way of creating such a [well-designed] environment." However, it may be that this paragraph refers only to health strategies and policies, for example NHS Trusts and NHS England bodies.</p> <p>Now that local authorities have public health responsibilities, we would wish to emphasis the importance of NICE guidelines being used to influence planning policies, local</p>	<p>Thank you for your comment. We agree that the subject matter of this guideline is broad and involves multiple disciplines. This is captured in the "Who is it for?" section on page 1, where various departments are listed.</p>

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				plans and development management decisions that relate to the provision of green infrastructure and landscape proposals for new developments by both the public and private sector providers. These should take account of local needs and in particular, of deficiencies in provision where health inequalities are identified. As local authorities have a statutory duty to prepare local plans in collaboration with stakeholders, the merging of NICE guidelines would have no additional cost implications.	
Landscape Institute	Full	35	945	The draft comments that the physical activity benefits of active travel generally outweigh the risk of increased exposure to air pollution. The Landscape Institute would again stress the importance of landscape design in the planning of open spaces and routes for active travel. Recent evidence demonstrates that well-planted or wooded outdoor spaces, particularly where trees are present, actively contribute to the cooling of cities and the cleansing of polluted air.	<p>Thank you for this comment. We agree that the planning of open spaces and routes for active travel may affect people's exposure to air pollution and, if it results in a modal shift, may affect air pollution more widely.</p> <p>However, this is not the main subject of this guideline and. Therefore, we have linked to NICE's guideline in Air Pollution: Outdoor Air Quality and Health which investigated air pollution in much greater detail.</p>
Landscape Institute	Full	40	1075	We regret that this is the only specific reference that we can see to better landscape design encouraging people to use outdoor spaces. The Landscape Institute considers that unattractive, poorly designed public spaces can actually deter potential users, especially people who are reticent to undertake any form of physical activity, thus accentuating social and environmental inequalities, and reducing economic and health benefits.	<p>Thank you for this comment. We agree that the attractiveness of an environment will influence people's willingness to use it. The evidence identified around parks and open spaces (please see Review 3 for further detail) showed that various interventions, including landscape design, generally increased visits to parks and energy expended at parks.</p> <p>Empirical evidence about changes to public transport, paths, and cycle infrastructure did not investigate the impact of landscape design, so the</p>

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					<p>committee have not specifically mentioned it. However, in order to further recognise the importance of aesthetics and attractiveness of outdoor environments, some amendments have been made:</p> <ul style="list-style-type: none"> - Recommendation 1.2.4 has been amended to state that "Ensure footways, footpaths and cycle routes are convenient, safe and appealing to users, and are built and maintained to a high standard". - Recommendation 1.2.8 has been amended to read "Focus on improving safety, accessibility, connectivity, sustainability and appeal to users." - Recommendation 1.3.1 has been amended to read "Consider ways to enhance the accessibility, quality and appeal to users of local open spaces..."
Landscape Institute	Full	40	1083	<p>The Landscape Institute acknowledges that the future funding and management of green infrastructure, including public open spaces and public parks, is a pressing and complex issue which has been made much harder in the current financial climate. However, in our view, volunteers rarely provide a long-term sustainable solution as such groups need managing, funding and motivating to continue after the first flush of enthusiasm wanes. Parks, as a non-statutory service, are vulnerable even though they are often more heavily used than many statutory services and cuts to local authority budgets are affecting both capital and revenue spending.</p> <p>The growing evidence, that health benefits are produced by increased access to high quality green spaces, is clearly beginning to influence public policy. However, despite the</p>	<p>Thank you for this comment. The committee heard evidence from expert testimony that community groups and partnerships with voluntary organisations are playing an increasingly important role in fundraising for and managing green spaces (please see Appendix 7 for details of expert testimony). The guideline signposts the NICE guideline on community engagement which details how this can be achieved constructively and sustainably.</p> <p>The allocation of funding and other financial resources is outside of the scope of this guideline.</p>

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				<p>evidence, we are not seeing delivery on the ground to the extent that is necessary. This is particularly concerning given the imperative to secure better health outcomes and reduce the cost of treating ill health. Part of the problem is the apparent lack of interest in strategic planning for everyday spaces and the failure to plan long-term, which is particularly pertinent as the benefits delivered by green infrastructure accrue over time.</p> <p>The Landscape Institute recommends a collaborative, robust, multi-agency approach to guide the allocation of scarce resources and targeted investment in parks and open spaces, in order to secure the best possible public health outcomes.</p>	
Landscape Institute	Full	40	1103	<p>The draft notes that "Providing and maintaining facilities such as these [parks and open spaces] may cost money, but if they create an environment in which people are more active and their health improves as a result, this will lead to savings for the NHS and society at large." The Landscape Institute strongly agrees with this statement.</p> <p>This is a critical point, and one that needs to be developed more effectively as a major justification for maintaining and improving green infrastructure for public health benefits. Historically, the public health benefits of clean air and outdoor activity were a key foundation of the municipal park movement, and this remains as true today. Promoting and supporting active and healthy communities requires more strategic and creative policies able to 'join-up' the funding of public services at the local level. This can in turn accrue considerable savings in the cost of future health care.</p> <p>One opportunity to promote such an approach is set out in a key recommendation from the recent Select Committee on the Public Parks. [House of Commons Communities and Local Government Committee, Public Parks, Seventh Report</p>	<p>Thank you for your comment. The economic analysis indicated that even small gains in physical activity can be cost effective, and that case studies including green spaces can be cost-effective. This is further supported in the cost effectiveness and resource use section for 1.1, 1.2 and 1.3 of the guideline, for example with the below wording:</p> <p>"Increasing use of local public open spaces – especially green and blue spaces – by enhancing accessibility, quality and maintenance may have additional resource implications associated with providing, for example, clear signage, facilities, shelter and shade, or accessible toilets that are clean, well maintained and unlocked during daylight hours. However, if such approaches lead to the creation of an</p>

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				<p>of Session 2016–17, para 126, p60.] https://www.publications.parliament.uk/pa/cm201617/cmselect/cmcomloc/45/45.pdf</p> <p>This encourages local authorities to work 'collaboratively with Health and Wellbeing Boards to prepare and publish joint parks and green space strategies'. In endorsing this recommendation, the Landscape Institute considers that this provides a clear opportunity to establish far more collaborative funding agreements for public open spaces as part of integrated strategies. There is a clear logic in the argument that as green infrastructure delivers a wide variety of outcomes and benefits, including those for public health, contributions to its funding should come from all those organisations that benefit and not be exclusively the responsibility of the local authority.</p> <p>We note that Government health policy does, in principle, support outdoor activity as a way of improving health outcomes. The Public Health Outcomes Framework provides indicators including the use of green space for exercise/ health reasons, social connectedness, perceptions of community safety, self-reported wellbeing, mortality from preventable causes preventable, and health-related quality of life for older people [[1]http://www.phoutcomes.info/].</p>	<p>environment that results in increased physical activity, then that will lead to improved health outcomes in the longer term and potential future cost savings to the healthcare system."</p> <p>Details about the funding agreements for public open spaces are outside of the remit of these recommendations.</p>
Landscape Institute	Full	41	1120	<p>The Landscape Institute strongly supports the committee's conclusions that the benefits of improving public open space considerably outweigh any potential harms. We also agree that the potential for such interventions to disproportionately benefit people in lower socio-economic groups is important in terms of reducing health inequalities, as well as making potential future cost savings to the healthcare system. We strongly support the principle of free public access to parks for all members of society, and would point to evidence of health benefits for groups of inner city residents who would</p>	<p>Thank you for this comment. The provided links about the Natural Health Service are an interesting example of how partnerships can be organised to improve and protect green spaces for use by local people. As the intervention considered is behavioural rather than environmental, it does not meet our inclusion criteria and therefore wouldn't be included in the body of literature</p>

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				<p>not normally be physically active out of doors.</p> <p>Such evidence includes:</p> <ul style="list-style-type: none"> - Natural England report 'Our Natural Health Service - The role of the natural environment in maintaining healthy lives' (NE179); http://webarchive.nationalarchives.gov.uk/20140605114733/http://publications.naturalengland.org.uk/publication/31045 - Scottish Natural Heritage (SNH) Natural Health Service action programme, which demonstrates how greater use of the outdoors can help tackle physical inactivity, mental health issues and health inequalities; http://www.snh.gov.uk/land-and-sea/managing-recreation-and-access/healthier-scotland/natural-health-service/ <p>and research by the Mersey Forest with Liverpool John Moores University; http://www.merseyforest.org.uk/our-work/natural-health-service-next-steps/</p>	<p>considered when making recommendations.</p> <p>The scope of this guideline was limited to changes to the environment. Behavioural interventions such as activities, organisation of groups or similar are outside of the scope of the guideline. Links to NICE's guidance on Behaviour Change, and to PH41 (Physical Activity: Walking and Cycling) - which contains more information on behavioural interventions for physical activity - are provided in the section on "Issues beyond the scope of this guideline".</p>
Landscape Institute	Full	46	1265	<p>The Landscape Institute welcomes the committee's informal comments that "they noted from experience that providing points of interest such as nature trails and sculptures, and facilities such as picnic areas may attract people to use open green spaces." The Institute explains above (Comment) that improved functionality and accessibility, by themselves, are unlikely to encourage increased physical activity out of doors. We share the committee's view that the design of spaces should include points of interest, landscape features and facilities such as seating areas. It is essential that ongoing maintenance should be factored into the costs of implementing such interventions.</p>	Thank you for this comment.
Landscape Institute	Full	49	1353	<p>The Landscape Institute strongly supports the NICE recommendations for further research into the effectiveness of environmental changes to public open spaces. We are aware that, although a number of organisations undertake surveys, reliable data in an accessible format relating to the location of green spaces, their quality and use does not</p>	Thank you for this comment.

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				<p>appear to be collected, organised or analysed in a systematic way.</p> <p>A recent Policy Exchange report [Policy Exchange (2013), 'Park Land: How open data can improve our urban green spaces'] advised that: "Several earlier investigations into the UK's urban green spaces identified a lack of data and the large number of data owners as major barriers to making improvements ... Without a detailed, accessible map, it remains very difficult to target interventions where they are most needed. It is impossible, or expensive, to assess whether interventions have made a difference and should be replicated (or avoided) elsewhere. As a result, it is not clear that public money is being spent effectively."</p>	
Leeds City Council		6	100 - 107	<p>Highway maintenance presents only a limited opportunity for changes, e.g. white lining or provision of advisory cycle lanes and advanced stop lines. Whilst we recognise the need to embed active travel into transport policies, in practice the limited space on the public highway is subject to a number of competing demands. These include provision for public transport users (who would actively travel to bus stop or railway station). Narrow carriageway and wide footway often result in the 'spare capacity' created on a footway being used for residents parking or A boards. The right balance is often difficult and delicate to achieve.</p>	<p>Thank you for this comment. We agree that the limited space on the public highway is subject to a number of competing demands, and the committee discussed that this was the case across a range of contexts in the UK. They recognise that competing demands results in the need to make decisions about who is prioritised in road systems, and they recommended that people using modes of transport requiring physical activity should be given that priority. This recommendation was present in PH8 and has been carried forward due to its continued relevance. The committee recognise the difficulty in achieving a balance. The following text has been added to the quality of the evidence section for section 1.2:</p> <p>"The committee felt that design of traffic-calming measures, and parallel</p>

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					improvements to pedestrian and cycling infrastructure and public transport provision should be carefully considered to ensure that active travel is not reduced."
Leeds City Council		7	111-112	This seems to contradict NICE published guidance on 'signs only' 20mph speed limits.	<p>Thank you for this comment. Traffic calming and speed restrictions were in scope for this guideline. However, no evidence was identified which showed the effectiveness of any speed limit in particular. Therefore the committee were unable to make a more specific recommendation, and chose instead to link to NICE's guideline on air pollution, which contains more detail on speed limits.</p> <p>This physical activity guidance is not in conflict with the air pollution guidance. This is because traffic calming measures include vehicle activated signs and other measures in addition to vertical measures and others which inhibit smooth driving (please see Department for Transport's guidance on Traffic Calming). This recommendation does not specify the method of traffic calming to use, as the studies identified on this topic (evidence statements 2.17, 3.7) did not clearly specify which methods of traffic calming were used. We also note that traffic calming measures listed by the Department for Transport in their guidance, which is now linked to from recommendation 1.2.5, include chicanes, vehicle activated signs, traffic signs and</p>

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					<p>speed cameras, not only vertical measures.</p> <p>This recommendation has been amended to include a reference to NICE's guidance on Air Pollution: Outdoor Air Quality and Health, which has some more detailed findings on types of traffic calming and air pollution.</p>
Leeds City Council		7	122-125	The needs and views of the user groups identified for consultations are often mutually exclusive.	Thank you for this comment. We agree that there will often be conflicting views between users of different modes of transport. These are important to uncover and understand as, without this, they are unlikely to be reconciled. The committee state in the evidence discussion for section 1.1 that it is important to identify solutions that take account of the views of each of these groups, whilst aiming to increase physical activity. However, recommendation 1.2.5 makes it clear that where it is reasonable, pedestrians and other users of active modes of transport should be given highest priority. Local authorities and other decision makers will need to interpret the views of those in their area in area-specific ways to reach compromises.
Leeds City Council		8	136-138	The recommendation on keeping the footway free of permanent and temporary obstruction is difficult to implement and even more difficult to enforce. Local authorities outside London are unable to enforce pavement parking unless parking restrictions (no waiting or no loading) are also in place.	Thank you for your response. Your comments will be considered by NICE where relevant support activity is being planned.
Leeds City Council		9	171	A variety of seating is recommended. Wheelchair users will not be able to transfer to a seat with armrests. The height of	Thank you for this comment. Insufficient evidence from the literature or expert

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				seats and benches is also crucial to enable people to get up or transfer to a wheelchair. Positioning is important to prevent seating becoming an obstruction to visually impaired people.	testimony about the specifications of seating was identified to be able to provide additional detail in this recommendation. However, a link to the Department for Transport's guidance on inclusive mobility, which provides additional detail on seating in relation to public transport, has been added to recommendation 1.2.7.
Leeds City Council		10	206	Shared space seems to be the more commonly used term. Contested space may mean any part of the carriageway.	Thank you for this comment. The committee considered contested space and shared space to be separate concepts. Contested space is any space used by multiple transport modes in multiple ways which may sometimes lead to conflict between users.
Leeds City Council		11	236-238	Local authorities maintain footways and footpaths. In the current economic climate and given reductions in funding from the central government it will be difficult to implement the changes such as ensuring all footways are free of broken paving slabs and protruding tree roots 'as soon as possible'.	Thank you for your response. Your comments will be considered by NICE where relevant support activity is being planned.
Leeds City Council	Full	5	55-57	The recommendation on keeping the footway free of permanent and temporary obstruction is difficult to implement and even more difficult to enforce. Local authorities are unable to enforce pavement parking unless parking restrictions (no waiting or no loading) are also in place. It is also incredibly difficult to influence the placing of residential refuse/ recycling bins.	Thank you for your response. Your comments will be considered by NICE where relevant support activity is being planned.
Leeds City Council	Full	5	58-60	Green man presence is very commonly misunderstood as the time in which pedestrians are required to complete crossing action (included by researchers linked to the guidance). In fact it is an invitation to commence crossing, with clearance given at the end of the phase to complete the movement. Implications of longer crossing times need to be weighed together with an extended signals cycle (especially at junctions) leading to greater delay for pedestrians waiting for	Thank you for this comment. The committee are aware of the stages of signal-controlled crossings, which include the green figure and the clearing phases. The committee recommended ensuring that crossing times are long enough. No evidence was identified about what is long enough, and therefore whether this

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				the 'green man' phase.	requires an extension of crossing time would depend on what is available currently. Therefore the committee decided not to detail the potential implications of longer crossing times.
Living Streets	Full	General	General	We are concerned that, with behavioural interventions, the recommendations in this guideline will have only a limited impact on walking propensity. Living Streets' project work, such as WOW – the year round walk to school challenge, has shown impressive results in encouraging children to walk more, both during the intervention and as a legacy impact.	<p>Thank you for this comment. Expert testimony requested by the committee and provided by Living Streets did contain information on their Walk to School projects, and the environmental aspects of these such as footpath and crossing improvements, along with their effectiveness. This information was used to support recommendation 1.1.5 and 1.2.9.</p> <p>However, the scope of this guideline update was limited to environmental interventions to increase physical activity. The scope of the update did not include behavioural interventions such as training or health promotion. This guideline contains links to NICE's guidance on Physical Activity: Walking and Cycling which contains more information on behavioural interventions for physical activity.</p> <p>The committee recognised that behavioural interventions may interact with environmental interventions and so viewing them in isolation is difficult, so they chose to make a research recommendation about it (please see research recommendation 6).</p>
Living	Full	7-8	131-	We support this recommendation, 1.2.7.	Thank you for this feedback.

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Streets			148		
Living Streets	Full	8-9	159-178	We support this recommendation, 1.3.1.	Thank you for this feedback.
Living Streets	Full	5	50-52	We support this recommendation, 1.1.3.	Thank you for your comment.
Living Streets	Full	5	55-57	We support the recommendation that there should be a consistent approach to obstructions. But, in practice, to have the most significant impact on people's propensity to walk, pavements should be free of all temporary and permanent obstructions. Where street furniture is absolutely necessary, it should be designed to minimise the level of obstruction, and should leave adequate clearance for vulnerable pedestrians.	<p>Thank you for this comment. We agree that obstructions can be disruptive to people with limited mobility, and may impair their ability to get out and about. The committee has recommended that approaches to obstructions are consistent (recommendation 1.1.3) and that footways, foot paths and cycle routes are free from these obstructions as much as possible (recommendation 1.2.4). The committee has also amended recommendation 1.2.7 to read:</p> <p>"• Ensure footways: ... - are free from unauthorised and unnecessary obstructions (whether permanent or temporary) including being free from pavement parking (see recommendation 1.1.3)"</p> <p>The committee felt that it was not possible to remove obstructions altogether in all instances.</p>
Living Streets	Full	5	58-59	We support the recommendation (1.1.4) to ensure there are enough crossings and that these are accessible. However, to have the maximum positive effect on pedestrians, crossings should be placed along walking desire lines, and staggered crossings should be avoided. This encourages people to walk more and helps prevent people crossing the road unsafely and away from crossings.	Thank you for this comment. The committee decided that desire lines were one of a number of contextual factors that need to be taken into account along with other practical considerations such as proximity to junctions, proximity to other crossings, and other aspects of

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					safety and design. Therefore they chose not to specifically mention desire lines in this recommendation.
Living Streets	Full	5	59-60	We strongly support the recommendation (1.1.4) that crossings should give people enough time to cross. We are concerned that, without specifying an appropriate walking speed, this recommendation will not be fully implemented. Most UK crossings use an estimated walking speed of 1.2m/s, but research has shown that over half of older people are not able to walk this quickly. To ensure all older people are able to cross with sufficient time, the estimated walking speed should be reduced to 0.8m/s.	Thank you for your comment. No evidence from the literature on the optimum crossing time that met our inclusion criteria was identified for this guideline. Therefore specific timings for crossing can't be included in this recommendation.
Living Streets	Full	6	92-99	We support this recommendation, 1.2.3.	Thank you for this feedback.
Living Streets	Full	7	113-121	We support this recommendation, 1.2.5.	Thank you for this feedback.
Living Streets	Full	8	149-157	We support this recommendation, 1.2.8.	Thank you for this feedback.
London Borough of Enfield	Full	General	General	It is unclear why there are so many references to 'those with limited mobility', particularly when a good walking and cycling infrastructure may benefit everyone as demonstrated by projects such as 'Wheels for wellbeing'. As guidance is currently written it seems to imply that there will inevitably be conflict which is not apparent in such as Northern Europe.	<p>Thank you for this comment. This guideline has a population focus which includes everyone, but is also particularly interested in people with limited mobility, as identified in the scope. Additionally, the committee agreed that it is particularly important to help people who are the least active to be more physically active, because it will benefit their health and wellbeing the most, thereby having the largest population effect.</p> <p>Users of open spaces will have different requirements of that space. In order to make it as easy as possible for people to choose active modes of travel - and this includes helping people to feel safe, providing attractive environments and so</p>

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					on - changes must be carefully considered. It is likely that environments which have demonstrated success in this area have been able to do so as a result of careful consultation processes and efforts to reduce conflict.
London Borough of Enfield	Full	General	General	In appendix 3: Search strategies neither search seems to have included the term 'physical activity'	<p>Thank you for this comment. When designing the search strategies, the appropriate subject headings for physical activity were included e.g. Exercise. There is no Medical Subject Heading (MeSH) physical activity: instead it maps to "Exercise", which is included on line 5.</p> <p>Free-text terms were included to describe phrases including physical activity, physical activities, active physically, actively physical. These terms were combined with words describing the outcomes of interest (such as incentives and barriers) to make the results more specific to the outcomes stated in the protocol. Including these outcomes ensured that the study was related to an intervention rather than a descriptive study which did not look at change as a result of an intervention (please see review protocol document for inclusion and exclusion criteria - only studies which considered an intervention were included). This also helped to ensure that the results could be processed with the time and resources available to this project. The strategy underwent extensive testing and quality assurance before being discussed with the</p>

