Public Health Interventions Guidance

Preventing unintentional road injuries among under 15s: road design
Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Cyclenation		General		The 4 weeks allowed for consultation, and in particular the 6 working days available to digest the stakeholder discussions at the Birmingham workshop (even less at other venues) were totally inadequate for studying the 467 pages in the reports, and for discussing them with colleagues from Cyclenation, the national organisation representing local cycle campaign groups. It was also unfortunate that sections 5 and 6 have not yet been completed as they would be expected to answer some of our questions.	Thank you. The timeline for this work, including the standard consultation periods has followed the usual process for NICE public health guidance. This included consultation on the draft scope, the evidence and the draft guidance. The scope consultation ran between 3 November and 1 December 2008, and the evidence consultation between 30 June and 28 July 2009. The draft guidance consultation (this consultation phase) ran from 4 November – 2 December 2009.
Cyclenation		Appendix D		The recommendations and research reports failed to offer clear evidence of the effectiveness of any of the popular methods of infrastructure modification. This seems counter-intuitive. Adult road users would seem to benefit from traffic calming measures in terms of less collisions as well as enjoying a more civilised environment. TRL even use a formula for the reduction in collisions related to the observed vehicle speeds This may partly have resulted from the undue haste in publication referred to above, as it is likely that some sources may have been missed. For example the Department for Transport has been working for the past year on aspects of cycling safety and is due to publish its findings at the end of the year. This study could well produce more robust and reliable research results in that area. It is to be hoped that Sections 5 and 6 when completed will address this issue.	The research reports (consultation between 30 June and 28 July 2009) identified evidence relating to effectiveness. The draft guidance presents recommendations based on this evidence, economic analysis, expert testimony and the deliberations of the Public Health Interventions Advisory Committee (PHIAC).

Public Health Interventions Guidance

Preventing unintentional road injuries among under 15s: road design
Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Cyclenation		3.13		Intelligent Speed Adaptation (ISA) is a very promising technique which should have been investigated here. It would be far cheaper to implement than the humps, chicanes etc of more conventional infrastructure.	Thank you. This technique is not within the scope for this guidance. Stakeholders can suggest topics for future guidance at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Cyclenation		8 (text) 9 (contents page)		There is no evidence that the fundamental Government guidance in its publications Manual for Streets and Cycling Infrastructure Design has been considered. They are not listed among the references. In particular, their recommendations for a Hierarchy of Provision for addressing the safety and convenience of walkers and cyclists, in which motor vehicle restraint is given higher priority over many types of infrastructure, should have been assessed.	Thank you. Manual for Streets is now included as a an example of good practice guidelines in the recommendations.
Cyclenation		Review 2 - Barriers		Although briefly referred to in the workshops, more recognition should be given to the barriers which affect the implementation of beneficial infrastructure. One is Funding. Representatives from local government warned that threatened cuts in budgets would affect maintenance, safety schemes, School Travel Advisors, cameras and other enforcement measures (discussed in another NICE forum). Safety schemes normally funded from Section 106 developer contributions were suffering from a national reduction in commercial developments.	The availability of local funding is an important barrier. However, NICE guidance is not able to consider the level of local funding. NICE produces local costings tools to support implementation.
Cyclenation		Review 2 - Barriers		Another significant barrier is the attitude of the press. Newspapers and broadcast media are heavily dependent on advertising, including from car manufacturers. It is therefore not surprising that a popular climate of antipathy to enforcement and speed reduction methods has developed, fuelled by journalists and self-appointed “experts” from discredited pseudo-scientific organisations.	We hope that the production of NICE recommendations on these interventions help to demonstrate the benefit to society.

Public Health Interventions Guidance

Preventing unintentional road injuries among under 15s: road design
Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Department for Children Schools and Families		General		We feel it would be helpful if the guidance said that play spaces and other child-centred environments should be considered for specific attention. When providing advice about preventing child injuries, where children play and spend their leisure time is as important as schools. Even though the evidence did not look at play space, the evidence to support safe routes to school would, by extension logically apply elsewhere. The guidance talks about 'area-wide' traffic calming but the focus may benefit from being around the places where children live, learn and play.	Thank you. We agree play is very important. The guidance includes reference to the reduction in frequency of play in the street or areas close to home in recent decades. Recommendation 4 (previously recommendation 3) now includes travel to recreational sites as important routes for children and young people.

Public Health Interventions Guidance

Preventing unintentional road injuries among under 15s: road design
Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Department for Children Schools and Families		General		**20mph Zones** DCSF have concerns regarding the recommendation of 20mph zones. The evidence is most strong on this but nearly every other intervention analysed shows reductions in child accidents and where they do not do this is because the baseline measure is so small it is not relevant or there is no research. Although the evidence is 'weak' in the research parlance, cumulatively they provide rather strong evidence that taking other measures actually works. We would add that the other schemes have real quality of life benefits out of the scope of this guidance. We feel that for example, road planners, would interpret the guidance and simply put in road bumps and 20mph zones in inappropriate places that would not benefit. DCSF feel that the guidance would benefit by including a clear statement that other initiatives should not be discounted as they indicate a positive impact, not only on child deaths but also on wider environmental and quality of life concerns.	Thank you. The guidance notes that interventions may have impacts other than injury reduction, and that this may not be the primary focus of the intervention. However, the guidance referral was to consider reductions in injury and so this is the focus of the guidance. The guidance notes that absence of recommendations on any other measures is a result of a lack of evidence that met the inclusion criteria for the evidence reviews rather than a judgement on whether or not any other measures are effective and cost effective. Other benefits of engineering measures are addressed in the considerations section of the full guidance..'

Public Health Interventions Guidance

Preventing unintentional road injuries among under 15s: road design
Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Department for Transport		General		**Mixed Priority Routes** For the mixed priority routes DfT have four major reservations: • The results are based on three of the ten projects and on only about one years' worth of 'after' information. We think three years' worth of data is needed to come to robust conclusions and intend to do that next year; • The analysis is based on safety benefits compared to cost only. Most of these schemes have substantial other benefits and in many cases improving safety was not the