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London Borough of Enfield	Full	General	General	Much is made in this document of the concept of 'contested space' which seems to grossly exaggerate the probability of walkers, cyclists, wheelchair users etc crashing into each other. In reality this is unlikely to be a significant issue.	<p>committee members.</p> <p>Thank you for this comment. The committee considered research evidence (evidence statements 2.18) and heard evidence from expert testimony (expert paper 9) about the importance of perceived or subjective safety in the process of deciding to take part in active travel.</p> <p>This is particularly relevant for people with limited mobility, who have to navigate spaces which may present many more obstacles for them than it would for someone not experiencing limited mobility.</p> <p>Users of open spaces will have different requirements of that space. In order to make it as easy as possible for people to choose active modes of travel - and this includes helping people to feel safe, providing attractive environments and so on - changes must be carefully considered to ensure that it is suitable for a range of users.</p>
London Borough of Enfield	Full	General	General	Within this guidance there is an emphasis on ensuring that people feel secure. The guidance should also include that more active travel will achieve this effect by having 'more eyes on the street'. This is a strategy adopted by the Queensland Government (Crime Prevention through Environmental Design).	<p>Thank you for this comment. Additional wording has been added to the section on "benefits and harms of active travel" for section 1.2 (recommendations on active travel). The wording is as follows:</p> <p>"The committee also noted that increased active travel may generally increase numbers of people on streets. This could, in turn, strengthen a feeling of</p>

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London Borough of Enfield	Full	General	General	The committee frequently states that increased physical activity may benefit the NHS and society at large. Given that Local Authorities are those most likely to pay for facilities / infrastructure to increase physical activity the benefits to Local Authorities in terms of social services etc should be made explicit.	<p>security."</p> <p>Thank you for this comment. We agree that there could be savings to Local Authorities in a variety of ways, were these recommendations to be implemented. The wording in the section entitled "impact of the recommendations on practice" has been amended to read:</p> <p>Providing and maintaining facilities such as these may cost money, but if they create an environment in which people are more active and their health improves as a result, this will lead to savings for the NHS and Local Authorities as well as society at large.</p> <p>Additional information will be provided in the Resource Impact report.</p>
London Borough of Enfield	Full	General	General	In Copenhagen airport it is claimed that residents cycle the equivalent of round the world 1.3x a day. Given the amount of physical activity this would require and the substantial increases in cycling in both The Netherlands and Denmark in the past 30 years research into how this has been achieved would be helpful.	<p>Thank you for this comment. Examples from northern Europe may be relevant for local areas and should be evaluated locally to determine whether this is the case. Therefore the section for "other factors the committee took into account" for section 1.1 has had the following text added:</p> <p>"The committee agreed that examples of effective interventions in other parts of the world, such as those proven to increase cycling in parts of northern Europe, should be assessed to determine whether they are likely to be effective locally."</p>

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					Thank you for your request for more research into increases in cycling. However, the committee underwent a process to identify research recommendations - which are limited in number per guideline. This involved drawing up a long list and then using a blind voting system of allocating points to identify the gaps in research which were felt to be most urgent or to fill the largest gap in the evidence after reviewing what evidence was available. These recommendations are detailed in the section on Research Recommendations.
London Borough of Enfield	Full	4	28	The only current source of data on (self-reported) physical activity is the Active Lives Survey which may or may not be included in joint strategic needs assessments.	Thank you for this comment. The committee disagreed that this is the only source of physical activity data for JSNAs, for which quantitative or qualitative data may be collected.
London Borough of Enfield	Full	4	35	It is difficult to understand how to take into account the views of people who 'might' do something in the future. How are these people to be identified?	Thank you for this comment. We agree that it may be difficult to identify people who might engage in these activities in the future. The committee considered that the amended wording covered all the relevant groups, and they added that it was important to review these policies: "1.1.2 Use community engagement approaches to develop and review these local strategies, policies and plans: • Take account of the views and needs of people who walk, cycle, drive or use public transport in the local area, particularly in relation to shared or contested space. (For example, space shared by pedestrians and cyclists, or

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London Borough of Enfield	Full	4	46	Good examples of how the environment can be used to increase cycling in Northern Europe.	cyclists and motorists.)" Thank you for this comment. Examples from northern Europe may be relevant for local areas and should be evaluated locally to determine whether this is the case. Therefore the section for "other factors the committee took into account" for section 1.1 has had the following text added: "Strategies, policies and plans should also be informed by best practice. Examples of effective interventions, such as those proven to increase cycling in parts of northern Europe, should be assessed to determine whether they are likely to be effective in the local context."
London Borough of Enfield	Full	5	66	It is unclear why this recommendation is made without reference to people for example getting to work, shops or local services.	Thank you for this comment. This recommendation has been carried forward from PH8, recommendation 1 (please see the table at the end of the full guideline for information on updated recommendations). This recommendation originally stated: "ensure children can participate in physically active play". The committee chose to extend the new recommendation to include mention of the families and carers of the children, and the specific ways physical activity could be achieved for children and their families outside of play (transport to places of education). We note that recommendation 1.2.3 and 1.4.2 specifically talk about transport to

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London Borough of Enfield	Full	6	75	What should be regarded as 'high potential'? Should this take into account areas such as Cambridge / Hackney?	workplaces and other destinations. Thank you for this comment. The Rationale and Impact section has been edited to read: "Some evidence suggested that there is more potential to increase active travel - and more benefit to be gained – in some areas than others. For example, interventions to increase active travel in areas where many short car journeys are made may be more effective than in areas where most destinations are much more easily reached by motor vehicle. The committee agreed that it was important to identify and prioritise these areas, along with ways to get more people using active modes of travel."
London Borough of Enfield	Full	8	149	The repetition of this recommendation implies that walking / cycling is something that is done by young people and therefore by definition not by adults. As it therefore implies that moving to motorised transport is a rite of passage to adulthood it should be rephrased to include all travel including by all adults.	Thank you for this comment. The recommendation has been extended to include mention of the families and carers of the children, and to include mention of specific ways physical activity could be achieved for children and their families outside of play (transport to places of education). We note that recommendation 1.2.3 and 1.4.2 specifically talk about active travel in transport to workplaces and other destinations.
London Borough of Enfield	Full	13	282	The £1.1 billion cited here is likely to be a gross underestimation; the Five Year Forward View estimates that long-term conditions cost the NHS 70% of its budget. All of these are amenable to physical activity with Start Active Stay active estimating a reduction of 20-40% depending on the	Thank you for this comment. As there is not a clear citation for these figures, the committee decided to retain the original wording.

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				condition. This would translate into a cost of between £14 to £28billion.	
London Borough of Enfield	Full	13	287	It should be made clear that the cited figures from HSE are self-report figures and that objective measurements may be much lower.	Thank you for this comment. We have made it clearer that the figures were reported by the respondents. For the sake of brevity, it is not possible to provide additional detail here. The sentence now reads: "In 2012, 33% of men and 45% of women reported that they did not meet UK guidelines on physical activity, and the number of people meeting the recommended levels decreased with age (Health Survey for England - 2012 Health and Social Care Information Centre)."
London Borough of Enfield	Full	16	384	It may also be helpful if the committee noted that single interventions to increase walking / cycling may not be effective until there is a connected infrastructure in place e.g. a route may not be effective until it becomes part of a network.	Thank you for this comment. We agree that the usefulness of interventions will depend at least partly on their interconnectedness. This is covered in recommendations 1.2.2, 1.2.3, and 1.3.1.
London Borough of Enfield	Full	18	427	The repetition of this recommendation implies that walking / cycling is something that is done by young people and therefore by definition not by adults. As it therefore implies that moving to motorised transport is a rite of passage to adulthood it should be rephrased to include all travel including by all adults.	Thank you for this comment. Recommendation 1.1.3, which is what your comment references, is not about a particular age group. However recommendation 1.1.5 - which is about schools - has been carried forward from PH8, recommendation 1 (please see the table at the end of the full guideline for information on updated recommendations). This recommendation originally stated: "ensure children can participate in physically active play". The recommendation has been extended to include mention of the families and

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					<p>carers of the children, and to include mention of specific ways physical activity could be achieved for children and their families outside of play (transport to places of education).</p> <p>We note that recommendation 1.2.3 and 1.4.2 specifically talk about transport to workplaces and other destinations.</p>
London Borough of Enfield	Full	18	434	Planning permission should for all development, not just new developments should prioritise being physically active.	Thank you for this comment. This recommendation was carried forward from PH8. The committee agreed that the focus of this recommendation should be wider than just new developments. Therefore the committee chose to make this recommendation about all planning permissions.
London Borough of Enfield	Full	22	534	It is somewhat surprising that there is no expert paper on 'Improving the environment to encourage people to cycle' as there is for walking. Particularly as we know this can be done e.g. Northern Europe.	<p>Thank you for your comment. In accordance with section 3.5 of the NICE manual, expert witnesses were invited by the committee where there was insufficient evidence to make recommendations in a particular area (for example, due to gaps in the evidence base or under-representation of particular subgroups, such as those with limited mobility).</p> <p>The committee did not request expert testimony specifically on improving the environment to encourage people to cycle, as there was empirical evidence which addressed this topic in a context relevant to the UK. These studies were identified and included in evidence reviews. However the committee</p>

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					acknowledges that there is work to be done to explore to what extent interventions in other countries (you mention Northern Europe) can be replicated in the UK.
London Borough of Enfield	Full	24	594	Again, it is not clear how the potential to increase travel by foot etc is to be calculated.	Thank you for this comment. The Rationale and Impact section has also been edited to read: "Some evidence suggested that there is more potential to increase active travel - and more benefit to be gained - in some areas than others. For example, interventions to increase active travel in areas where many short car journeys are made may be more effective than in areas where most destinations are much more easily reached by motor vehicle. The committee agreed that it was important to identify and prioritise these areas, along with ways to get more people using active modes of travel."
London Borough of Enfield	Full	24	611	This should read 'when planning new or developing / maintaining existing footways, footpaths and cycle routes....	Thank you for this comment. The committee agreed that it was important to make changes to existing routes, and decided that existing plans for refurbishments of these routes presented an opportunity to do this in a cost effective way. Recommendation 1.2.3 has been amended to read: "1.2.3 Ensure new and refurbished footways, footpaths and cycle routes link to existing routes and improve the connectivity of the network as a whole. "
London	Full	26	665	Again, the emphasis on children / young people seems to	Thank you for this comment. The

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Borough of Enfield				imply that walking / cycling is something left behind in adulthood.	<p>recommendation has been extended to include mention of the families and carers of the children, and to include mention of specific ways physical activity could be achieved for children and their families outside of play (transport to places of education).</p> <p>We note that recommendation 1.2.3 and 1.4.2 specifically talk about transport to workplaces and other destinations.</p>
London Borough of Enfield	Full	31	804	Given the methodological difficulties of evaluating large-scale public health interventions some indication of what 'low' means in this context would be helpful. Does this mean that the committee felt that recommendations would become stronger or reverse or simply that the committee would expect effect sizes to be more precisely predicted?	Thank you for this query. The judgements of "high", "moderate", "low", or "very low" are the outputs of GRADE. GRADE defines a judgement of very low as meaning that further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate. (For comparison, a judgement of high would mean that further research is very unlikely to change our confidence in the estimate of effect).
London Borough of Enfield	Full	35	929	Given the societal costs of motorised transport e.g. approximately 3,000 people killed a year, the costs of air pollution, congestion, noise, segregation etc, this comment is less than helpful.	Thank you for your comment. We appreciate that the gains of increasing active travel and the physical activity associated with it are large, and would be hugely beneficial on a population scale. Additionally, we agree that decreasing motorised travel would be likely to incur benefits in a number of areas, including air pollution, traffic collisions and others. Having noted the benefits and harms of increasing active travel and public transport use, this section notes that

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					overall the benefits outweigh any potential harms.
London Borough of Enfield	Full	35	938	As above. NICE should explicitly recognise that road danger is derived from the mass of a vehicle and its speed.	Thank you for your comment. We appreciate that the gains of increasing active travel and the physical activity associated with it are large, and would be hugely beneficial on a population scale. Additionally, we agree that decreasing motorised travel would be likely to incur benefits in a number of areas, including air pollution, traffic collisions and others. Having noted the benefits and harms of increasing active travel and public transport use, this section notes that overall the benefits outweigh any potential harms.
London Borough of Enfield	Full	35	945	Again, this statement is not helpful from a health gain perspective. If it is to be included the Tainio paper calculates that the break-even point where the disbenefit of air pollution outweighs the gain of physical activity in London is at 14 hours. This should be included so as preclude any misconceptions of the potential health gain of increasing cycling. Also, increased cycling would be part of broader public health measures to improve air quality.	Thank you for your comment. We appreciate that the gains of increasing active travel and the physical activity associated with it are large, and would be hugely beneficial on a population scale. Additionally, we agree that decreasing motorised travel would be likely to incur benefits in a number of areas, including air pollution, traffic collisions and others. Having noted the benefits and harms of increasing active travel and public transport use, this section notes that overall the benefits outweigh any potential harms. This paragraph has been amended to emphasise the ability of mode switching to impact air pollution: "They also noted that a shift from

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					<p>motorised transport to walking and cycling could improve levels of air pollution. From a broader public health perspective, tackling outdoor air pollution is an important part of creating healthier environments in which people can be physically active."</p>
London Borough of Enfield	Full	37	987	It would be helpful to understand why the committee did not make recommendations on car-ownership.	<p>Thank you for this query. The committee did not consider that there was sufficient evidence on car ownership to make a recommendation. There was some evidence from expert testimony that in London people who own cars are less likely to do half an hour of active travel in a day than those who don't own them. However, this evidence is limited and did not consider factors such as the effects on different groups, and in different areas. For example not all areas have ready access to public transport; and for some groups, such as some older people, having access to a car may provide an opportunity for incidental physical activity at destinations reached by car.</p> <p>They considered this a gap in the evidence, and for this reason have made a research recommendation (please see research recommendation 5).</p>
London Borough of Enfield	Full	38	1015	It would be useful to understand why the committee did not ask for an expert paper on improving the environment to encourage people to cycle.	Thank you for your comment. In accordance with section 3.5 of the NICE manual, expert witnesses were invited by the committee where there was insufficient evidence to make recommendations in a particular area (for

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					<p>example, due to gaps in the evidence base or under-representation of particular subgroups, such as those with limited mobility).</p> <p>The committee did not request expert testimony specifically on improving the environment to encourage people to cycle, as there was empirical evidence which addressed this topic in a context relevant to the UK. These studies were identified and included in evidence reviews. However the committee acknowledges that there is work to be done to explore to what extent interventions in other countries (you mention Northern Europe) can be replicated in the UK.</p>
London Borough of Enfield	Full	40	1089	In the Netherlands a quarter of journeys by those aged 85+ are by bicycle (John Pucher & Ralph Buehler (2008): Making Cycling Irresistible: Lessons from The Netherlands, Denmark and Germany, Transport Reviews, 28:4, 495-528) The committee should acknowledge the potential of cycling to enable older people to access local amenities and facilities.	<p>Thank you for this comment. A systematic search of databases was carried out to identify potentially relevant research. This was systematically screened against inclusion criteria determined in the protocol.</p> <p>There was no empirical evidence identified about cycling interventions and subgroups by age, although expert testimony considered the impact of the built environment on older adults' mobility as pedestrians.</p> <p>As a result, the committee made recommendations in section 1.2 which focus on improving cycling infrastructure more generally for the benefit of the</p>

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London Borough of Enfield	Full	49	1345	This is a very strong statement 'Open space that is accessible, well maintained, and engaging will be used more often by more people, and so can increase physical activity at a population level'. Given that the use of open space is discretionary in a way that travel largely is not (e.g. that most people need to travel most days to shops, friends, work, services etc) this statement should be modified. It also does not control for increased physical activity in open spaces being lost in other life-domains. For example someone could easily decide not to go to a gym if they had been to the park that day.	population as a whole. Thank you for this comment. The committee have amended the research recommendation to read: "There is evidence that open space that is accessible, well maintained, and engaging will be used more often by more people, and so could increase physical activity at a population level."
London Borough of Enfield	Full	53		Recommendation 1.1.6 Ensure children, young people and their families can be physically active, for example when playing and when travelling to school, college and early years settings' should include adults and workplaces to avoid walking and cycling being perceived as something left behind in childhood.	Thank you for this comment. This recommendation has been carried forward from PH8, recommendation 1 (please see the table at the end of the full guideline for information on updated recommendations). This recommendation originally stated: "ensure children can participate in physically active play". The recommendation has been extended to include mention of the families and carers of the children, and to include mention of specific ways physical activity could be achieved for children and their families outside of play (transport to places of education). We note that recommendation 1.2.3 and 1.4.2 specifically talk about transport to workplaces and other destinations.
London Borough of Enfield	Full	53		Recommendation: 1.2.8 Consider making improvements to routes that are, or could be, used for getting to school, college and early years settings by active travel. – as above	Thank you for this comment. This recommendation has been carried forward from PH8, recommendation 1 (please see the table at the end of the full

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					<p>guideline for information on updated recommendations). This recommendation originally stated: "ensure children can participate in physically active play". The recommendation has been extended to include mention of the families and carers of the children, and to include mention of specific ways physical activity could be achieved for children and their families outside of play (transport to places of education).</p> <p>We note that recommendation 1.2.3 and 1.4.2 specifically talk about transport to workplaces and other destinations.</p>
London Borough of Enfield	Full	53	93	Recommendation 1.2.3 should read towards the effect of 'Ensure all planning applications prioritise the need to increase physical activity for all, including those with limited mobility'.	Thank you for this comment. The committee decided that the current focus on planning and refurbishing routes was most appropriate. Planning permissions are covered in recommendation 1.1.4.
London Cycling Campaign	Full	General		<p>Introduction</p> <p>We note and welcome NICE's previous interventions to encourage local authorities and the NHS to promote active travel. The guidance has proved useful in making the case for active travel and improved provision for cycle users on London roads.</p> <p>We note that the NHS, as an employer, can influence the travel behaviour of 1.3 million employees. The nation's GPs conduct more than 300 million consultations a year and can also play a role in influencing patients to take up active travel. The following brief comments address some of the specific paragraphs relating to cycling.</p>	Thank you for this introductory comment and feedback.
London Cycling Campaign	Full	General		Consultation Draft lines numbers in bold 550 – 558. This paragraph states that 'no particular group (out of walkers, cyclists, drivers and public transport users)	Thank you for this suggestion. We agree that although all groups should be involved in identifying solutions and

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				<p>should be disadvantaged.' This approach undermines the declared aim of the guidance – to increase active travel. If NICE's aims are to be met then active travel must be afforded advantages over inactive modes. The Mayor of London, for example seeks to increase walking, cycling and public transport use from 64% of trips to 80% of trips by 2041 and to achieve this he says that he will reduce dependency on cars 'in favour of increased walking, cycling and public transport use' (Mayor's Transport Strategy, consultation draft, p. 17). To increase active travel you have to prioritise active travel modes even if this, in the short-term, disadvantages some drivers or puts up their costs. The long-term gain comes, of course, when drivers switch to other modes to gain an advantage such a time saving, cost saving, health benefit or all three.</p>	<p>should be engaged with the process of any changes that are made (please see recommendations 1.1.1 and 1.1.2), in order for active travel methods to be advantaged, this will sometimes result in changes which reduce the convenience of motor vehicle use. To recognise this, the wording in the evidence discussion for section 1.1 has been amended as follows:</p> <p>"This can result in contested space, where one geographical space is used for different purposes, potentially causing conflict because of the different priorities for each type of user. They agreed that it is important to identify solutions that take account of the views of each of these groups, although solutions should aim to increase physical activity."</p>
London Cycling Campaign	Full	General		<p>874 – 883. We note the scepticism expressed by NICE with regard to some of the evidence it looked at. Cycling does not attract as many academics as medicine and academic studies of new cycle routes are rare. Cycle counts by highway authorities and others, however, shed light on the increased popularity of cycling when investments are made, barriers removed and road danger is reduced. In London, according to TfL, cycling levels doubled from fewer than 300,000 journey stages in 2001 to 650,000 stages in 2015. Where new high-grade cycle infrastructure has been built, such as Victoria Embankment, Blackfriars Bridge and Vauxhall Bridge, the use of these routes by cyclists increased by up to 70% year on year .</p> <p>The Dutch example is also worth repeating. In Amsterdam 36% of journeys are by cycle whereas in London it's less than 3%. Even allowing for more rail and bus use in London</p>	<p>Thank you for this comment. The inclusion criteria for studies included in the body of evidence considered for this guideline can be found in the protocol. Several studies considering different elements of cycle interventions (on street cycle lanes, off street cycle lanes, other infrastructure changes) were identified and included. These studies were assessed using the standard methods detailed in the NICE Manual. Data on cycle counts and other cross-sectional research methods were not included.</p> <p>Data from expert testimony covered issues faced by vulnerable groups and</p>

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				<p>the difference is still very notable. The Dutch government and the OECD consider the hi-grade cycle tracks in much of Amsterdam and the supportive traffic legislation to be key factors in enabling so many Dutch people, and children in particular, to lead more active lives.</p> <p>LCC has yet to see an attitude survey regarding cycling where the question about why people choose not to cycle has not elicited a response about concerns over safety on the roads as a primary factor. It is notable that cycling is popular in parks and other public places in London where traffic-free cycling is permitted. Approximately 18% of Londoners say they cycle sometimes but only 3% are regular cycling commuters.</p>	<p>fears over safety, including both safety of cyclists and safety of pedestrians from those cycling.</p> <p>Wording has been added to the discussion section for section 1.1 which reads:</p> <p>"The committee agreed that examples of effective interventions in other parts of the world, such as those proven to increase cycling in parts of northern Europe, should be assessed to determine whether they are likely to be effective locally."</p>
London Cycling Campaign	Full	General		<p>1447 Changes in wording pages 53 – 60</p> <p>While LCC welcomed the original guidance on active travel we are very concerned that the wording changes in the new draft weaken the guidance notably when the word 'consider' is used to replace 'create' or 'ensure.' This may be taken by recipients of the advice to mean that the measures no longer carry the same weight as previously. While NICE's intentions are clear the imperative to take action is reduced.</p> <p>Thus:</p> <p>Recommendation 2 (last bullet) • Create safe routes to schools (for example, by using traffic-calming measures near schools and by creating or improving walking and cycle routes to schools)</p> <p>is now replaced in the update guidance by :</p> <p>1.2.8 Consider making improvements to routes that are, or could be, used for getting to school, college and early years settings by active travel. Focus on improving safety, accessibility, connectivity and sustainability. This could include: • improving footways and crossings (see recommendations 1.2.5 and 1.2.7) • introducing speed reduction zones (For more detail on speed reduction zones</p>	<p>Thank you for this comment. Please see NICE Manual for more detail on the wording of recommendations. If the evidence behind a recommendation is judged to be strong, an action recommendation can result (i.e. "ensure that"). If it is deemed to be weak (which could be for a variety of reasons, for example not enough evidence, evidence that is subject to bias, evidence which is low quality, evidence which the committee does not feel is appropriate to make a strong recommendation on), the recommendation begins with "consider" to denote the weakness of the evidence. Where recommendations say "consider", this is intended as a weaker recommendation and should be interpreted as such.</p> <p>With regards to your comment about PH8</p>

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				<p>see NICE's guideline o</p> <p>And</p> <p>Recommendation 3 Plan and provide a comprehensive network of routes for walking, cycling and using other modes of transport involving physical activity.</p> <p>is replaced by:</p> <p>1.1.3 Develop and use policies to ensure it is as easy as possible for people with limited mobility to move along and across streets and in public open spaces. 1.1.4 To enable people with limited mobility to move along and across streets, implement policies on:</p> <p>And</p> <p>Recommendation 4 (second bullet) • Ensure public open spaces and public paths are maintained to a high standard. They should be safe, attractive and welcoming to everyone.</p> <p>is replaced by:</p> <p>1.3.1 Consider ways to enhance the accessibility and quality of local open spaces, especially green and blue spaces, to increase their use. Focus particularly on communities who may not currently use them, for example low income communities and some black and minority ethnic communities. This may include providing</p> <p>We strongly recommend re-wording the new recommendations to emphasise the importance of taking action to remedy the existing barriers to active cycling, as in the original guidance.</p>	<p>recommendation 2 (final bullet point): this is replaced by recommendation 1.2.8, and also supplemented by recommendation 1.1.5. The committee agreed that as the original recommendation had been strong, recommendation 1.2.8 should also be strong. However, the interventions suggested were new to this update and were supported by weak evidence. Therefore these have been moved to a new recommendation, 1.2.9, which is a weak recommendation.</p> <p>With regards to your comment about PH8 recommendation 3: recommendations 1.1.3 and 1.2.3 which replace PH8 recommendation 3 are both strong recommendations and therefore are of equal strength to the PH8 recommendation.</p> <p>With regards to your comment about PH8 recommendation 4: recommendation 1.3.2 and 1.3.3 are strong recommendations. Recommendation 1.3.1 is a weak recommendation because most of the information contained within it was based on very low quality research evidence and expert testimony (please see evidence statements 3.1-3.4, 3.8, 3.12 and expert testimony 2, 4, 5, 6 and 7).</p>
Medway Council – Public	Full	1		Who is it for? – GPs and care navigators for social prescribing , NHS Staff, developers to consider when designing developments and Planners when developing	Thank you for this comment. Social prescribing was not within scope of this guideline, and recommendations are not

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Health				Local Plans	directly applicable to NHS staff as a whole. Developers and planners are encompassed in this section.
Medway Council – Public Health	Full	5	58	this is very vague – consider rewording. It is subjective when considering if there are sufficient crossings or not.	Thank you for this comment. The committee decided it was not possible to outline what constitutes enough crossings in this recommendation, because this will depend on many aspects of the local context. Additionally, the committee were not aware that any definitive standard guidance on this exists to cross-reference to.
Medway Council – Public Health	Full	5	63	this would need to be planning policy so it should stipulate - Make it planning policy that . . . also it should recommends that secure cycling storage is provided in new developments and schools to encourage active travel	Thank you for this comment. Planning policy is not within the remit of this NICE guideline. Therefore the focus of this recommendation has remained planning permissions.
Medway Council – Public Health	Full	6	185	and secure cycling storage facilities	Thank you for your comment. We are unsure which part of the guideline this comment is intended to target, as the page and line numbers do not match up. However, cycle parking facilities are covered in recommendation 1.2.6. The committee declined to make recommendations about longer term cycle storage facilities due to a lack of evidence on their effectiveness for increasing physical activity.
Medway Council – Public Health	Full	6	90	and health care. And ensuring Public Transport is affordable!	Thank you for this comment. The financing of these interventions and financial support provided by the government is outside of the scope of this guideline and is therefore not able to be covered in these recommendations. This recommendation endorses improving public transport to parks and

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					other green and blue spaces as these are destinations at which people might be physically active. Health care locations would therefore not be relevant to this particular recommendation.
Medway Council – Public Health	Full	6	92	and healthcare	Thank you for this suggestion. Healthcare settings has been added to the list of destinations for which journeys made by car could be switched to being made by active travel.
Medway Council – Public Health	Full	7	127	Storage facilities for bikes to include Public Sector buildings and NHS localities	Thank you for this comment. The recommendation specifies public places which the committee considered was sufficient to include all the locations within the scope of this guideline.
MRC Epidemiology Unit & UKCRC Centre for Diet and Activity Research (CEDAR)	Full	Q5	Above	It seems highly unlikely that any local authority in the UK would claim to have comprehensively implemented all the recommendations in PH8	Thank you for your response. We will pass this information to our resource impact team for their information
MRC Epidemiology Unit & UKCRC Centre for Diet and Activity Research (CEDAR)	Full	Q6	Above	In the absence of clear empirical evidence about the pattern of population response to such interventions over time, the assumption seems reasonable.	Thank you for this comment.
MRC Epidemiology Unit &	Full	4	46	In respect of adaptation to local needs, it may be helpful for local authorities to consider how the environmental factors differ between settings, how they interact with each other,	Thank you for this comment. We agree that the difference between settings is an important factor to consider when

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UKCRC Centre for Diet and Activity Research (CEDAR)				and how the mechanisms linking changes in the environment with changes in physical activity may differ. See examples in Watts et al. IJBNPA 2011; 8:128.	<p>planning physical activity interventions. This is covered in recommendation 1.1.2, which recommends that those with responsibility for making changes:</p> <p>"Assess whether initiatives successfully adopted elsewhere are appropriate locally and, if they are, how they can be adapted to local needs."</p> <p>The section entitled "other factors the committee took into account" has been amended, and the following text added to encourage consideration of generalisability:</p> <p>"Using examples of effective interventions, such as those proven to increase cycling in parts of northern Europe, should be assessed to determine whether they are likely to be effective in the local context (see <i>The influence of environmental factors on the generalisability of public health research evidence: physical activity as a worked example</i> for more information about assessing generalisability)."</p>
MRC Epidemiology Unit & UKCRC Centre for Diet and Activity Research (CEDAR)	Full	5	50	<i>For everyone, including those with limited mobility</i>	Thank you for this comment. This guideline has a population focus which includes everyone, but is also particularly interested in people with limited mobility. As this subgroup was not represented sufficiently in the empirical evidence, expert testimony was requested to fill in the gaps. This recommendation is based on Expert Papers 2, 4, 6 and 7 and so is

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					specifically to do with groups with limited mobility. For this reason the wording of this recommendation has not been changed.
MRC Epidemiology Unit & UKCRC Centre for Diet and Activity Research (CEDAR)	Full	5	53	<i>For everyone, including those with limited mobility</i>	Thank you for this comment. This guideline has a population focus which includes everyone, but is also particularly interested in people with limited mobility. As this subgroup was not represented sufficiently in the empirical evidence, expert testimony was requested to fill in the gaps. This recommendation is based on Expert Papers 2, 4, 6 and 7 and so is specifically to do with groups with limited mobility. For this reason the wording of this recommendation has not been changed.
MRC Epidemiology Unit & UKCRC Centre for Diet and Activity Research (CEDAR)	Full	5	75	An example and greater specificity might help here, e.g. information from travel surveys about where and when shorter (more replaceable) car trips are currently made	Thank you for this comment. The Rationale and Impact section has also been edited to read: "Some evidence suggested that there is more potential to increase active travel - and more benefit to be gained – in some areas than others. For example, interventions to increase active travel in areas where many short car journeys are made may be more effective than in areas where most destinations are much more easily reached by motor vehicle. The committee agreed that it was important to identify and prioritise these areas, along with ways to get more people using active modes of travel."
MRC Epidemiology	Full	6	80	It may be helpful to preface this recommendation with a clause along the lines of In areas not prioritised under section	Thank you for this comment. Recommendation 1.2.2 is intended to be

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y Unit & UKCRC Centre for Diet and Activity Research (CEDAR)				X above... to avoid giving the mistaken impression that public health attention should be exclusively focused on the 'low hanging fruit' described in the previous section. The destinations listed ('parks and other blue and green spaces') should be expanded to include other key mobility anchors that 'drive' regular journeys, notably workplaces	implemented broadly, and not be confined to locations mentioned in recommendation 1.2.1. This recommendation recommends improving public transport to parks and other green and blue spaces as these are destinations at which people might be physically active, therefore workplaces would not be included here.
MRC Epidemiolog y Unit & UKCRC Centre for Diet and Activity Research (CEDAR)	Full	7	122	It may also be helpful to ascertain the views of people who do not currently cycle and may feel prevented from doing so by a lack of suitable infrastructure	Thank you for this comment. In line with your comment, we have amended the rationale and impact section relating to recommendation 1.2.6 to include mention of people who do not currently cycle and may feel prevented from doing so by a lack of suitable infrastructure: "Additionally, the views of people who do not cycle because of the current infrastructure and people with limited mobility should be taken into account. That is because there may be conflict when space is shared by people using different types of travel."
MRC Epidemiolog y Unit & UKCRC Centre for Diet and Activity Research (CEDAR)	Full	14	322	Here and elsewhere, it is unclear what a judgement of 'no' (or 'low') 'risk of bias' applied to qualitative studies means in the context of a comparison with quantitative studies. The committee presumably doesn't mean to imply that the two qualitative studies provide a more unbiased estimate of effect size than the other, quantitative studies. So what is the statement intended to mean?	Thank you for this comment. Risk of bias is arrived at, as described in the NICE guidelines manual, by using a critical appraisal checklist (please see review documents for further details of methodology). Qualitative studies were assessed using a checklist designed for qualitative studies, and quantitative studies were assessed using checklists appropriate to that particular research method. Therefore where a qualitative study has been rated as having no risk of

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					<p>bias, this is according to its type: the issues inherent to qualitative data (such as generalisability) are still present, but the study is judged to be at no risk of bias.</p> <p>Qualitative studies and quantitative studies are not comparable but complementary to each other to answer different aspects of a review question. Evidence from qualitative studies was used for different purposes and to inform different answers than quantitative data. For example, it was used to investigate adverse effects in terms of intentions and perceptions, and preferences. Please see the protocol for more information on outcomes.</p>
MRC Epidemiology Unit & UKCRC Centre for Diet and Activity Research (CEDAR)	Full	15	333	<p>Although we agree that 'Control groups can help to minimise bias or confounding that could influence a study', we also note the committee's observation that 'natural experiments may be the most valid approach' in this topic area. That being the case, the interpretation of the evidence should reflect MRC guidance on natural experimental studies in public health, which refers to comparing 'groups subject to varying levels of exposure' (section 3.1) and does not privilege parallel-group designs over those using graded measures of exposure in this way (Craig et al., MRC 2011: http://www.mrc.ac.uk/documents/pdf/natural-experiments-guidance). The guidance is internally inconsistent in this respect, for example classifying our study of the Cambridgeshire Guided Busway as uncontrolled in some places (e.g. Evidence Review 1) and controlled in others (e.g. Appendix 4).</p> <p>'In line with GRADE methodology all non-randomised studies</p>	<p>Thank you for these comments. With reference to the Cambridge studies (Panter et al 2016, Heinen et al 2015), we have amended Appendix 4 to read <i>uncontrolled</i> studies.</p> <p>Thank you for your comments about the implementation of GRADE for this guideline. In response to these comments and ongoing work within NICE about how GRADE is implemented for research questions for which randomised controlled trials (RCTs) may not be feasible or ethical, some changes have been made to the GRADE approach.</p> <p>The committee acknowledged that for</p>

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				<p>were initially graded as “low”. There is little or no reflection on the suitability of the GRADE method for this topic area, the impact of its assumptions and limitations, or the methodological heterogeneity of the studies lumped together as of ‘low’ or ‘very low’ quality and the degree of causal inference they might support according to their handling of comparison of intervention exposure and control of potential confounders. Some of these quantitative studies do not even report how data were collected or any tests of statistical significance, whereas others are much more rigorous.</p> <p>We infer a degree of discomfort about the GRADE judgements – ‘The committee noted that the majority of studies included in the evidence reviews were considered poor quality. However, they also noted that the body of evidence as a whole indicated a consistent “direction of travel” whereby sympathetic changes to the environment and/or public transport provision increase physical activity’ (Evidence Review 1, page 31, line 793) – and we agree that the body of evidence does support a more constructive interpretation of this kind. However, the credibility of the recommendations is undermined by statements elsewhere that reduce an entire body of evidence to a judgement of ‘very low’ certainty (e.g. guidance, page 31, line 801). If this is, as the committee note, an extremely challenging area of research in which RCTs are generally not feasible (Evidence Review 1, page 31, line 798), then it is questionable whether it is appropriate or meaningful to appraise studies using a system that presupposes RCTs to be superior to all other types of intervention study. We therefore suggest that the GRADE judgements should be more explicitly questioned or tempered to show how the recommendations are supported by a more thoughtful appraisal of what causal inference the more robust studies can support. See also Humphreys et al., IJBNPA 2017; 14:49.</p>	<p>some interventions, it may not be possible, practical or ethical to undertake an RCT, and natural experiments may be the most valid approach. Therefore, GRADE was modified to reflect this, and in line with MRC guidance on natural experiment studies.</p> <p>Outcomes from studies for which the natural experiment study design was the most feasible and valid approach started the GRADE process as ‘high quality’. If a randomised controlled trial was feasible and optimal for answering the study aims but a natural experiment design was used, outcomes started the GRADE process as ‘low quality’. Starting quality is specified in the heading for each section in Appendix 4, which contains GRADE tables.</p> <p>This rationale is detailed in Appendix 4, and in the guideline document under The committee’s discussion > The evidence - overall strengths and limitations.</p> <p>This change in approach has resulted in a change in quality for some outcomes. However, these changes were insufficient to change the strength of individual recommendations.</p> <p>With regards to your query about the credibility of the recommendations being undermined by their basis on low and very low quality research evidence:</p>

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				<p>We find it very surprising that evidence from some quantitative studies of the impacts of new walking and cycling routes or new public systems (e.g Panter et al., 2016 in Evidence Review 1 or Goodman et al., 2014 in Evidence Review 2) are described as providing low quality evidence of the quantitative outcomes on the grounds of a high risk of bias owing to the lack of a control group, while simultaneously describing the same studies as providing higher quality evidence of other impacts through qualitative analysis judged to be at low risk of bias. This mismatch should be resolved.</p>	<p>conclusions about quality and certainty do affect the strength of the recommendations which can be made. However, as outlined in the NICE guidelines manual, expert testimony and committee consensus on certain issues, as well as the importance of ensuring equality, meant the committee were able to strengthen some recommendations. Therefore, although research literature forms a significant part of the evidence on which recommendations are based, low and very low quality evidence may still support strong recommendations if there are transparent and strong rationales to do so.</p>
MRC Epidemiology Unit & UKCRC Centre for Diet and Activity Research (CEDAR)	Full	30	785	<p>We wondered about the basis of the statement that 'observed outcomes are more reliable than self-reported ones'. Among other things, this surely depends on whether a self-reported instrument has been formally assessed for its reliability; on the extent to which directly observed outcomes are based on objective measures, and to which they reflect the ultimate outcome of interest (for example, human observations of users of parks may not reflect population levels of activity); and on whether a given outcome can be ascertained from objective data (for example, there is currently no simple way of identifying specific behaviours such as cycling for recreation from objective monitor data). Particularly where outcomes of the latter kind are a specific target of a given intervention, self-reported outcomes may be more appropriate.</p>	<p>Thank you for this comment. It is important to note that the guideline states that "observed outcomes were considered by the committee to be more reliable than self-reported measures" in relation to the outcomes discussed in this section: namely time spent in physical activity, time spent being sedentary, physical activity through active travel, and public transport use. After discussion, the committee decided that due to social desirability bias and recall bias, and interpretation, objective measures were more reliable. This is particularly relevant as, in this section, most studies using self-reported measures used retrospective data collection (for example asking about behaviour over past seven days) which is particularly susceptible to recall bias.</p>

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					<p>To explain this, the sentence has been amended to: "Each of the outcomes above were reported both as observed outcomes and as self-reported outcomes in the studies. Due to social desirability bias, recall bias and participant interpretation issues, the committee considered that observed outcomes were more reliable than self-reported measures. "</p>
MRC Epidemiology Unit & UKCRC Centre for Diet and Activity Research (CEDAR)	Full	34	903	This is an error of fact. The study was explicitly designed to test for both beneficial and adverse effects on physical activity, and this is clearly stated in the protocol.	Thank you for this correction. The sentence has been amended to read: "The committee decided not to make a recommendation about extending motorways, because only 1 study was identified. This looked at both the beneficial and adverse effects on local residents of extending a motorway that bisected the local area [ES1.8]."
MRC Epidemiology Unit & UKCRC Centre for Diet and Activity Research (CEDAR)	Full	36	957	Did the committee also consider the evidence from another study of the same intervention, which may have been at lower risk of bias owing to the use of multiple controlled comparisons? See Goodman et al., Soc Soc Med 2013; 97: 228-37.	Thank you for this query. Yes, the study by Goodman et al 2013 met the inclusion criteria for this guideline. It was data extracted, critically appraised, and its outcomes assessed in GRADE. It was judged to be at low risk of bias (a score of "+" from the critical appraisal). This study contributed to evidence in Evidence Statement 2.4. Some of the outcomes it contributed to were judged to be of low quality due to imprecision, or due to high risk of bias (when combined with other studies which had high risk of bias). It also contributed moderate quality evidence when it formed the single contributor to an outcome, as seen in the

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					<p>evidence statement 2.4:</p> <p>"One UK study presented low quality evidence that introducing a variety of cycling interventions increased public transport use by 0.32%-points, decreased driving by 3% between baseline and follow up and increased walking by 1.71% at 10 years follow up."</p> <p>Please see Appendix 4 for explanation of the methods used for GRADE.</p>
MRC Epidemiology Unit & UKCRC Centre for Diet and Activity Research (CEDAR)	Full	46	1302	Published evidence from an intervention study also suggests this. New routes encouraged the less active to take up walking for transport, as well as encouraging those who were already active to walk more. See Panter and Ogilvie, J Epidemiol Community Health 2017; 71(6):528-535.	Thank you for providing this reference. As it is outside of the timeframe of the searches carried out to identify literature for this guideline, it has been referenced in the section on issues beyond the scope of this guideline.
Natural Resources Wales	Full	General		<p>Throughout the document there is very little reference to green infrastructure beyond local green space. We must insure for the benefit of both human health and the sustainable management of our natural resources that we design in green infrastructure and do not increasingly add to grey.</p> <p>Green infrastructure goes beyond access to good quality green space. It includes but is not limited to: accessible green space, street trees, hedging, grass verges, sustainable drainage systems (SuDS), planters, green walls/facades, etc. There is strong evidence (e.g. World Health Organization, Urban Green Spaces and Health - Review of Evidence, 2016) which suggests that environments with greater green infrastructure promote health by a variety of mechanisms, including supporting increased physical activity.</p>	Thank you for your comment. The terminology used in this guideline is consistent with the scope, and related to increasing physical activity, which is the aim of this guideline. The concept of Green Infrastructure is now considered in discussion section 1.1. The committee decided to keep the original terminology used rather than using Green Infrastructure terminology because, although it is a linked field which overlaps to some extent with the interventions in this guideline, the focus on air quality, climate change and biodiversity is outside of the scope of this guideline.

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				<p>Street trees not only look aesthetically pleasing but perform multiple services. They act as carbon sinks and air filters and reduce pollution, soak up excess water and reduce the urban heat island effect, and also provide oxygen. Having better air quality is again more likely to encourage people to use the outdoors for active recreation and active travel.</p> <p>Sustainable drainage systems or (SuDs) can be designed or retrofitted within streets and urban green spaces to better cope with predicted extreme weather events and also make the street environment greener and more desirable to attract active travel.</p> <p>Extensive green networks or connected 'urban ecosystems' can support active travel, help rebuild biodiversity and provide substantial climate change adaptation such as natural drainage solutions and better airflows. Green spaces are far more effective when linked as they allow people and wildlife to travel through urban areas.</p> <p>Consideration should be given to assessing the cumulative 'value for money' for the public purse of interventions that deliver multiple benefits, including increasing physical activity levels. For example, green infrastructure delivers a range of tangible benefits, including increasing physical activity levels, improving air quality, and reducing flooding through mitigating surface water drainage. Cumulative valuation of these benefits will provide a much more accurate assessment of total 'value for money' than more silo-based intervention assessments.</p>	
Natural Resources Wales	Full			<p>1.1 Strategies, policies and plans to increase physical activity in the local environment</p> <p>We strongly recommend consideration of including reference to green infrastructure.</p> <p>Evidence is growing that people are more likely to continue with physical exercise if it is done in greener environments (e.g. Rogerson, M.; Gladwell, V. F.; Gallagher, D. J.; and Barton, J. L.; Influences of Green Outdoors versus Indoors Environmental Settings on Psychological and Social</p>	<p>Thank you for your comment. The terminology used in this guideline is consistent with the scope, and related to increasing physical activity, which is the aim of this guideline. The concept of Green Infrastructure is now considered in discussion section 1.1. The committee decided to keep the original terminology used rather than using Green</p>

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				<p>Outcomes of Controlled Exercise. International Journal of Environmental Research and Public Health. 2016)</p> <p>The city of Copenhagen planned for a network of green cycle routes as part of its aim to become the best city for cycling in the world (download case study from: http://www.centralscotlandgreennetwork.org/campaigns/green-active-travel)</p> <p>Recommend inclusion of: Greener, aesthetically pleasing environments promote uptake of physical activity. Environments should be enhanced/retrofitted with, or designed to include the widest appropriate range of green infrastructure (e.g. accessible green space, street trees, hedging, grass verges, sustainable drainage systems (SuDS), planters, green walls/facades, etc.).</p>	<p>Infrastructure terminology because, although it is a linked field which overlaps to some extent with the interventions in this guideline, the focus on air quality, climate change and biodiversity is outside of the scope of this guideline.</p>
Natural Resources Wales	Full	5	74 (General Comment on whole section)	<p>1.2 Active Travel</p> <p>This whole section makes no reference to the importance of protecting and enhancing green infrastructure when planning for Active Travel.</p> <p>We must insure for the benefit of both human health and the sustainable management of our natural resources that we design in green infrastructure and do not increasingly add to grey.</p> <p>We must also ensure we are planning for climate change. With the expectation of warmer climates and increased chances of extreme weather events, we must protect those who choose to use active travel, e.g. by providing canopy cover for valuable shade.</p> <p>We recommend the inclusion of the following under Active Travel (comments 4-8 below):</p>	<p>Thank you for this comment. Recommendation 1.2.5 has been amended to include a link to NICE's guideline on air pollution, which includes recommendations about the design of streets and the place of greenery in these settings.</p> <p>The concept of Green Infrastructure is now considered in discussion section 1.1. The committee decided to keep the original terminology used rather than using Green Infrastructure terminology because, although it is a linked field which overlaps to some extent with the interventions in this guideline, the focus on air quality, climate change and biodiversity is outside of the scope of this guideline.</p> <p>Regarding your reference to comments 4 to 8 of those you provided, please see</p>

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					responses to individual comments.
Natural Resources Wales	Full	5	75	Line 75 (1.2.1) to include: In order to encourage widespread use, plan new footways, footpaths and cycle routes to pass through green spaces wherever practical.	Thank you for this comment. This guideline has a responsibility to be relevant for a range of areas, including both urban and rural settings. Planning routes to pass through green space may not be feasible for a range of settings. In addition, no empirical evidence was identified on the effect of planning routes to pass through green space. Therefore the committee did not make this recommendation.
Natural Resources Wales	Full	6	100	Line 100 (1.2.4) add to bullet point one (line 104) or have an additional bullet: Ensure re-allocated road space is set back from road traffic where possible by e.g. trees, hedging, grass verges to enhance not only safety but also to add a barrier/create some distance from harmful vehicle pollutants and also to create shade.	Thank you for this comment. The committee discussed this comment in light of the evidence base for this guideline and noted that there was insufficient evidence which met the inclusion criteria on specific characteristics of reallocated road space. However, a link has been added to NICE's guidance on walking and cycling in Air Pollution: Outdoor Air Quality and Health for more information on this area.
Natural Resources Wales	Full	6	92	Line 92 (1.2.3) to include or be an additional point: When planning new footways, footpaths and cycle routes, make sure they include appropriate green infrastructure along the entire route where possible (e.g. street trees, hedging planters, green walls, etc.)	Thank you for this comment. No empirical evidence was identified on the effect of including green infrastructure alongside routes. Recommendation 1.2.5, on designing footways and footpaths, includes a reference to NICE's guideline on air pollution: outdoor air quality and health, which contains recommendations about greenery and pollution. Additionally, green infrastructure is now considered in the discussion section for section 1.1.
Natural	Full	7	113	Line 113 (1.2.5) to include: Ensure appropriate planting e.g.	Thank you for this comment. Evidence on

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Resources Wales				right tree, right location and to consider e.g. Sustainable drainage systems (SuDs) to aid natural run-off.	the importance of particular species of trees or the location in which trees should be planted was not identified, and no evidence on interventions such as sustainable drainage systems in relation to physical activity were identified This detail would be the responsibility of local authorities and others working in partnership with them.
Natural Resources Wales	Full	8	149	Line 149 (1.2.8) to add: 'aesthetics' to the sentence: 'Focus on improving safety, accessibility, connectivity, sustainability and aesthetics'.	<p>Thank you for your comment. As this guideline focuses primarily on those with limited mobility, this has naturally led to concepts of safety and accessibility being at the forefront as this could be seen as a barrier to use which needs to be overcome for this group before attractiveness can come into play. However, the committee did recognise that the attractiveness of an environment will affect its appeal. This is recognised in recommendation 1.4.4 (from PH8), and in the discussion for section 1.3.</p> <p>In order to further recognise the importance of aesthetics and attractiveness of outdoor environments, some amendments have been made:</p> <ul style="list-style-type: none"> - Recommendation 1.2.4 has been amended to state that "Ensure footways, footpaths and cycle routes are convenient, safe and appealing to users, and are built and maintained to a high standard". - Recommendation 1.2.8 has been amended to read "Focus on improving safety, accessibility, connectivity,

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					sustainability and appeal to users." - Recommendation 1.3.1 has been amended to read "Consider ways to enhance the accessibility, quality and appeal to users of local open spaces..."
Natural Resources Wales	Full	8	158	<p>1.3 Public Open Spaces</p> <p>Although travel routes are covered in the previous section it is worth repeating the need for connected communities in this section as users of the guidelines may go directly to this section.</p> <p>Green spaces are far more effective when linked (preferably by 'green corridors') as they allow people (and wildlife) to travel through urban areas.</p> <p>Recommend inclusion of the following point regarding accessibility: Ensure public open spaces are adequately connected to communities by a network of footways, footpaths and cycle routes to allow people easy access.</p>	Thank you for your comment. We agree that the connectedness of open space, for example parks, will be a contributor to their usefulness. The committee considered evidence that connectivity between areas can help increase physical activity, particularly routes which connect areas together (evidence statement 2.12, 3.9). The committee also considered expert testimony (expert testimony 5) about the importance of connectivity of parks. As a result, recommendation 1.3.1 already includes access by public transport, on foot and by bike.
Natural Resources Wales	Full	9	179	<p>Recommend inclusion of the following to the existing sentence:</p> <p>'Ensure open spaces and footpaths are maintained to a high standard and where possible publicly accessible green (including "blue") space should be managed to an internationally recognised quality standard such as the Green Flag Award.'</p> <p>The Green Flag Award Guidelines clearly specifies the minimum acceptable standards of community engagement, maintenance and accessibility.</p>	Thank you for this comment. In the discussion section for this recommendation, the committee stated that they recognised the lack of a national definition for 'quality' of open green and blue spaces. Although they mention the Green Flag system as an option, they decided not to recommend it as the primary method in the body of the recommendation.
Natural Resources Wales	Full	9	184	<p>1.4 Buildings</p> <p>In reference to Guidelines from 2008, we accept that you are not taking comments however we feel we must mention the following and urge NICE to consider updating current guidelines:</p>	Thank you for this comment. Recommendations on buildings are outside of the scope for this guideline update. We will pass this information to our surveillance team for their

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				<p>Recommend inclusion of: Grounds of buildings are managed to improve their attractiveness to both people and nature so as to promote their use for physical activity, e.g. increased canopy cover for shade when exercising, increased use of sustainable drainage for flood mitigation, increased planting for biodiversity and attractiveness (for guidelines see: https://www.naturalresources.wales/media/681901/managing-the-grounds-of-public-buildings-for-pollinators.pdf)</p>	<p>information.</p>
Natural Resources Wales	Full	10	197	<p>1.5 Schools In reference to Guidelines from 2008, we accept that you are not taking comments however we feel we must mention the following and urge NICE to consider updating current guidelines: We believe this recommendation is weak and needs strengthening as access to natural outdoor space for play and learning is vital to healthy child growth. There is overwhelming evidence that green features on school grounds, not only promotes physical activity, but also benefits pupil learning and behaviour. Recommend inclusion of: School grounds should be fitted with the widest possible variety of green infrastructure such as facilities for natural play, facilities for growing food, trees, planters, green walls, and properly designed water features.</p>	<p>Thank you for your comment. The section on schools and the section on buildings were not within the scope of this guideline update. Therefore new evidence has not been searched for or considered in order to be able to make changes or add recommendations for these sections. We will pass this information to our surveillance team for their information.</p>
Obesity Group of the British Dietetic Association	Full	General		<p>Safety may be an important reason for people not to walk; adequate lighting and safety need to be prioritised so that already existing infrastructure which promotes active travel is fully used.</p>	<p>Thank you for this comment. We agree that safety (both personal security, and physical safety) are important considerations for many people getting out and about. The committee have made recommendations on obstructions on the pavement, crossings and tactile paving to ensure people feel safe in the street (recommendation 1.1.3, 1.2.4, 1.2.7); on traffic related issues (1.2.5, 1.2.7), and on issues related to personal security such as lighting and antisocial behaviour (1.2.4, 1.3.1).</p>

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Obesity Group of the British Dietetic Association	Full	General		<p>Question 1: Encouraging walking is likely to have a large impact, since most people can walk without major investments in equipment and the walking infrastructure is largely in place in urban areas. However it may require a culture shift so that walking rather than car use is the default travel option.</p> <p>Question 2: It will also incur significant costs; maintaining and improving existing infrastructure, and developing and/or improving it in rural areas.</p>	Thank you for your response. We will pass this information to our resource impact team for their information
Obesity Group of the British Dietetic Association	Full	General		Question 4: in our view the term 'limited mobility' is general enough to include a wide range of population subgroups.	Thank you for this comment.
Obesity Group of the British Dietetic Association	Full	4	28-32	We agree that local intelligence such as a JSNA should be used in order to inform local approaches. These should already exist so will not have a cost impact.	Thank you for your response. We will pass this information to our resource impact team for their information.
Obesity Group of the British Dietetic Association	Full	4	28-32	There may be cultural and/or religious reasons for some groups having reduced physical activity levels. Provision of a range of options to overcome this should be available where local intelligence suggests that it is needed.	<p>Thank you for this comment. We agree that there are a variety of factors that impact people's physical activity levels. We hope this has been covered through the definition of limited mobility, and in recommendations such as 1.3.1. Under "other factors the committee took into account" for section 1.3, the wording has been edited to read:</p> <p>"[The committee] discussed the importance of attracting people of all ages and cultural backgrounds to open green spaces by providing a range of facilities to meet the needs of older people, and areas where children and their families can safely play."</p>

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Obesity Group of the British Dietetic Association	Full	4	33-45	Community engagement is essential both to inform developments but also to ensure community buy-in with any changes proposed. This community engagement should be representative of the local population in terms of factors such as age, gender and ethnicity. (see previous point)	Thank you for this support of recommendation 1.1.2. The recommendation links to NICE's guidance on community engagement. Recommendation 1.1.3 of NICE's guidance on community engagement covers ensuring representativeness of the local population.
Obesity Group of the British Dietetic Association	Full	5	50-52	We agree that those with limited mobility and/or the elderly need to be taken into account and this may include changes for example to timings of pedestrian traffic lights to ensure they have enough time to cross safely. However drivers are often impatient and aggressive which is intimidating for pedestrians. Resources such as the theory part of the driving test and the rules of the road may need to be updated to help drivers understand that they may have to wait longer, but for good reason.	Thank you for this comment. We agree that road crossings may be intimidating for some groups for a variety of reasons, and that it is important that people have sufficient time to cross. However, driving test material is outside of the scope of what NICE can make recommendations on so can't be added to the guideline.
Obesity Group of the British Dietetic Association	Full	5	63-65	We agree that planning permissions should prioritise physical activity as a routine part of daily life. Question 2: In our view this is likely to carry a significant cost impact (which may be mitigated against if increased physical activity results in better health in the long term). It may include community engagement, physical alterations to use of space, provision of green space including access to community gardens in residential blocks, improved signage both within and exterior to developments, provision of well-maintained and lit footpaths and so on.	Thank you for your support of recommendation 1.1.4. We will pass this information to our resource impact team for their information
Obesity Group of the British Dietetic Association	Full	5	66-68	We welcome the recognition that activity of children may impact on family activity levels and vice versa. Travelling to schools, colleges and early years settings are pragmatic opportunities to encourage active travel. Question 3: the Living streets initiatives for primary (WOW) and secondary (Free Your Feet) schools are examples of national initiatives which may provide useful insight: https://www.livingstreets.org.uk/what-we-do/walk-to-school	Thank you for this support of recommendation 1.1.5. Regarding the initiatives you mention: Living Streets provided the committee with expert testimony, which included providing information on its Walk to School Outreach, Fitter For Walking project and Streets Apart project.

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					Effectiveness information on their Walk to School project formed part of the evidence base behind recommendation 1.2.9.
Obesity Group of the British Dietetic Association	Full	6	104 - 107	<p>We agree that those who are physically active should be given highest priority and in the case of cycle lanes, would advocate where possible cycle lanes that are separate from the road to improve safety and thus usage of the cycle lanes.</p> <p>Question 1: It is also likely to be challenging to implement since it will involve a significant shift in public opinion and there may be powerful lobbyists against such a change. Question 2: This is likely to have a significant cost impact.</p>	Thank you for your response. We will pass this information to our resource impact team for their information.
Obesity Group of the British Dietetic Association	Full	6	80-91	<p>To encourage uptake of public transport, accurate information about when services are due as well as sheltered waiting areas should be available. Question 2: This is likely to have a significant cost impact.</p>	<p>Thank you for this suggestion. The current wording of the recommendation includes information about services being provided at stops and stations, and on the services themselves. Recommendation 1.2.2 provides a link to the Department for Transport's guidance on inclusive mobility, which contains detail on seating associated with public transport. We would encourage users of the guideline to use the DfT guidance to inform decisions about the design of seating.</p> <p>We will pass this information to our resource impact team for their information.</p>
Obesity Group of the British Dietetic Association	Full	7	108 - 112	In our view car-sharing schemes should be included here and should be incentivised to reduce the numbers of cars on the roads.	Thank you for this comment. This recommendation is originally from PH8 and has been carried forward into this update as the committee felt it remained important and relevant.

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					<p>Although car sharing interventions were included in the systematic searches for this guideline, no studies were identified. There is therefore insufficient empirical evidence relating specifically to car-sharing schemes to enable a recommendation to be made on this topic.</p>
PAMIS	Full	9	173	<p>As the only organisation that solely works with and supports people with Profound and Multiple Learning disabilities (PMLD) and their families, PAMIS is deeply concerned and disappointed that the guideline only recommends Accessible Toilet as a way to enhance accessibility for people with disabilities.</p> <p>Accessible Toilets are not “accessible” for people with PMLD, what they need is a Changing Places Toilet (CPT). CPT is a safe and clean environment with enough space and the right equipment (height adjustable adult-sized bench and a hoist). More information and standards of CPT can be viewed here - http://www.changing-places.org/</p> <p>Thousands of people with PMLD cannot use the toilet independently and wear continence pads. They need to be changed or at least one or two carers are needed to support them to go on the toilet. The standard Accessible Toilets simply have not enough room and equipment to meet their needs.</p> <p>In many occasions, we have heard stories from carers about how they were forced to risk their own physical health and safety, as well as the safety and dignity of person with disability, to change them on the dirty, wet toilet floor, because there was no Changing Places Toilet.</p> <p>Although we speak on behalf of people with PMLD, Changing</p>	<p>Thank you for this comment. Toilets are mentioned in section 1.3, and their importance is discussed in the discussion section. No evidence from the literature or from expert testimony was identified on Changing Places Toilets in particular. Therefore, the committee declined to make additional recommendations on the provision of toilet facilities but did add text to the discussion section to emphasise the importance of accessibility of these facilities:</p> <p>"Using routine maintenance and refurbishment of facilities such as toilets in parks, to increase their accessibility, would be an efficient way of ensuring that existing facilities are of a high standard.</p> <p>Providing and maintaining facilities may cost money, but if they create an environment in which people are more active and their health improves as a result, this will lead to savings for the NHS and local authorities as well as society at large."</p>

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				<p>places toilets are not just for people with PMLD, it is for over ¼ of a million people who cannot use standard accessible toilets, including people with severe dementia, Multiple Sclerosis (MS), Motor Neurone Disease (MD), Cerebral Palsy (CP) etc.</p> <p>A quarter of a million severely disabled people, plus their families and friends would need CPT in public open spaces to have access and be active.</p> <p>Many of them have to give up on being active outdoor, because there are simply not enough CPT out there to allow them to travel and enjoy public open spaces, and to have an active lifestyle.</p> <p>We believe that it has an enormous impact on the health of many people with PMLD, their families and friends.</p> <p>Although we do not have the concrete figure, we could imagine that this would be part of, or add on to, the £1.1 billion per year the NHS spent associated with inactivity.</p> <p>Unless the health and activity level of this million people is not within the scope of concern in this guideline, we sincerely hope that Changing Places Toilet (CPT) can be added on this guideline as well.</p>	
PAMIS	Full	9	177	<p>Regarding Blue Badge and disabled parking.</p> <p>We are concerned this recommendation requires more detail for disabled car parking spaces including size of parking spaces and what might be in place to stop them being used by general public.</p> <p>People with PMLD often have larger mobility cars and concerns have been raised by families PAMIS support about the suitability and safety of some spaces. Families have</p>	<p>Thank you for this comment. The committee considered this issue, and discussed whether to make recommendations on disabled car park space specification. However no evidence relating specifically to disabled car parking space size or use was identified, which means a recommendation at the level of detail you suggest cannot be made. Decisions on</p>

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				<p>reported to PAMIS that spaces have not been suitable as there is not enough adequate room to safely leave the vehicle with the wheelchair.</p> <p>Families have also reported the difficulty in car parks in the lack of drop kerbs available or the safety of the route from the back of the vehicle to a suitable footpath.</p> <p>As of March 2013 the Scottish Government minimum specification for disabled spaces sizes requires all spaces to have the following;</p> <p>The minimum standard size of 4.8 m x 2.4 m for a designated disabled parking space must be used. There must be 1.2 m wide safety zone behind the car for boot access and cars with rear hoists. There must be 1.2 m wide marked access zone between the designated parking spaces; this may be shared between two parking spaces. In front of your disabled parking space drop the kerb or have level surface to allow access, you can also use a tactile surface. Where physically possible have an access route in front of the disabled parking spaces to avoid travelling behind cars. Families who care for someone with PMLD often require a minimum of 1.5m behind the vehicle to allow for ramp space and wheelchair.</p> <p>If there is not adequate room, families can feel unsafe as they are removing a profoundly disabled individual from a vehicle on to road.</p> <p>The Disabled Person Parking Places act (2009) makes it an offence to park in the disabled space without a blue badge. However in September 2017 MSP have sated they would like the government to start a public campaign to raise</p>	<p>how to manage this should be made locally.</p>

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				<p>awareness and reduce the disabled parking spaces being abused by non-disabled people.</p> <p>In conclusion PAMIS would like NICE Guideline to have recommendation on minimum size of parking bays and drop kerb areas.</p> <p>PAMIS would also like it to be recommended that signage is clearly in place to make people fully aware disabled spaces are only for disabled blue badge holders at all time and that parking in disabled spaces is an offence.</p>	
Parkinson's UK	Full	General	General	<p>We are disappointed that the guideline only refers to walking and cycling solely as physical activity and we would recommend this is widened to encompass other physical activities that can be undertaken in public spaces like sports and in particular activities that people with Parkinson's undertake like Tai Chi, dance and Pilates.</p>	<p>Thank you for this comment. We agree that being physically active can take many varied forms. It is important to note that the definition of physical activity used in this guideline is broad and encompasses the full range of human movement, and mention of gardening has been added since consultation:</p> <p>"[Physical activity] includes the full range of human movement and can encompass everything from competitive sport and active hobbies to walking, cycling and the general activities involved in daily living (such as housework and gardening)."</p> <p>Text has been added to the discussion section for section 1.1, which reads:</p> <p>"Physical activity is a broad concept that includes everyday activities such as housework, gardening and carrying shopping bags, as well as recreational or employment-related activities such as sports, manual work and active travel to</p>

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					<p>work."</p> <p>A large amount of the research evidence that was identified from the search strategies considered methods of active travel, which typically includes walking and cycling. Therefore, the committee was confident enough in these findings to make specific recommendations to increase walking and cycling. The committee felt it was important to increase the physical activity that people undertake as a part of daily life, and active travel is an important aspect of this.</p> <p>However, the committee also considered physical activity in open spaces, which could be a variety of things. They chose not to specify the types of physical activity that could be undertaken in open spaces, instead focussing on how to increase use of these spaces overall.</p>
Parkinson's UK	Full	General	General	Question 1: Parkinson's UK thinks the biggest impact on practice would be to ensure there is comprehensive consultation on local strategies, policies and plans to ensure that pathways and open spaces are appropriate for people living with Parkinson's that enables them to undertake physical activity.	Thank you for this comment. Consultation processes are covered in recommendation 1.1.1 and 1.1.2. The recommendations in sections 1.2 and 1.3 which cover improvements which could increase active travel, and improvements to open spaces include recommendations which aim to make physical activity more accessible for all with limited mobility, including people living with Parkinson's.
Parkinson's	Full	General	Gener	Question 3: We strongly believe that the most important	Thank you for this response to our query.

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UK			al	things that will enable people with Parkinson's to overcome the challenges they have with their condition is ensuring that pathways are in good working order and not too densely populated with street furniture, that there are adequate chairs in public spaces with backs, sides and arms and that there is adequate provision of public toilets.	
Parkinson's UK	Full	General	General	<p>Question 4: We believe the term limited mobility is appropriate, however we recommend NICE provides a wider definition for this term to ensure that the intended audience understand limited mobility is not solely those in wheelchairs or those who are blind or deaf.</p> <p>For instance those living with a neurological condition like Parkinson's often experience slowness of movement (bradykinesia), this means they may walk with short, shuffling steps, may find it takes longer to do things or may also have trouble co-ordinating their movements. For instance many people with neurological conditions like Parkinson's find it hard to move in crowds and busy spaces like town centres, have significant difficulty with slopes and types of tactile paving and can find moving quickly under pressure difficult due to dopamine being lost in the brain and being unable to send signals to other parts of the brain that co-ordinate movement.</p>	<p>Thank you for this suggestion. The definition of limited mobility provided by the guideline is not intended to be exhaustive. However, to ensure that it is clear that groups with neurological conditions are included, it has been extended to include:</p> <p>"• people with conditions like chronic pain or neurological conditions"</p>
Parkinson's UK	Full	General	General	Question 7: We would recommend that who the guideline for is comprehensively outlined to ensure there is no confusion.	Thank you for this comment. We agree that the subject matter of this guideline is broad and involves multiple disciplines. This is captured in the "Who is it for?" section on page 1, where various departments are listed.
Parkinson's UK	Full	4	28-32	Parkinson's UK agrees that using local data and intelligence is important to ensure that the health and wellbeing needs of the local population are taken into account when planning services. However we are aware that the needs of people with Parkinson's is not comprehensively accounted for through joint strategic needs assessments as neurology is a low priority and often overlooked by commissioners (Sue	Thank you for this comment. Recommendation 1.1.2 encourages engagement with various community groups, and an additional bullet point has been added to capture the importance of voluntary community and social enterprise sector organisations. The text

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				<p>Ryder, The forgotten millions, 2012). Therefore we recommend that local authorities also consult widely with the public and local third sector organisations on changes to encourage more people to become physically active, including those with limited mobility. To assist with this Parkinson's UK have around 365 local groups across the UK who could be consulted on local changes.</p>	<p>now reads:</p> <p>"• Take account of the views of voluntary and community sector organisations."</p>
Parkinson's UK	Full	4	42-45	<p>We wholeheartedly agree with this recommendation and actively encourage local authorities to consult with third sector organisations and people with limited mobility on the design and maintenance of streets, footways, footpaths and open spaces.</p> <p>Motor symptoms of Parkinson's include issues with gait, balance and freezing of movement that mean people with the condition can have problems with crowded street furniture, not enough benches, tactile paving and not being able to move across a crossing at speed if their movement suddenly freezes. We therefore recommend that local authorities use all available opportunities to consult with people living with limited mobility and organisations that may represent them to achieve a balance in the myriad of needs these different communities may have.</p>	<p>Thank you for this comment. We agree that consultation is key to understanding the complexity of the needs of various groups in the population.</p>
Parkinson's UK	Full	5	55-57	<p>We recommend that the guideline reflects the importance of ensuring there are enough chairs in public spaces as many people with Parkinson's need to rest on a regular basis and currently find the lack of chairs in open spaces a barrier to being more physically active. We agree that chairs should have backs, sides and arm rests to enable people with Parkinson's to be fully supported while sitting and use the arm rests to support them when getting up. (Jo Cox Commission on loneliness, Someone cares if I'm not there, 2017)</p>	<p>Thank you for this comment. We agree that seating is an important factor for people with limited mobility to feel confident moving about their environment. The majority of the evidence concerned seating in open spaces such as parks and as a result seating is recommended in recommendation 1.3.1.</p> <p>However, the committee also agreed that seating in certain key pedestrian routes was important and supported by sufficient evidence to be able to make</p>

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					<p>this recommendation. Recommendation 1.2.7 has been amended to read:</p> <p>"1.2.7 Make it as easy as possible for people with limited mobility to move around their local area, and work with relevant third sector organisations to achieve this. For example:</p> <p>....</p> <ul style="list-style-type: none"> • Ensure seating is provided at regular intervals along footways that are key walking routes (see the Department for Transport's guidance on inclusive mobility). "
Parkinson's UK	Full	5	61-62	<p>The motor symptoms associated with Parkinson's can mean that people with the condition are often unsteady on their feet and may lack co-ordination, walk with short, shuffling steps or are at a greater risk of falling.</p> <p>For these reasons, people with Parkinson's frequently report significant difficulties in traversing tactile paving surfaces.</p> <p>A person with Parkinson's explains:</p> <p>"I appreciate that it is an aid for blind people but I find it a major trip hazard especially when I am tired or my medication is wearing off. At such times I tend to drag my feet, shuffle rather than walk and have poor balance. These little bumps in the surface are more than enough to make me stumble."</p> <p>Another person with the condition recently reported that the change in surface from normal to tactile paving forces people with Parkinson's to stop and adjust to the new texture, which can make their movement freeze.</p> <p>We have also received comments from people with the condition who walk with a cane or stick that they find tactile paving hazardous, because of the risk of putting the cane down at the wrong angle and falling over. We are therefore concerned about the impact of avoidable falls and injuries on NHS and social care services as a result.</p>	<p>Thank you for this comment. While we recognise the importance of various types of tactile paving and other surfaces to make walking on footways and footpaths easier, it is outside of the scope of this guideline to recommend particular types of paving where this has not been identified in the empirical evidence for the guideline.</p> <p>Instead, we have directed readers to Department for Transport's guidance on the use of tactile paving surfaces which should be consulted when making changes to walking surfaces.</p>

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				<p>A person with Parkinson's explains: "when walking with a cane, I'm always looking for a level surface. I worry I could end up on the floor because of tactile paving. I would have to walk around it." Although Parkinson's UK recognises the value of tactile paving in enabling blind and partially-sighted people to cross roads and junctions more safely, we are concerned about the impact of tactile paving on the mobility of people with Parkinson's, many of whom will avoid these surfaces as a result. This means that many crossing points, though safer for blind and partially sighted people, are unusable for people with Parkinson's, who will be forced to cross in other locations, which may be less safe. We therefore recommend the guideline encourages local authorities to ensure:</p> <ul style="list-style-type: none"> · they introduce 'smaller, simpler area of blister surface' to better meet the needs of all users and · they assess the impact of tactile paving on user groups with balance and mobility issues, particularly people with Parkinson's. 	
Parkinson's UK	Full	6	82-83	<p>We agree with this recommendation as many people with Parkinson's rely on public transport to attend medical appointments and social activities to keep well. We recommend there is also something added about ensuring this transport serving rural communities is accessible and meets the needs of the local population through consultation with the local community to enable people with disabilities to use the services to attend hospital and social activities to keep them independent and well.</p>	<p>Thank you for this comment. The importance of public transport being accessible is covered in the third bullet point of recommendation 1.2.2, which states:</p> <p>"• Making public transport physically accessible to everyone (see the Department for Transport's guidance on inclusive mobility)"</p> <p>The Department for Transport's guidance on inclusive mobility contains information on accessibility of public transport and should be considered by local authorities.</p>

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					<p>We agree that engagement of the local community is important too. Recommendation 1.1.1 and 1.1.2 outline the importance of community engagement, and provide a link to NICE's guideline on community involvement for more information on how this can be managed most effectively.</p>
Parkinson's UK	Full	6	88-89	<p>We agree with this recommendation and encourage NICE to add something about consulting with people and organisations that represent those with limited mobility when providing accessible transport. For instance the newly designed London bus which people with Parkinson's have reported is inaccessible for people with the condition, as it is difficult to enter and leave the bus unless you were able to through the middle doors. There was considerable investment in the vehicles, however they are not suitable for many disabled people. We have also had reports of some people with Parkinson's who have had deep brain stimulation having their stimulator interrupted by traveling on electric buses.</p>	<p>Thank you for this comment. We agree that the involvement of various community groups including those representing people with limited mobility should be consulted about accessible transport provision. Recommendations 1.1.1 and 1.1.2 recommend the involvement of communities in development of strategies, policies and plans, and reference NICE's guideline on community engagement. The community engagement guideline recommends the involvement of communities and voluntary sector organisations in planning, designing, developing, delivering and evaluating initiatives.</p>
Parkinson's UK	Full	6	92-99	<p>A big barrier to people with Parkinson's leaving their home is being able to have quick and easy access to toilet facilities as continence issues can be a part of living with the condition, even from diagnosis. We would therefore recommend that the guideline reflects the importance of accessible toilets in public spaces and also encourages local authorities to publicise the radar key scheme more widely and urge businesses in their area to allow people with Parkinson's and other conditions where continence issues are present to provide accessible toilet facilities.</p>	<p>Thank you for this comment. Toilets are mentioned in section 1.3, and their importance is discussed in the discussion section. No evidence from the literature or from expert testimony was identified on radar key schemes or other schemes to advertise or make accessible existing toilets. Additionally, behavioural interventions were outside of the scope of this guideline. Therefore, the committee declined to make additional recommendations on the provision of</p>

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					<p>toilet facilities but did add text to the discussion section to emphasise the importance of accessibility of these facilities:</p> <p>"Using routine maintenance and refurbishment of facilities such as toilets in parks, to increase their accessibility, would be an efficient way of ensuring that existing facilities are of a high standard."</p>
Parkinson's UK	Full	7	113-121	<p>Unsteady gait is a common problem in Parkinson's so well maintained footways and footpaths is important to ensure that the 108,000 people living with the condition in England are confident in undertaking physical activity outside of their homes and also do not fall. Falls are one of the most common emergency admissions to hospital in Parkinson's and cost the NHS £29 million per year (Wilmington Healthcare, taken from HES statistics, 2015-16 data). Therefore ensuring that footways and footpaths are well maintained is vital to keeping people with Parkinson's out of hospital. It is also crucial to encourage physical activity to keep the person with Parkinson's well for as long as possible, therefore we agree with this recommendation.</p>	<p>Thank you for this feedback. We agree that maintenance is vital, and it is covered in recommendations 1.1.2, 1.1.3, 1.2.3, 1.2.5, 1.2.4, 1.2.7, 1.3.1, 1.3.2 and 1.3.3.</p>
Parkinson's UK	Full	7	134	<p>We recommend the guideline also references the need to have non-slip slope markers (slope markers as often seen on slopes in many railway stations with rows of non-slip material running across the path of walking like a mini zebra crossing) to highlight the slope and reduce slip risk. People with Parkinson's can experience difficulty controlling the speed of their pace and this danger is reduced by transverse slope markings.</p>	<p>Thank you for this comment. While we recognise the importance of various types of tactile paving and other surfaces to make walking on footways and footpaths easier, it is outside of the scope of NICE's work to recommend particular types of paving where this has not been identified in the empirical evidence for the guideline.</p> <p>Instead, we have directed readers to Department for Transport's guidance on the use of tactile paving surfaces which</p>

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Parkinson's UK	Full	8	140- 142	Please see comment 10 about the difficulty people with Parkinson's have with tactile paving. We therefore recommend the guideline encourages local authorities to ensure: <ul style="list-style-type: none"> · they introduce 'smaller, simpler area of blister surface' to better meet the needs of all users and · they assess the impact of tactile paving on user groups with balance and mobility issues, particularly people with Parkinson's. 	should be referenced when making changes to walking surfaces. Thank you for this comment. While we recognise the importance of various types of tactile paving and other surfaces to make walking on footways and footpaths easier, it is outside of the scope of NICE's work to recommend particular types of paving where this has not been identified in the empirical evidence for the guideline. Instead, we have directed readers to Department for Transport's guidance on the use of tactile paving surfaces which should be referenced when making changes to walking surfaces.
Parkinson's UK	Full	8	143- 144	Freezing on the spot can be a common problem people with Parkinson's experience and can be quite scary should someone walking freeze in the middle of the road. Therefore we believe it is important that within this recommendation it is recognised that the time to cross is not just due to having limited mobility but also due to symptoms of conditions like Parkinson's and as such should be referenced in the guidance that accompanies the guideline.	Thank you for this comment. The definition of limited mobility is intended to encompass all conditions including Parkinson's and others, particularly with wording added to include: "• people with conditions like chronic pain or neurological conditions" Therefore it is implicit that time to cross would include the issues you mention such as freezing.
Parkinson's UK	Full	8	145- 148	Please see comment 10 about the difficulty people with Parkinson's have with tactile paving. We therefore recommend the guideline encourages local authorities to ensure: <ul style="list-style-type: none"> · they introduce 'smaller, simpler area of blister surface' to better meet the needs of all users and · they assess the impact of tactile paving on user groups with 	Thank you for this comment. While we recognise the importance of various types of tactile paving and other surfaces to make walking on footways and footpaths easier, it is outside of the scope of NICE's work to recommend particular types of paving where this has not been

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				<p>balance and mobility issues, particularly people with Parkinson's.</p> <p>We recommend the guideline also references the need to have non-slip slope markings to help people with Parkinson's. In particular on slopes people with Parkinson's can experience running gait where they cannot control the speed of their pace and this could be dangerous without transverse anti-slope tread.</p>	<p>identified in the empirical evidence for the guideline.</p> <p>Instead, we have directed readers to Department for Transport's guidance on the use of tactile paving surfaces which should be referenced when making changes to walking surfaces.</p>
Parkinson's UK	Full	11	224- 225	<p>In the guideline that accompanies these recommendations we would encourage NICE to add details of third sector organisations so local authorities can make contact with them to gain more insights, training and support about how they can seek advice to meet the needs of their local population. For instance Parkinson's UK has a range of training about the condition that would be appropriate, but also has around 365 local groups of people with Parkinson's and their carers across the UK. Many would be happy to be consulted to improve their local environment for people living with the condition to enable them to be more physically active.</p>	<p>Thank you for this suggestion. Unfortunately it would not be possible for NICE to construct a list of all third sector organisations that would be relevant for local authorities to partner with: the number of national and local organisations is too extensive to name all of them. We hope that the guideline encourages local authorities to work to identify the organisations that are best placed to work with them in their local area.</p>
Parkinson's UK	Full	8 & 9	164- 177	<p>We agree with these recommendations about public open spaces and the elements that should be in place in the local area. The most important requirements for people with Parkinson's in this list to be provided in public open spaces are the provision of adequate seating and toilets, well maintained footpaths with appropriate tread on slopes and satisfactory sufficient car parking for blue badge holders.</p>	<p>Thank you for this comment.</p>
Parkinson's UK	Full	20	497- 505	<p>We recognise the variety of needs people with limited mobility have and would recommend that NICE encourages local authorities to actively engage with third sector organisations in their area to assess the needs of their local population when developing strategies, policies and plans. This could in the long term save the local authority money by implementing the right interventions first time and improve physical activity for the residents in the area.</p>	<p>Thank you for this comment. We agree that third sector organisations play an important part in representing the needs of the local population. Recommendation 1.1.2 encourages engagement with various community groups, and an additional bullet point has been added to capture the importance of voluntary community and social enterprise sector</p>

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					organisations. The text now reads: "• Take account of the views of voluntary and community sector organisations."
Parkinson's UK	Full	43	1171-1180	We wholeheartedly agree with the papers that assert having appropriate seating is an incentive to get people with limited mobility to use outdoor spaces. People with Parkinson's regularly share their frustrations about a lack of seating in public spaces and this being a barrier to them going out more. Therefore we support this recommendation and encourage NICE to ensure that local authorities conduct comprehensive consultation when designing open spaces so that adequate chairs (with sides, backs and arms) are built into the guideline.	Thank you for this comment. Thank you for your support for community involvement, which is covered by recommendations in section 1.1 which advocate for community involvement in the design of open spaces.
Parkinson's UK	Full	44	1209-1211	We agree with expert papers 4, 2, 6 and 7 on the importance of seating and public toilets in open spaces. Continence issues can be one of the more distressing symptoms of Parkinson's and our supporters have shared experiences where they have soiled themselves due to there being no appropriate public facility. We recommend the guideline encourages local authorities to urge businesses in their area to publicise and display clear signage to publicly accessible toilets and that the radar key scheme is promoted to allow people with Parkinson's and other conditions where continence issues are present to have easy access to public toilets.	Thank you for this comment. Toilets are mentioned in section 1.3, and their importance is discussed in the discussion section. No evidence from the literature or from expert testimony was identified on radar key schemes or other schemes to advertise or make accessible existing toilets. Additionally, behavioural interventions were outside of the scope of this guideline. Therefore, the committee declined to make additional recommendations on the provision of toilet facilities but did add text to the discussion section to emphasise the importance of accessibility of these facilities: "Using routine maintenance and refurbishment of facilities such as toilets in parks, to increase their accessibility, would be an efficient way of ensuring that existing facilities are of a high standard.

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					Providing and maintaining facilities may cost money, but if they create an environment in which people are more active and their health improves as a result, this will lead to savings for the NHS and local authorities as well as society at large. "
PHE	Full	1	5	Bullet 3 may wish to be refer to green, blue and grey spaces in line with the document content, as this could suggest it is only green spaces.	Thank you for this comment. The section on "Who is it for" provides a brief overview and would therefore not normally provide this level of detail. We hope that the mention of green, grey and blue spaces throughout the guideline and in the glossary make this clear.
PHE	Full	5	61	Include mention of flush kerbs in addition to tactile pavements to align with the evidence presented and wish to make consistent with 1.2.7.	Thank you for this comment. The committee considered that it was appropriate to mention dropped kerbs in this recommendation as the technical term. In recommendation 1.2.7, the committee references that these should be 'flush' with the carriageway in order to be useful. Recommendation 1.1.3 has been amended to read: "Use and maintain tactile paving and dropped kerbs correctly..." The discussion section for section 1.1 and the definition of crossings have been amended to refer to dropped kerbs that are flush with the carriageway.
PHE	Full	6	80	the following bullets should include a suggesting for spatially planning of public transport services around the location of social, economic, cultural and health opportunities, which aligns with the evidence recieved on active travel being	Thank you for this comment. However, the committee declined to specify the population for which this recommendation should be implemented.

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				encouraged by considering 'destinations'	They felt that the focus on those with limited mobility should contribute towards reducing health inequalities. In addition, wording was added to the evidence discussion section for section 1.2 which says: "The committee also recognised that if resources are limited it is best to target areas and groups of people who are likely to benefit most". For more information on equality considerations, please see the Equality Impact Assessment.
PHE	Full	8	161	Include mention of older people and people with health conditions as examples given a large proportion of the measure that follow are of most relevance to them	Thank you for this comment. Recommendation 1.3.1 has been amended to include "those with low mobility" in the recommendation stem to address this. The definition of low mobility in the guideline specifically mentions older adults.
PHE	Full	10	197	Two additional recommendations that could be considered under this section are: 1) access to, and integration in the school/college day of open space, forests, parks and playgrounds are positively associated with physical activity levels; and 2) access to loose and fixed equipment along with non-traditional play materials (for example, car tyres or milk crates) also support physical activity among children and young people. These were highlighted in this document.	Thank you for this suggestion. The section on schools and the section on buildings were not within the scope of this guideline update. Therefore new evidence has not been searched for or considered in order to be able to make changes or add recommendations for these sections.
PHE	Full	13	282	To my knowledge the £0.9bn cost to the NHS is the most accurate figure as reported in the national PA framework, Everybody Active Every Day (which is references in the next line). (I couldn't find the original reference in the Kings Fund Work.)	Thank you for this comment. The figure of £1.1bn is found in slide 14 out of 30 on the infographics page at the link included in the guideline. The wording has been changed to reflect both figures (£1.1bn and £0.9bn), and now reads:

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					"Physical inactivity costs the NHS in the UK around £1 billion per year (Making the case for public health interventions The King's Fund; The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006-07 NHS costs, Scarborough et al.)"
PHE	Full	13	286	Given the 2018 publication this can be updated with the new HSE data being published in December (2017).	Thank you for this comment. Where possible, figures in the context section have been updated with the new HSE data.
PHE	Full	13	292	This should be references to NHS Digital	Thank you for this correction – the amendment has been made.
PHE	Full	20	493	Rather than more sedentary, this should likely be more inactive. Reducing active time leads to an increase in inactive time but not necessarily sedentary time, as sedentary behaviour is a distinct behaviour of time spent in a low energy position (sitting), you can be inactive without being sedentary and it is unclear the relationship between this guidance and reducing sedentary/sitting time.	Thank you for this comment. This section of the guideline has been edited to read: "People whose mobility is limited may find it particularly difficult to be active and could spend more time being inactive."
PHE	Full	20	493	this should be people who are inactive benefit the most rather than people who do little physical activity in line with guidelines, as 'inactive' is a distinct definition of less than 30 minutes per week and 'little' is non-specific	Thank you for this comment. This section of the guideline has been edited to read: "The whole local population is considered in these recommendations. But to reduce health inequalities there is a particular focus on those who could gain most benefit from increasing their physical activity. This includes people who are currently inactive or have very low levels of physical activity, particularly those for whom environmental factors are barriers to physical activity."
PHE	Full	21	528-	It is likely that this should be moving from inactivity to activity	Thank you for this comment. Of the two

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			529	rather than sedentary time (although the references should be checked as the first seems to refer to sedentary time). sedentary behaviour is a distinct behaviour of time spent in a low energy position (sitting), you can be inactive without being sedentary and it is unclear the relationship between this guidance and reducing sedentary/sitting time.	<p>studies referenced, one investigated replacing sitting / sedentary time with activity, and the other investigated increasing activity. The wording has been amended to read:</p> <p>“However, they noted that there is a continuum of benefits from being physically active and that for people who are least active, moving from being inactive to having low levels of activity, or replacing sedentary behaviour with physical activity would bring the greatest health benefits”.</p>
PHE	Full	57		Definitions for inactivity and sedentary behaviour should be considered for this glossary.	<p>Thank you for this suggestion. Definitions for inactivity and sedentary behaviour have now been added:</p> <p>Inactivity: Low levels of physical activity, often quantified as less than 30 minutes of moderate-intensity activity per week.</p> <p>Sedentary behaviour: This is defined as: "Activities that do not increase energy expenditure much above resting levels. There is a difference between sedentary and light physical activities. Activities considered sedentary include sitting, lying down and sleeping because they do not require any muscle recruitment. Associated activities, such as watching TV and reading, are also in the sedentary category." (Start Active, Stay Active, Department of Health).</p>
Public	Full	General		The Public Health Agency (PHA) seeks to improve health	Thank you for this comment.

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Health Agency				<p>and wellbeing by a range of methods, including by creating an environment that promotes healthy behaviours, including physical activity. It is working to achieve the Department for Health's 'Fitter Future for All' a 10 year framework to reduce overweight and obesity, which seeks a 3% reduction in obesity in children and a 2% reduction in overweight and obesity in children by 2022.</p> <p>In addition PHA works in partnership with a range of statutory, community, voluntary and private sector partners to implement a range of other strategies and policies linked to the theme of physical activity and the environment including:</p> <ul style="list-style-type: none"> · The Draft Programme for Government Framework – 2016 – 2021 · Community Planning 2015 · Making Life Better –Strategic Framework for Public Health 2013 – 2023 · The Active Travel Strategy 2013 · The Bicycle Strategy for Northern Ireland 2015 · The Active Ageing Strategy 2016 - 2021 · Sports Matters – the Northern Ireland Strategy for Sport and Physical Recreation 2009 - 2019 · The Outdoor Recreation Action Plan for Northern Ireland 2014 <p>The Public Health Agency (PHA) is supportive of the updated recommendations in this guideline.</p>	
Public Health Agency	Full	4	32	<p>PHA in particular welcomes the specific reference to those with "limited mobility". It is important that the needs of those who are least likely to be active are considered. In Northern Ireland, 28% of the adult/older population are doing less than 30 minutes of physical activity per week. The Department of Health document "Start Active, Stay Active" recognises that those who do least physical activity will get the greatest gains to their health and wellbeing by becoming more active.</p>	Thank you for this comment.

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				Policies currently being implemented in Northern Ireland such as "Age Friendly" as part of the "Active Ageing Strategy" will help ensure that older people can stay connected and remain healthy and active. Outdoor Space & Buildings and Transportation are two key strands of the Age Friendly policy.	
Public Health Agency	Full	6	75-79	<p>The PHA has just commissioned delivery of a Community Active Travel Programme in 12 disadvantaged communities across Belfast. Consultation and community engagement is a key strand of this programme.</p> <p>The PHA is willing to share information about this initiative as it develops.</p>	Thank you for this comment. Regarding your experience, we will pass this information to our local practice collection team. More information on local practice can be found here .
Public Health Agency	Full	7	149 - 157	<p>The PHA has commissioned a number of programmes to increase active travel to and from schools, workplaces and in communities.</p> <p>The PHA has partnered with the Department for Infrastructure (DFI) to develop a regional active travel to schools programme. Sustrans was initially commissioned to deliver a 3 year programme targeting 190 schools to 2016. This programme has now been extended for another 5 years and 60 additional schools per annum will avail of the programme. The aim of the project is to encourage more children to walk and cycle to school and to develop a culture of active travel within schools.</p> <p>A number of key environmental issues have been identified by schools in the implementation of this programme including:</p> <ul style="list-style-type: none"> · Lack of crossings near schools · Lack of pavements · Fast traffic · Cars parked on footpaths · Lack of cycle parking facilities 	Thank you for your response. We will pass this information to our local practice collection team. More information on local practice can be found here .

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				<p>Addressing these issues will be a challenge which can only be improved with additional funding and continued joint working.</p> <p>The Public Health Agency is willing to share its experience in the development and roll out of this initiative.</p>	
Public Health Agency	Full	10	209 - 216	The Public Health Agency believe that the definition of "limited mobility" is appropriate	Thank you for this comment.
Public Health Agency	Full	11	224 - 225	The Public Health Agency agrees that training is required on the links between transport and health for a range of professionals in various organisations who could then act as public health advocates.	Thank you for this comment.
Public Health Agency	Full	12	226-228	Partnership working across a range of organisations is central to ensuring the recommendations contained within this guidance can be implemented. This is particularly pertinent in Northern Ireland where the public health function is still the responsibility of the PHA not local councils as in England.	Thank you for this comment.
Rother District Council	Full	--	--	Question 5. This guideline is an update. When considering resource impact of the new recommendations, it has been assumed that the recommendations in the PH8 guideline have been implemented. Is this assumption correct in this case? If not, what areas of PH8 in particular do stakeholders feel have not been implemented? Comment:No comment (lack of my own RDC knowledge on subject)	Thank you for your response.
Rother District Council	Full	--	--	Question 9. Recommendation 1.1.5 has been carried forward from PH8. The wording has been changed from "planning applications" to "planning permissions" to reflect a change in context. Do stakeholders agree with this change? Comment:No comment (lack of my own RDC knowledge on subject) I would expect this would make sense in terms of processing time and costs.	Thank you for this response
Rother District	Full	General	Gener al	Question: 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for	Thank you for this comment. We agree that taking into account behaviour

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Council				<p>whom and why.</p> <p>Comment:From an Active Rother perspective it will be changing the culture where people choose to walk, cycle or use the bus particularly the first two, as an easy option or health option. The guidance will help improve the infrastructure but not necessarily bring behaviour change. If there isn't a will to change you can do as much consultation as possible but things will not change and there is a danger despite the funding spent the impact will be limited. Alongside infrastructure needs to be community projects to encourage usage and or being active & healthy.</p>	<p>change methods and theory is important in implementing this guideline. However, the scope of this guideline was limited to environmental interventions, and behavioural interventions are outside of the scope. However, the committee recognised that behavioural interventions may interact with environmental interventions and so viewing them in isolation is difficult. Please see the section on "issues beyond the scope of this guideline", and the new research recommendation 6</p> <p>Links to NICE's guidance on Behaviour Change, and to PH41 (Physical Activity: Walking and Cycling) - which contains more information on behavioural interventions for physical activity - are provided in the section on "Issues beyond the scope of this guideline".</p>
Rother District Council	Full	General	General	<p>Question 6. This guideline looks at changes to the environment, rather than behavioural interventions</p> <p>Comment:If it is clear what the model is based on that is acceptable. A personal opinion is the effect of any intervention is limited unless repeated or constantly embedded. People behaviours do change over time and due to many factors. I would therefore add a review point or that there are changes over time be it a decline or increase.</p>	<p>Thank you for this comment. This is an important point and was tested in a one-way sensitivity analysis using a decay rate of 50% to determine the impact on benefits of this latent behaviour change.</p>
Rother District Council	Full	General	General	<p>Question 7. Under "who is it for", local government authorities are listed. This is intended to encompass local authorities, but also to reference regional or combined authority areas with metro mayors. Does the current wording accomplish this?</p> <p>Comment:No direct comment on large urban arrangements but the guidance needs to ensure local government includes</p>	<p>Thank you for this comment. Town and parish councils and other community level bodies are covered in the section on "who is it for", with mention of the following:</p> <p>"• Others responsible for open spaces</p>

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				districts and county (2 tier authorities) and a recognition of the role sub county bodies and community based bodies play in being part of the planning consultation process such as town & parish councils.	used by the public. For example, public, private, community and voluntary sector organisations that manage open spaces in workplaces, NHS grounds, community-owned gardens and playing fields. • Public, private, voluntary and community organisations working to ensure people with limited mobility can use built and natural environments to be physically active."
Rother District Council	Full	General	General	General comment –Cross use of public transport Very limited comments on ability of users to put bikes, trolleys, equipment on trains or busses or what help there is to enable people to do this. Perhaps a question to bus, train or other organisations how they assist or view people using bikes. Similarly very little on workplace support or assistance though car park charging in mentioned.	Thank you for this comment. No evidence was identified in the literature searches which considered increasing physical activity through supporting those with limited mobility with their equipment (bikes, trolleys and so on) on trains and buses. Additionally no evidence was identified on this area through expert testimony. Regarding workplace support, the committee discussed some evidence on workplace schemes (Evidence Statement 1.9) but decided not to make recommendations in this area. This was because where workplace schemes to reduce driving were effective, this had been paired with other interventions such as improved public transport. Therefore the committee did not feel able to attribute the success to the workplace change alone. Please see the evidence discussion section for section 1.3 for more information.
Rother District	Full	General	General	General Comment – Workplace as a setting.Encouraging people to move, cycling, walk and Be active	Thank you for this comment. No research evidence from the literature was

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Council				<p>Very little on this area or measures such as storage, drying clothes, bike rack or changing / showers. People do use cars as default.</p> <p>Additionally surprised as a topic car parks at work and no incentives for people not to park at work unless car essential for work.</p>	<p>identified which considered workplace interventions such as drying clothes or using changing rooms or showers. Additionally no evidence was identified on this area through expert testimony.</p> <p>Some evidence was identified on workplace schemes which provided additional public transport and reduced workplace parking. However, the committee decided not to make recommendations in this area. This was because where workplace schemes to reduce driving were effective, this had been paired with wider contextual interventions such as improved public transport. Therefore the committee did not feel able to attribute the success to the workplace change alone. Please see the evidence discussion section for section 1.3 for more information.</p>
Rother District Council	Full	4	28	<p>General comments: Involving communities</p> <p>1.1 “Develop and use local strategies, policies and plans to encourage and enable people to be more physically active” JSNA data would be a key part of this but it is important there are other forms of data and some local insight including gathering qualitative data from talking to people to develop policy & actions.</p> <p>Community engagement approaches are an important form of informing and developing policy not imposed policy based on generically collected data. Data also needs to translate to local level not just county or regional level.</p>	<p>Thank you for this comment. The committee recognised the importance both of the Joint Strategic Needs Assessment and pairing this with community engagement approaches, as detailed in recommendations 1.1.1 and 1.1.2. An emphasis is put on local level strategies in this section.</p>
Rother District Council	Full	4	35	<p>General comment – users and current non users of areas</p> <p>Comment: I would add “take account of those who currently don’t walk, cycle, drive or use public transport in the local area but use these area or may wish to in the future” in this</p>	<p>Thank you for this comment. The committee considered that it was difficult to identify people who might do something in the future. They also</p>

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				section also	considered that it was important to include the need to review policies. Therefore they amended recommendation 1.1.2 to read: "1.1.2 Use community engagement approaches throughout the development and continued review of these local strategies, policies and plans to: • Take account of the views and needs of people who walk, cycle, drive or use public transport in the local area, particularly on the use of shared or contested space (for example, space shared by pedestrians and cyclists, or cyclists and motorists)."
Rother District Council	Full	4	35 - 48	Question 2. Would implementation of any of the draft recommendations have significant cost implications? Comment: Where possible all users and potential users should be consulted on schemes and would support this. However this could lead to time delays and depending on type of consultation added costs of this process.	Thank you for your response. We will pass this information to our resource impact team for their information.
Rother District Council	Full	4	35 - 48	Question 3. What would help users overcome any challenges? Comment: Good consultation with user groups or potential user groups including feedback mechanism (or focus group perhaps via existing transport group) to ensure anything put in can be adapted as required.	Thank you for this comment. We agree that this is an important aspect of making changes, which is covered in recommendations in section 1.1.
Rother District Council	Full	6	1.2 75	General comment – Prioritised areas against universal rights. Prioritise make sense to get more people active but there is a case for universalism to ensure everyone has equal opportunities to be active if they wish to rural or urban. Studies should not assume initiatives have to all in same areas with worst health needs unless cycle/walk routes or physical activity are significantly worse rather than combined with other factors. Being in a city and not able to afford a car	Thank you for this comment. We agree that equality is an important consideration with all interventions, and was considered by the committee throughout development. The guideline committee have produced an Equality Impact Assessment alongside this guideline which represents how equality

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				might actually make it more likely you will walk, cycle or use public transport. More has to be done on mapping to understand where people are walking, cycling & using the buses and where people want to not just to put initiatives in dense urban conurbations.	<p>issues were considered, and the focus of this..</p> <p>The committee heard evidence from expert testimony that there is more potential to increase active travel and more benefit to be gained from doing so, in some areas than others. For example, areas where many short car journeys are made. The committee agreed that it was important to identify and prioritise areas with a high potential for increasing travel by foot, bicycle and using other forms of active travel, along with ways to achieve this.</p>
Rother District Council	Full	10	209	<p>Question 4. The definition used for "limited mobility" is not intended to be exhaustive. Do stakeholders feel that this definition is appropriate in terms of the types of populations it includes?</p> <p>Comment: If "limited mobility" is explained the term is ok. However I do feel there is a danger of missing other barriers and disabilities such as mental health & learning disabilities. It is easy to forget people are sometimes affected by multi-disabilities and therefore categorisation isn't always helpful unless clearly explained as mobility is often thought to be impaired physical movement.</p>	<p>Thank you for your comment. The term limited mobility is defined in the <i>Terms used in this guideline</i> section, and includes mention of learning disabilities and other non-physical conditions or characteristics, such as:</p> <p>"• people with conditions like chronic pain or neurological conditions".</p>
Rother District Council	Full	5	61	<p>Question 2. Would implementation of any of the draft recommendations have significant cost implications?</p> <p>Comment: I would support crossing & tactile pavements to increase access for all groups and uniformly applied but there is a cost implication. I would also suggest it misses other options such as contrast colours, marks/notches on railing or posts and would suggest disability groups and users are made part of the planning process on schemes. Question on line 58 on pedestrian crossing being adequate and what does this mean or is calculated?</p>	<p>Thank you for your comment about cost implications of recommendation 1.1.3. This has been passed on to the Resource Impact team at NICE for their information.</p> <p>Recommendations 1.1.1 and 1.1.2 cover community involvement in the strategies, policies and plans around these interventions, and includes the groups</p>
		5	58		

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					<p>mentioned in your comment.</p> <p>Recommendation 1.1.3 provides a link to Department for Transport's guidance on tactile paving, which has further detail about colour and type of paving.</p> <p>The committee decided it was not possible to outline what constitutes enough crossings in this recommendation, because this will depend on many aspects of the local context. Additionally, the committee were not aware that any definitive standard guidance on this exists to cross-reference to.</p>
Rother District Council	Full	5	63	<p>General comment – encouraging communities to be active. Would support planning permissions for new developments always prioritise the need for people (including people with limited mobility) to be physically active as a routine part of their daily life.</p>	<p>Thank you for this comment. We strongly agree that older adults should benefit from this guidance.</p>
		5	66	<p>However as well as encouraging communities and young people would also include older people I would make a case that older people getting out and being able to walk to buses or go to the shops may equally as important for quality of life and especially isolation. Equally cost implications for this group by keeping them active shouldn't be ignored.</p>	<p>We would note that in the definition of limited mobility we have included older adults as an example of those who might face mobility issues. They are therefore included in many of the recommendations in this guideline, including recommendations about being able to move about the local area, access public open spaces, and to be able to take part in consultation processes. They are also included in the target population for recommendation 1.1.4, and should therefore have their need for physical activity prioritised when planning new developments.</p>
Rother	Full	General	Gener	General Comment – activity rates, linking to other priorities	Thank you for this comment. Your

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District Council		14	al 304	and data. The Rother population has low activity rates. This creates opportunities but also points to other structural and demographic reasons why people aren't active. The guidelines should look to link more on data from Sport England and others around activity rates and see if joint resources can be used to help promote activity. Using outdoor spaces and networks is one way that activity rates could be improved by different agencies working together and brining in investment. Perhaps a pilot scheme.	comments will be considered by NICE where relevant support activity is being planned.
Rother District Council	Full	11 5	224 12	General comment – training & department links Better links between, links between departments & training would be welcomed by Active Rother in Rother DC and indeed links with the community and partners in the Active Rother partnership to encourage a more active society. This would ideally link into partner strategies and integrated planning for a more Active Rother. Linked to a previous point the benefits to the community & Health benefits need to be further investigated and stressed not just economic benefits.	Thank you for this comment. We agree that links between community and all parties responsible for public health, transport and planning would be beneficial. Please see the section entitled "putting this guideline into practice", which emphasises the importance of partnerships when implementing this guidance.
Rother District Council	Full	General 17	General 410	General comment –Contested space – Cycle & walking are mentioned but other ways areas are used need to be considered from runners to dog walkers, mobility scooters and horse riders. It is suggested good practice and ways that this has been integrated successfully would help especially as more people might use these areas	Thank you for this comment. We agree that being physically active can take many varied forms. It is important to note that the definition of physical activity used in this guideline is broad and encompasses the full range of human movement. The committee considered all types of activity important, not merely walking and cycling: "[Physical activity] includes the full range of human movement and can encompass everything from competitive sport and active hobbies to walking, cycling and the general activities involved in daily living (such as housework and gardening)."

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					<p>A large amount of the research evidence that was identified from the search strategies considered methods of active travel, which typically includes walking and cycling. Therefore, the committee was confident enough in these findings to make specific recommendations to increase walking and cycling. The committee felt it was important to increase the physical activity that people undertake as a part of daily life, and active travel is an important aspect of this.</p> <p>However, the committee also considered physical activity in open spaces, which could be a variety of things. They chose not to specify the types of physical activity that could be undertaken in open spaces, instead focussing on how to increase use of these spaces overall.</p>
Rother District Council	Full	General 19	General 469	General comment –Behaviour change – move at scale Good practice models should be circulated and professionals given opportunities to learn from other areas be it that all localities are different. However as a general comment behavioural and culture change are also needed to understand why people do things or contemplate change (behavioural economics)	<p>Thank you for this comment. We agree that taking into account behaviour change methods and theory is important in implementing this guideline. Links to NICE's guidance on Behaviour Change, and to PH41 (Physical Activity: Walking and Cycling) - which contains more information on behavioural interventions for physical activity - are provided in the section on "Issues beyond the scope of this guideline".</p> <p>Regarding good practice models, this is something which would be organised between local authorities. NICE collates</p>

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					examples of good practice across a range of intervention activities. More information on local practice can be found here .
Rother District Council	Full	25 5	631 50	Question 2. Would implementation of any of the draft recommendations have significant cost implications? Comment: Depending on scale of networks, maintaining paths, signs, bins, toilets and other measures could be considerable. Public spaces can be big areas and as such are open spaces without necessarily paths. It is unlikely there will be much income coming in to subsidise thought there could be some business who might invest at a community level and options for advertising etc.	Thank you for your response. We will pass this information to our resource impact team for their information.
Rother District Council	Full	5 32	69 834	General comment - Planned settlements and nodes The culture and norm to make it easy to walk to places than use a car. Active Rother would support the concept and promotion of being active. Helping people cycle/walk and improving fitness – Beat the Streets is an example where people can be encouraged to move and places can be joined up.etc. Joining high use & leisure nodes. Not enough mentioned about changing behaviour and about using initiatives, community champions, walking the way top health, cycling schemes and hire or the influence of professionals such as health professionals to encourage change.	Thank you for this comment. We agree that taking into account behaviour change methods and theory is important in implementing this guideline. However, the scope of this guideline was limited to changes to the environment. Behavioural interventions such as Beat the Streets which consists of activities, organisation of groups or similar are outside of the scope of the guideline. Links to NICE's guidance on Behaviour Change, and to PH41 (Physical Activity: Walking and Cycling) - which contains more information on behavioural interventions for physical activity - are provided in the section on "Issues beyond the scope of this guideline".
Rother District Council	Full	General 48	Gener al 316	Question 2: Would implementation of any of the draft recommendations have significant cost implications? Comment: Technology There are some potential ways Technology can be used to improve provision and service and should be explored. Better and more reliable services would be welcomed if it can be universal and reach all	Thank you for your response. We will pass this information to our resource impact team for their information

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				communities not just dense urban populations & cities. There is sometimes a rural premium reaching areas which might mean more investment and significant cost implications. Technology should also be about improving the offer not just reducing service, staff or resources	
Royal College of Anaesthetists	Full	General	General	Question 1: The recommendations relating to Schools and the NHS were strongly supported and serve as an investment to develop a large cohort of "activity champions" - in particular, encouraging the very large number of NHS staff to alter behaviour and be ambassadors for and exemplars of best behaviour was strongly supported.	Thank you for this comment. It is positive that these recommendations support activity in this area.
Royal College of Anaesthetists	Full	General	General	Question 2: Widespread implementation of this guideline clearly has significant cost implications, but the accompanying economic report makes a strong case that this would be highly cost-effective with respect to healthcare costs.	Thank you for your response. We will pass this information to our resource impact team for their information.
Royal College of Anaesthetists	Full	General	General	Question 4: no comment	Thank you for this response.
Royal College of Anaesthetists	Full	General	General	Question 5: our respondents were not convinced that the laudable recommendations set out in PH8 are being consistently and reliably delivered across the country and over time. The impression was of patchy and inconsistent implementation dependent on local champions and resources.	Thank you for your response. We will pass this information to our resource impact team for their information
Royal College of Anaesthetists	Full	General	General	Question 6 (effectiveness decay rate): although a decay rate of 50% seems inappropriate for environmental modifications, a decay rate of zero seems over-optimistic. A rate that takes into account the inevitable degradation of physical changes over time (? 10%) would seem more reasonable.	We agree that a decay rate 50% is pessimistic, and is used to test the robustness of the results. The base case rate of 0% was agreed by the PHAC after extensive discussions, the justification being that intervention impact could potentially increase as well as decrease over time.
Royal College of	Full	General	General	Question 7: no comment	Thank you for this response.

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Anaesthetists					
Royal College of Anaesthetists	Full	General	General	Question 8: no comment	Thank you for this response.
Royal College of Anaesthetists	Full	17	8	Question 3: The report refers to "transition points" as particular opportunities (teachable moments) in people's lives but neglects to mention health related transition points such as preparing for specific therapies including surgery and chemotherapy, when patients may be particularly focussed on their health needs and behaviours and therefore particularly receptive to messaging in relation to physical activity and the environment.	Thank you for this comment. As the terms "transition point" and "teachable moment" are not used in this guideline, we have assumed that this comment refers to the life stage approach taken by the guideline, which mentions interventions relating to schools, workplaces, and so on. The committee felt this was important, in order to ensure various points in people's lives were considered. However, messaging and other behavioural interventions to encourage people to undertake physical activity were outside of the scope of this guideline, which relates solely to changes to the environment.
Royal College of Nursing	Full	General	General	This is to inform you that the Royal College of Nursing has no comments to submit to inform on the Physical activity and the environment (update) draft guidance consultation at this time.	Thank you for this response.
Salford City Council				1.1.4- Enable any person of any age and mobility...e.g. Age Friendly Taking action on parked cars, what would a policy look like?	Thank you for this suggestion. The definition of limited mobility used in this guideline is specifically broad. The list of included groups, while not intended to be exhaustive, includes older adults as well as people using buggies or prams, and people with a variety of mobility needs. Therefore, where the guideline says "limited mobility", it is inclusive of all these groups.

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					<p>The committee agreed that even if there is a policy in place to address the issues of vending boards, parked cars and so on, the way it is interpreted and put into practice may vary both between areas, and over time in the same area. The committee felt that the approach needed to be consistent to allow people for whom these objects are obstructions to gain confidence in moving around their local area. Policies could include where parked cars are permitted, including pavement parking; how enforcement of these policies will be approached and so on.</p>
Salford City Council				<p>1.2.1- Where possible decrease vehicular access and transport and poor air quality to accommodate growth and enjoyment in active travel</p>	<p>Thank you for this suggestion. Recommendation 1.2.5 covers measures to be taken to ensure that modes of active travel are given priority over vehicular modes, including restricting motor vehicle access. Air pollution is outside of the scope of this guideline, but recommendation 1.2.5 contains a link to NICE's guidance on air pollution to ensure that these factors are considered.</p>
Salford City Council				<p>1.2.3- Is there some design / cycling guidance to link to that promotes inclusive design, safe for 8-80 years of age? Along with reclaiming streets and town centres for the purpose of active travel, play and recreation, 20mph speed limits and zones?</p>	<p>Thank you for this suggestion. This comment is consistent with a number of other stakeholder comments. We have therefore amended the recommendations in section 1.2 to include additional links to external guidance.</p> <p>Recommendations 1.2.2 and 1.2.4, which detail specific measures to be taken to ensure that public transport and footways and footpaths may be used by all, both</p>

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					include a reference to the Department for Transport's guidance on inclusive mobility. The DfT's guidance includes recommendations which take into account a range of ages. Recommendation 1.2.6 also links to Transport for London's London cycling design standards, and Highways England's cycle traffic and the strategic road network. Recommendation 1.2.4 also links to the DfT's Traffic Signs Manual.
Salford City Council				1.2.4- Link to transport hierarchy (and that it is adhered to) that places pedestrians at the top: https://www.google.co.uk/search?q=transport+hierarchy&safe=strict&rlz=1C1GGRV_enGB751GB751&source=lnms&tbi=isch&sa=X&ved=0ahUKEWjn89mnosDWAhUDKMAKHeomAlcQ_AUICigB&biw=1280&bih=894	Thank you for this suggestion. The evidence discussion section for section 1.1 has been amended to add a link to the road design user hierarchy in the Manual for Streets: "Detail about the road design user hierarchy can be found in the government's Manual for Streets, and Manual for Streets 2."
Salford City Council				1.2.6- Make it safe for walkers and cyclists	Thank you for this comment. The rationale and impact section for recommendation 1.2.6 has been amended to add that: "If carefully implemented, they should also improve safety for cyclists and pedestrians." This has been added as it is supported by evidence from Evidence Statement 2.7 about reduced adverse events for cyclists.
Salford City				1.2.8- Measures for antisocial behaviour should include	Thank you for this comment.

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Council				<p>policing, enforcement, & community presence as well as infrastructure. There must be a proactive response to problems in order to create an improvement in the environment such as parks (at night).</p> <p>Be interesting to get a NICE view on Aggressive Architecture that can encourage use of space and also limit its wider use: http://www.bbc.com/future/story/20131202-dirty-tricks-of-city-design</p>	<p>Enforcement of recommendations is not covered in NICE's recommendations, as this is to do with implementation.</p> <p>Interventions like policing and community presence are also outside of the scope of this guideline. The scope of this guideline update was limited to environmental interventions to increase physical activity. Links to NICE's guidance on Behaviour Change, and to PH41 (Physical Activity: Walking and Cycling) - which contains more information on behavioural interventions for physical activity - are provided in the section on "Issues beyond the scope of this guideline".</p>
Salford City Council				<p>1.4.1- Reduce access by car and parking. What about Housing in this section e.g. size of gardens</p> <p>Should the design layout of how people work be addressed? Also access to be active e.g. access to a garden, a gym or play (table tennis etc.) as well as having standing desks and innovative workspaces that encourage movement</p>	<p>Thank you for this comment. The section on schools and the section on buildings were not within the scope of this guideline update. Therefore new evidence has not been searched for or considered in order to be able to make changes or add recommendations for these sections.</p>
Salford City Council				<p>It is worth linking to: https://www.gov.uk/government/publications/spatial-planning-for-health-evidence-review</p>	<p>Thank you for this suggestion. We have amended recommendation 1.1.4 to include the following text:</p> <p>"1.1.4 Ensure planning permissions always prioritise the need for people (including people with limited mobility) to be physically active as a routine part of their daily life, for example ensuring access on foot to local services like shops and public transport stops. For more information see Public Health</p>

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					England's Spatial planning for health report."
Salford City Council				There isn't a section about services i.e. how the healthcare system and wider health workforce connect to this. That they should be encouraging people to be more active, there should be provision of a wide range of activities from cycle training to walking groups within our local environment. It appears to be focused on infrastructure yet environment includes interaction with people and services. It is important to shift our culture towards one that comfortably achieves the CMO physical activity recommendations.	Thank you for this comment. As you have noted, the scope of this guideline update was limited to environmental interventions to increase physical activity. This is the physical environment rather than the contextual environment and therefore does not include the interaction between people and services.
South East London Vision	G1D-PHG97			Council must ensure that the blind community is notified of any changes affecting them as pedestrian such as new cycle lanes, new lamp posts, or street furnitures. The changes might mean that they will need to learn a safer route to access a park or other amenities, or learn new land marks on a known route. Information could be sent through local blind societies, local talking news, using the blind register. For blind people to learn new routes and land marks council should provide enough support from a rehabilitation officer from their sensory team who will be trained to teach routes to blind people.	Thank you for this comment. The committee considered that this is covered in NICE's guideline on community engagement which is linked to from recommendations 1.1.2 and 1.3.2.
South East London Vision	G1D-PHG97	5	55	We would like to have included in the list of temporary and permanent obstructions all items a person might hit their head on. Such as: Over hanging branches, temporary festival boards or any notices attached to lamp posts, as a blind person using a white cane will not be able to locate danger at head level.	Thank you for this comment. This section of the recommendation is not intended to be an exhaustive list of types of permanent or temporary obstructions. We feel that the list as it stands is a good indication of types of obstruction, however vegetation and scaffolding have been added to add breadth to the list.
South East London Vision	G1D-PHG97	5	57	Councils should ensure that refuse collectors replace empty bins so they do not create obstacles on the pavement. Blind people will find it unpleasant and unhygienic to come in	Thank you for this comment. This section of the recommendation is not intended to be an exhaustive list of types of

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				contact with dirty bins and find it difficult to navigate around them.	permanent or temporary obstructions. We feel that the list as it stands is a good indication of types of obstruction and that the inclusion of "bins" references your points on rubbish collection.
South East London Vision	G1D- PHG97	5	57	Council should ensure there are temporary traffic lights with rotating tactile cones where they are roadworks and the regular traffic lights are out of order. Blind people need to know when it is safe to cross.	Thank you for this comment. The committee recognised that this is an important point which and so made an addition to recommendation 1.1.3, which reads: "• Provide accessible temporary crossings during street and road works (see Department for Transport's safety at street works and road works)."
South East London Vision	G1D- PHG97	7	143- 145	We are concerned that it is hazardous for blind people to cross cycling high ways without accessible pedestrian crossing using tactile pavements and rotating cones. As blind people do not hear bicycles coming	Thank you for this comment. The committee discussed this and recognised that crossings for cycle highways and their impact on people with limited mobility was a gap in the evidence. This comment has been passed on to the Surveillance team within NICE for their information.
Swindon Borough Council	Full			We support the range of changes proposed in this consultation to update and replace NICE guidance PH8.	Thank you for this comment.
Swindon Borough Council	Full			We welcome a wider focus to include communities or groups that tend to have lower levels of physical activity e.g. different cultures, people with disabilities and low income groups	Thank you for this comment.
The Royal College of Physicians and Surgeons of Glasgow	Draft	General	Gener al	The Royal College of Physicians and Surgeons of Glasgow welcomes the NICE draft guideline on Physical Activity and the Environment. Although the College is based in Glasgow its Members and Fellows cover the whole of the United Kingdom. There are considerable health benefits from being physically	Thank you for this comment. We are pleased that this guideline is consistent with the "Active Scotland Outcomes Framework".

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				<p>Please insert each new comment in a new row</p> <p>active e.g. to protect against Coronary heart disease, type 2 Diabetes Mellitus, Osteoporosis, stroke, some cancers, and improve mental health and quality of life. In established diseases such as arthritis, back pain chronic lung disease and ischaemic heart disease exercise has been shown to improve mobility and quality of life.</p> <p>Generally, the draft guideline is consistent with the Scottish Government's "Active Scotland Outcomes Framework".</p>	Please respond to each comment
The Royal College of Physicians and Surgeons of Glasgow	Draft	General	General	<p>We therefore welcome this draft guideline because it provides a rationale, a strategic framework and a set of recommendations for implementation to increase the physical activity of the population as a whole and in specific groups.</p> <p>Importantly, it also recognises and seeks to decrease the health inequalities in different socio-economic and other groups with regard to physical activity and the environment.</p> <p>There are therefore implications for all public bodies involved in planning. It is also relevant to organisations producing building standards such as the British Standards institution.</p>	Thank you for this comment. We agree that there are implications for a broad range of public bodies. These are detailed in the section on "who is it for" at the start of the guideline, which includes bodies responsible for developing or maintaining the built environment.
The Royal College of Physicians and Surgeons of Glasgow	Draft	General	General	While NICE's remit generally applies to England, this guideline has implications for the rest of the United Kingdom including Scotland. The recommendations are relevant to the NHS, local authorities and other organisations. The issues are similar for all our population and we seek solutions to make the environment more conducive to increasing physical activity amongst people wherever they live in the United Kingdom.	Thank you for this comment.
The Royal College of Physicians and Surgeons of Glasgow	Draft	General	General	The College welcomes the helpful division of the recommendations into those for strategy and policy development, active travel, and public open spaces.	Thank you for this comment.
The Royal	Draft	General	Gener	One of our reviewers noted that the while the guideline	Thank you for this comment. NICE

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College of Physicians and Surgeons of Glasgow			al	was comprehensive and useful especially within the context of community planning partnerships, in practice it may be difficult to ensure implementation from an NHS perspective. It may be appropriate to have a simplified "best investments" table which could guide decision makers on what would deliver the biggest return on investment.	produces various tools and resources to help put the guideline into practice. A link to these tools will be provided in the guideline when it is published, under the section "putting this guideline into practice". Tools include a resource impact statement and a local resource impact template, but not a best investments table.
The Royal College of Physicians and Surgeons of Glasgow	Draft	General	General	<p>The College welcomes the recommendation of adequate provision of seating this applies not just to frequency of seats but also suitability of seating. It needs to be appropriate for all ages and abilities. The document frequently quotes seats with arms and backrests but fails to mention rise of the seat which is equally important. The rise from a horizontal seat from the ground should not be less than 48cms (19").</p> <p>All open areas need risk assessment for safety of all users</p>	<p>Thank you for this comment. Insufficient evidence from the literature or expert testimony about the specifications of seating was identified to be able to provide additional detail in this recommendation. However, a link to the Department for Transport's guidance on inclusive mobility, which provides additional detail on seating in relation to public transport, has been added to recommendation 1.2.7.</p> <p>The committee declined to include risk assessments in this recommendation as they consider that these are already carried out when new open spaces are created.</p>
The Royal College of Physicians and Surgeons of Glasgow	Draft	4	32	<p>The College welcomes the recognition of people with limited mobility and their specific needs in re-shaping the environment to increase physical activity. It is likely that this process will benefit other groups, and evaluation of these changes should be encouraged to increase the evidence base.</p> <p>The document concentrates on open spaces but all aspects of the built environment should be considered. An example of benefit would be in the prevention of osteoporosis where it is</p>	Thank you for this comment. We agree that these areas are important for physical activity and health. Open spaces in the guideline includes green, blue and grey space. This includes the structure of built up areas and streets, as referenced in recommendations 1.1.3, 1.1.4, 1.1.5, 1.2.4, 1.2.5, 1.2.7. Buildings (for example campus sites, workplaces and building interiors) are covered in

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				recognised that a daily walk outside the confines of the home has been shown to protect against osteoporosis	recommendations 1.4.1 to 1.4.4 but were not within the scope of this update.
The Royal College of Physicians and Surgeons of Glasgow	Draft	5	66	<p>Recommendation 1.1.6 “Ensure children, young people and their families can be physically active, for example when playing and when travelling to school, college and early years settings.”</p> <p>The College welcomes this and similar, recommendations highlighting the need to incorporate increased physical activity into the daily living and routines. Such an approach, requiring changes to the physical infrastructure including reallocation of road space is likely to be more successful in increasing physical activity levels across the whole population.</p> <p>While cycling is to be encouraged it is important to separate this activity wherever possible to prevent others avoiding use because of the worry of potential danger. The recent legal case in London has highlighted these issues.</p>	<p>Thank you for this comment. This recommendation is not specifically encouraging the construction of routes which are shared between pedestrians and cyclists; it recommends general improvements to routes.</p> <p>The committee opted not to recommend segregated or unsegregated shared use routes in this guideline. This is because the most appropriate type of route will depend on local context. In addition, the committee pointed out that it is possible that segregated shared use routes may encourage greater speeds of cycling which could be hazardous. However, a link to the Department for Transport's guidance on shared use routes has been added to recommendation 1.2.5.</p>
The Royal College of Physicians and Surgeons of Glasgow	Draft	8	159	Recommendation 1.3.1 regarding green and blue open spaces is helpful applying to all of the UK. Such areas should be safe at all times. The document frequently refers to seats with arms and backrests but fails to mention rise of the seat which is equally important. The rise from a horizontal seat from the ground should not be less than 48cms (19”).	Thank you for this comment. Insufficient evidence from the literature or expert testimony about the specifications of seating was identified to be able to provide additional detail in this recommendation. However, a link to the Department for Transport's guidance on inclusive mobility, which provides additional detail on seating in relation to public transport, has been added to recommendation 1.2.7.
The Royal College of Physicians and Surgeons of Glasgow	Draft	14	318	The College concurs with the Guideline Committee's comments on the evidence base including its strengths and limitations.	Thank you for these comments. We agree that it is important for those implementing recommendations to measure and evaluate these processes

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Surgeons of Glasgow				<p>However the College feels this does not preclude actions which are necessary now, based on the existing evidence.</p> <p>Furthermore the College recommends an explicit statement for those implementing the recommendations to use these opportunities to develop an evidence base for physical activity and the environment through research and evaluation.</p>	<p>to be able to continuously improve outcomes, however this is an implementation issue that we would expect to be considered locally.</p> <p>The strengths and limitations of the evidence do affect the judgement given about its quality, and the certainty we can have in its results (please see Appendix 4 for details on how GRADE has been used in these reviews). Conclusions about quality and certainty affect the strength of the limitations which can be made. As outlined in the NICE guidelines manual, expert testimony and committee consensus on certain issues, as well as the importance of ensuring equality meant the committee were able to strengthen some recommendations.</p>
The Wildlife Trusts		4	46	<p>Take account of the views of Voluntary Community and Social Enterprise (VCSE) sector organisations who can be a source of information on local needs and priorities (NICE Guideline NG44 'Community Engagement,: improving health and wellbeing and reducing health inequalities)</p>	<p>Thank you for this comment. Recommendation 1.1.2 has been amended, and an additional bullet point has been added to read:</p> <p>"• Take account of the views of voluntary and community sector organisations."</p>
The Wildlife Trusts		6	100	<p>There is also a need to maintain access to green spaces while developing or maintaining streets and roads.</p> <p>In Public Health England and the University College of London's Institute for Health Equity's Evidence Review 8, Improving Access to Green Spaces, the writers state that:</p> <p>"Green space is linked to greater levels of physical activity and associated health benefits. A study[9] examining obesity levels across a number of European countries found that</p>	<p>Thank you for this comment. We agree that access to green space is very important, and recommendations in section 1.3 include more detail on this. However, recommendation 1.2.5 is not about maintaining access for pedestrians and cyclists during times of road works or other maintenance works. The recommendation is about considering the needs of all users of transport and</p>

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				<p>people living in areas with large amounts of green space were three times as likely to be physically active than people living in areas where there is little green space"</p> <p>Ensure that pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads and that green spaces are not severely affected.</p> <p>Trees and other plants regulate pollution, provide relief from sun during hot weather and offer shelter during showery weather.</p>	<p>prioritising people who are doing active travel over people who are using motorised transport, particularly when considering the design and development of new roads, or when maintenance of existing roads presents an opportunity for change (whether through re-allocation of road space or other potential measures detailed in the recommendation).</p> <p>However, a bullet point has been added to recommendation 1.1.3, which reads:</p> <p>"Provide accessible temporary crossings during street and road works".</p>
The Wildlife Trusts		9	181	We would suggest adding that this recommendation should encourage community groups and volunteers to run outdoor activities which make the local environment more enjoyable.	Thank you for your comment. The scope of this guideline was limited to changes to the environment. Behavioural interventions such as activities, organisation of groups or similar are outside of the scope of the guideline. Links to NICE's guidance on Behaviour Change, and to PH41 (Physical Activity: Walking and Cycling) - which contains more information on behavioural interventions for physical activity - are provided in the section on "Issues beyond the scope of this guideline".
The Wildlife Trusts	Full	4	26	<p>Concerning 'Strategies, Policies and Plans to Increase Physical Activity'</p> <p>This guideline presents an opportunity to make better use of the Accessible Natural Greenspace Standard (ANGSt).</p> <p>As an example, a study produced for the South East Areas of Outstanding Natural Beauty (AONBs), "An Analysis of</p>	Thank you for this comment, and the information it contains. We have considered the publication referenced in your comment against our inclusion criteria. As it does not include an intervention and is descriptive in nature, it is not eligible for inclusion in the body of research considered (please see the

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				<p>Accessible Natural Greenspace Provision in the South East”, showed how new opportunities for better access could be created by targeting new areas that fell outside the definition of accessible greenspace. The report also set out the limitations of the ANGSt model, in that a large population could have its requirements met by a small number of sites, leading to potentially high visitor pressure on these areas. This additional information refines the use of the analysis for identifying key areas where access to new and existing greenspace could be increased.</p>	<p>review protocol document for inclusion and exclusion criteria).</p> <p>The Evidence Discussion section for section 1.3 has been amended to include the following wording:</p> <p>"The committee also noted the importance of identifying where access to greenspace could be increased. One way of doing this is using the Accessible Natural Greenspace Standard, although the committee recognised its limitations (Nature Nearby: Accessible Natural Greenspace Guidance, Natural England)"</p>
The Wildlife Trusts	Full	4	32 210-11	<p>Concerning “People with Limited Mobility”:</p> <p>This is described in the ‘terms used in this guideline section’ as “People whose mobility is limited, either temporarily or in the long term, because their environment is not adapted to meet their needs.”</p> <p>There is no mention of people with severe mental health conditions or phobias that create barriers to going outdoors. We would consider such people as fitting the definition.</p>	<p>Thank you for this comment. The definition of people with limited mobility is not intended to be exhaustive, and the list consists of just a few examples. However, the list has been amended to include people with chronic pain or other neurological conditions, and people with severe mental health conditions in order to illustrate that things which cause people to have limited mobility are not always visible.</p>
The Wildlife Trusts	Full	5	63	<p>Providing greenspace in and around housing developments is a cost-effective way of creating opportunities for the people living there to be more physically active. This applies to both new developments, and retro-fitting existing stock. We believe that all housing developments should guarantee access to high quality green spaces and wildlife. The most affluent 20% of wards in England have 5 times the amount of parks or general green space compared with the most deprived 10% of wards.</p>	<p>Thank you for this comment. The committee agreed that the focus of this recommendation should be wider than just new developments. Therefore the committee chose to make this recommendation about all planning permissions. Although details of implementation are outside of the scope of this guideline and should be decided</p>

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				<p>An example from the London Wildlife Trusts demonstrates how effective this approach can be. Today, Woodberry Wetlands is a haven for wildlife and resource for the people in Hackney. 11 hectares of fringed ponds and dykes, always free and accessible to everyone via a network of paths. The reserve is five minutes' walk from the densely built up areas of Manor House, Stoke Newington and Woodberry Down.</p> <p>In 2001, The Woodberry Down Estate was regenerated after years of disrepair. The increasingly damp, dark properties were replaced in one of the UK's largest housing regeneration schemes. The London Wildlife Trust worked in partnership with landowner Thames Water, Berkeley Homes and Hackney Council. Funding from Thames Water and The Heritage Lottery Fund ensured the project was a success, and the reserve was re-opened to the public in May 2016. This meant that local people, schools and community groups, who hitherto had been unable to access a natural, local health asset on their doorstep.</p> <p>We suggest that this part of the guideline recommends that developers and landowners work in partnership with local organisation such as the 47 UK Wildlife Trusts, who can harness local partnerships to achieve accessible green space where people live.</p>	<p>locally, we agree that multidisciplinary partnerships are important. Recommendation 1.1.2 has been amended to read:</p> <p>"1.1.2 Use community engagement approaches throughout the development of local strategies, policies and plans to:</p> <p>...</p> <p>"• Take account of the views of voluntary and community sector organisations."</p>
The Wildlife Trusts	Full	7	113	<p>We agree that it is important to ensure footpaths, cycleways and green routes are well-maintained.</p> <p>We suggest strengthening this further by recommending to bodies responsible for route maintenance, that they should work with volunteer involving organisations from the environmental sector, in carrying out this work. This is a cost-effective, socially impactful way of working, which would generate further health impacts for the volunteers through their increased physical activity.</p>	<p>Thank you for your advice. We have considered the research report entitled The health and wellbeing impacts of volunteering with The Wildlife Trusts against our inclusion criteria. As the intervention considered is behavioural rather than environmental, it does not match our inclusion criteria and therefore wouldn't be included in the body of literature considered when making recommendations.</p>

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				<p>There is evidence to support this approach. A recent report by The School of Biological Sciences at The University of EssexThe health and wellbeing impacts of volunteering with The Wildlife Trusts - found that the a range of impacts over a 12-week evaluation period.</p> <p>“The principal finding was that the mental wellbeing of participants improved significantly over the 12-week period, and that improvements were greatest for people who had not previously taken part in Wildlife Trust activities. At the start of the study period, 39% of participants reported low wellbeing, compared to UK norms. After 12 weeks, this had reduced to 19%. Participants also reported enhanced levels of positivity, health, nature relatedness, pro-environmental behaviour, levels of physical activity and increased contact with greenspace.”</p> <p>TCV's Green Gym also demonstrated increased levels of physical activity as a result of participating:</p> <p>“Using the International Physical Activity Questionnaire (IPAQ) we asked volunteers how many days in the past week they had done any vigorous or moderate activity or had walked. Over the 3-month evaluation period, volunteers increased the number of days on which they were physically active. The largest increase was in the number of days volunteers engage in moderate activity, closely matched by an increase in the number of days they engage in vigorous activity. Volunteers also indicated a small increase in days in which they would walk.”</p>	<p>However, although there was no published evidence which considered who should be carrying out the work to improve the environment in order to increase physical activity, the committee agreed that the involvement of volunteers was positive for a variety of reasons. The following wording has been added to recommendations 1.2.4 and 1.2.7 to communicate this:</p> <p>"1.2.4 ...Work in association with relevant third sector organisations and volunteers to plan and carry out this work."</p> <p>"1.2.7 Make it as easy as possible for people with limited mobility to move around their local area, and work with relevant third sector organisations to achieve this."</p>
The Wildlife Trusts	Full	8	181	We agree that it is important to open up public spaces to all. Accessibility to green and blue spaces. The Wildlife Trusts have examples of 36 Accessible Reserves to people who use wheelchairs. Use of Board-walks, sensitively designed gates and proximity of facilities such as toilets, car-park and	Thank you for your response. We will pass this information to our local practice collection team. More information on local practice can be found here .

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				refreshments all feature.	
Transport for London		1.2.4 – lines 100-112	100 - 112	<p>These measures should not lead to detrimental impact on air quality due to increase in congestion and vehicles braking /accelerating near the traffic calming measure.</p> <ul style="list-style-type: none"> • Also the traffic calming measure should not impede emergency vehicles or lead to negative impacts to either Powered two wheelers or cyclists. 	<p>Thank you for this comment. Recommendation 1.2.5 does not specify the method of traffic calming to use, as the evidence identified on this topic (evidence statements 2.17, 3.7) was unclear about the methods of traffic calming used.</p> <p>This recommendation has been amended to include a reference to NICE's guidance on Air Pollution: Outdoor Air Quality and Health and Department for Transport's guidance on traffic calming, which have some more detailed findings on types of traffic calming and air pollution. The DfT's guidance referenced includes assessments of to what extent emergency vehicles would be impeded, and the requirement to minimise disruption to emergency services.</p>
Transport for London		1.1	46-47	This is a valid proposal, however there isn't a central portal where to store reports, lessons learnt or associated documentation to both inform others or to learn from others	Thank you for your response. Your comments will be considered by NICE where relevant support activity is being planned.
Transport for London		1.1.3 – line 50	50	Potentially	Thank you for this comment. Unfortunately we are not clear on what is being requested in this comment, and so have not been able to make a change.
Transport for London		1.1.4 – line 58	58	<p>The statement implies that the pedestrian crossings are controlled (either zebra or signalised). There is a desire to reduce the amount of traffic signals from a number or pressure groups and this recommendation runs counter to this demand.</p> <ul style="list-style-type: none"> • Minimum crossing times are set by the DfT – note that the 	Thank you for this comment. The language around crossings has been clarified to specify when pedestrian-controlled crossings or signal-controlled crossings are being referred to.

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				green man period is to establish the pedestrian on the crossing and that the clearance (incorporating countdown signals in London) is for the pedestrian to complete the crossing.	The pressure to reduce the amount of traffic signals could adversely affect people with limited mobility and have equality impacts and so the committee decided not to change any recommendations based on this.
Transport for London		1.2.3 – lines 92	92	In a lot of areas there will not be any existing cycle routes, and potentially limited footpaths particularly in rural areas	Thank you for this comment. This recommendation aims to increase connectivity generally and wherever possible. The committee considered that it was implicit in the recommendation that this could only be carried out where there were existing routes.
Transport for London		1.2.6 – line 126 &	126-127	<p>What is considered “best Practice”? the current DfT cycle guidance document is dated from 2008 and has in effect been superseded by the large strides made in cycle design in not only London but also the rest of the country. Some of the guidance published by cycling groups do not always consider other vulnerable road users.</p> <ul style="list-style-type: none"> • Secure cycle storage on public transport – does this include buses and trams? How is this envisaged to occur? Potentially this would take space away from either seated passengers of the area reserved for wheelchairs/buggies. 	<p>Thank you for this comment. The committee decided to reference the Transport for London's London cycling design standards, and Highways England's cycle traffic and the strategic road network here. This recommendation was made to reflect evidence that the installation of bike carriers on public buses contributed to an increase in active commuters, and that bike parking facilities associated with public transport were also effective at increasing active travel. Additional wording has been added to the evidence discussion section for section 1.2 which reads:</p> <p>"The committee recognised that flexible seating arrangements could be used when adding cycle parking to public transport, to help to ensure that enough seating is retained for those who need it."</p> <p>Thank you for your feedback on</p>

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					implementation issues. Your comments will be considered by NICE where relevant support activity is being planned.
Transport for London		1.2.7 – line 143 &		Crossings at junctions or those closely located do not have audibles fitted due to these can be misconstrued to be for the wrong crossing – wording will need to be changed to “have tactile rotating cones and/or audible beep” • Note a number of local authorities have their own policies regarding tactile paving which deviate from the DfT guidance	Thank you for this comment. The wording of recommendation 1.2.7 has been amended to require that: "• Ensure signal-controlled crossings have tactile rotating cones and, if appropriate, an audible beep..."
University of Southampton				Our paper can be found at: http://www.sciencedirect.com/science/article/pii/S2214140517300464	Thank you for this comment. We are aware of this study and the committee has discussed it. As it is not associated with a specific intervention, it does not meet the inclusion criteria of this guideline update, and therefore cannot form part of the body of evidence considered when writing recommendations.
University of Southampton		General	General	As Living Streets acknowledge in their expert testimony, not having enough time to cross the road is a major barrier to older people's walking in their neighbourhoods. We suggest that your recommendations in relation to crossing times at pedestrian crossings do not go far enough and should be more specific. Our recommendations are: 1. That you consider specifying a slower crossing time than the current 1.2m/s; our research suggests that a crossing speed of 0.8m/s would allow most older people to cross the road safely well into their 70s. 2. That you recommend extending the use of timed crossings, at which the time remaining to cross counts down, which can increase the confidence of those with slower walking speeds. 3. That there be a trial replication of Singapore's policy, whereby older people and others with mobility difficulties have a pass which they can scan at crossings, which allows	Thank you for your comment. No evidence from the literature on the optimum crossing time that met our inclusion criteria was identified for this guideline. Therefore specific timings for crossing can't be included in this guideline.

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				for extra time to cross.	
University of Southampton		General	General	Your definition of 'people with limited mobility' is broad and includes 'older people', but we suggest that the language is misleading. We suggest that many of the 90% of people aged 60 and older which our research finds do not walk at a pace fast enough to cross the road safely do not think of themselves, and are not thought of by service providers, as having limited mobility. We recommend, therefore that you alter this language to be more specific to avoid misleading service providers.	Thank you for this comment. It is interesting to hear that your research showed that 90% of those aged 60 and older who did not walk at a fast enough pace to cross the road safely, did not think of themselves as having limited mobility. The wording of the definition of limited mobility has been amended to read "some older or frail people". This recognises the breadth of mobility within that group.
Wheels for Wellbeing	Full	General	General	Question 6 – Decay is an interesting question. The main item of decay we see in physical environments is actually intentional when extra access controls are added to spaces especially parks which then block access for users who are unable to dismount their cycle. However, if policies are properly aligned these should not be a concern. It is true – however – that step free routes can often become impassable to those who need smooth surfaces throughout much quicker than for those who can handle bumps e.g. from tree roots.	We appreciate this comment - it is good to know that the assumption around decay is not an unreasonable one based on practical experience.
Wheels for Wellbeing	Full	General	General	Question 7 – The wording could be clearer on including other bodies. The issues we encounter are sometimes with bodies controlling parks or who have an involvement as highway authorities or outside contracted agencies who are delivering local government changes to an environment.	Thank you for this comment. The audience in the "who is it for" section has been amended to include the following: "• Local authorities and metro mayors, including agencies contracted to deliver environmental changes for local authorities, and departments responsible for: public health, social care, planning and development, transport, sport, recreation and leisure, and public open spaces."
Wheels for Wellbeing	Full	General	General	[1] http://www.standardsforhighways.co.uk/ha/standards/ians/pdfs/ian195.pdf - page 11, section 2.2.4	Thank you for these references. We have considered the publications referenced in

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				<p>[1]http://wheelsforwellbeing.org.uk/survey-uks-disabled-cyclists/</p> <p>[1]https://www.cycleboom.org/briefing-notes/</p> <p>[1]http://wheelsforwellbeing.org.uk/survey-uks-disabled-cyclists/</p>	<p>your comment against our inclusion criteria. As they either do not include an intervention, include a behavioural intervention, or are descriptive in nature, they are not eligible for inclusion in the body of research considered (please see the review protocol document for inclusion and exclusion criteria).</p>
Wheels for Wellbeing	Full	5	50	1.1.3 is a very powerful statement but only apparent as such by reading over whole policy. Can it be made clearer?	<p>Thank you for this comment. This is a strong recommendation (as opposed to a "consider" recommendation which denotes less certainty in the evidence base). It is also expanded on in the following recommendations, which detail how to make it as easy as possible. Therefore no change has been made here.</p>
Wheels for Wellbeing	Full	5	55	Obstructions include intentional design elements such as bollards or A-Frames, please include these as well.	<p>Thank you for this comment. This section of the recommendation is not intended to be an exhaustive list of types of permanent or temporary obstructions. We feel that the list as it stands is a good indication of types of obstruction, and that the inclusion of "vending boards", which are defined at the end of the guideline, reference the items you mention.</p>
Wheels for Wellbeing	Full	5	62	An explicit mention of the need for routes to be "step free" by use of dropped kerbs, ramps instead of steps and other careful planning is important in explaining the designs necessary for inclusive and accessible environments. Where routes are not possible to be made step free an accessible alternative must be signed clearly.	<p>Thank you for this comment. The committee agreed that step free access was important, and this was supported by evidence from expert testimony Recommendation 1.1.3 has been amended to include mention of step free access:</p>

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					<p>"1.1.3 Develop and put policies into place to ensure people with limited mobility can safely move along and across streets and in public open spaces:...</p> <ul style="list-style-type: none"> • Provide step-free access or, where this is not possible, clearly signposted accessible alternatives."
Wheels for Wellbeing	Full	5	62	<p>Sufficient width is an important issue and would be important to mention specifically here. Width enables use by cycles of extra width (adapted cycles, tricycles, side by sides – IAN (Interim Advice Note) 195/16 [10]has the idea of the cycle design vehicle) along with those walking with assistance from another person, dog or with a child. Some disabled people use cycles as mobility aids and therefore must be able to start and end their journey by cycling considerately on a footway.</p>	<p>Thank you for this comment. Width of footways is covered in recommendation 1.2.5, which was imported from PH8, for which this guideline is an update. Recommendation 1.2.5 recommends re-allocating road space as a measure that could be taken to ensure that people using active modes of transport are prioritised. No additional evidence to support additional detail for this part of the recommendation was identified.</p>
Wheels for Wellbeing	Full	7	128	<p>Suggest "...including 5% provision for non-standard cycles", this is what we have found in surveys would be a meaningful proportion of parking to be accessible for cycles that don't fit in regular cycle parking spaces. Additionally best practice requires that such cycle parking is step free.</p>	<p>Thank you for this comment. To date, there is no empirical evidence that meets the inclusion criteria for this guideline that specifies proportions of parking to be available for non-standard cycles. We would expect this decision to be made locally. However, mention of cycle parking has been added to recommendation 1.3.1 in relation to open spaces.</p>
Wheels for Wellbeing	Full	8	136	<p>Dropped kerbs at junctions and full step free access, with signed accessible alternatives where step free access is a problem.</p>	<p>Thank you for this comment. Recommendation 1.2.7 covers kerbs at junctions. The committee agreed that step free access was important, and this was supported by evidence from expert testimony Recommendation 1.1.3 has been amended to include mention of step free access:</p>

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					<p>"1.1.3 Develop and put policies into place to ensure people with limited mobility can safely move along and across streets and in public open spaces: ...</p> <ul style="list-style-type: none"> • Provide step-free access or, where this is not possible, clearly signposted accessible alternatives."
Wheels for Wellbeing	Full	8	159	<p>Within this section we would like to see some commentary on the need for ability to cycle especially as a mobility aid in public spaces, particularly pedestrianised areas that can be exclusionary of those who rely on cycles for mobility. It is something we often receive feedback about. In our recent survey 1 in 3 disabled cyclists had been asked to dismount and walk their cycle even though they were using it as a mobility aid[11]</p>	<p>Thank you for this comment. However there is insufficient empirical evidence relating specifically to cycles for mobility to enable a recommendation to be made at the level of detail you suggest.</p>
Wheels for Wellbeing	Full	10	209	<p>We are concerned that this definition is not quite in line with the social model of disability, which we and most other groups engaging with disability now work from. Is it possible to define this in language that does not rely on impairments but does talk about how the environment can be disabling? E.g. That wheelchairs and other mobility aids (including cycles) are a way to meet the mobility needs of many disabled people. Lack of consistently step-free environment (as an example) is what restricts their use and what is therefore disabling. Changing the environment will remove the barrier to physical activity for the most.</p>	<p>Thank you for this comment. The committee discussed the social model of disability and worked to embed this throughout the guideline. The definition of limited mobility has been amended to reduce reference to impairments and to ensure that emphasis is on the environment not being adapted to meet their needs.</p>
Wheels for Wellbeing	Full	10	215	<p>Cycles should be explicitly included as a mobility aid, e-cycles would be an interesting element to add given the rapid uptake we are seeing of them and the evidence from projects such as Cycle Boom [12]and WfW surveys [13]e.g. showing not only that cycling is easier than walking but also that 18% of respondents had taken up an e-cycle.</p>	<p>Thank you. Cycles has been added to the definition to incorporate all types of cycle.</p>
Wheels for Wellbeing	Full	10	216	<p>Buggies and prams should also be supplemented with cargo cycles. In our work in the Beyond the Bicycle coalition we find common cause with cargo cycle users in their needs for</p>	<p>Thank you. Cargo cycles has been added to the definition</p>

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				Please insert each new comment in a new row wider, smoother and more readily accessible cycle routes.	Please respond to each comment

Document processed	Organisation name – Stakeholder or respondent	Disclosure on tobacco funding / links	Number of comments extracted	Comments
20's Plenty for Us.doc	[20's Plenty for Us]	[none]	3	
Arthritis and Musculoskeletal Alliance.doc	Arthritis and Musculoskeletal Alliance (ARMA)	None	3	
Arthritis Research UK.doc	Arthritis Research UK	[Nil]	1	
Association of Directors of Public Health.DOC	Association of Directors of Public Health	Nothing to disclose	6	
Cambridge Cycling Campaign.doc	Cambridge Cycling Campaign	Dr Michael Cahn	15	
Chartered Institution of Highways & Transportation.doc	Chartered Institution of Highways & Transportation	None	18	
Department of Health.doc	Department of Health	None	1	
Department for transport	Department for transport	none	33	
Ecosystems Knowledge Network.doc	Ecosystems Knowledge Network	None	1	
Faculty of Public Health.doc	Faculty of Public Health	None	13	
Faculty of Sport and Exercise Medicine.doc	Faculty of Sport and Exercise Medicine (FSEM) UK	[Nil]	8	
Fit For Sport.doc	Fit For Sport	None	1	
greenspace scotland.doc	greenspace scotland	None	17	
Guide Dogs.docx	Guide Dogs	We have no current or past links to the tobacco industry either directly or indirectly, nor have we or do we receive funding from the tobacco industry.	23	
Kilburn Older Voices Exchange.doc	Kilburn Older Voices Exchange	We have no links with	24	

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		the tobacco industry		
Landscape Institute.docx	Landscape Institute	N/A	18	
Leeds City Council.doc	[Leeds City Council]	[None]	9	
Living streets	Living streets	none	10	
London Borough of Enfield.doc	[London Borough of Enfield]	[No links]	32	
London Cycling Campaign	London Cycling Campaign	[none]	4	
Medway Council.doc	Medway Council –Public Health]	[none]	7	
MRC Epidemiology Unit & UKCRC Centre for Diet and Activity Research.doc	MRC Epidemiology Unit & UKCRC Centre for Diet and Activity Research (CEDAR)	None	14	
Natural Resources Wales.doc	None	Bronia Bendall	12	
Obesity Group of the British Dietetic Association.doc	Obesity Group of the British Dietetic Association	None	13	
PAMIS.doc	[PAMIS]	[No link to tobacco industry]	2	
Parkinson's UK.doc	Parkinson's UK	N/A	22	
PHE	PHE	N/A	11	
Public Health Agency.doc	Public Health Agency	Not Applicable	7	
Rother District Council.doc	Rother District Council	Not applicable	22	
Royal College of Anaesthetists.doc	Royal College of Anaesthetists	None to disclose	8	
Royal College of Nursing.doc	Royal College of Nursing	None	1	
Salford City Council	Salford City Council	None	9	
South East London Vision.doc	[South East London Vision]	[None]	5	
Swindon Borough Council.doc	[Swindon Borough Council]	[Not applicable]	2	
The Royal College of Physicians and Surgeons of Glasgow.DOC	The Royal College of Physicians and Surgeons of Glasgow	None	10	
The Wildlife Trusts.doc	The Wildlife Trusts	None	8	
Transport for London	TRANSPORT FOR LONDON	None	7	

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University of Southampton.doc	University of Southampton	N/A	3	
Wheels for Wellbeing.doc	Wheels for Wellbeing	none	13	

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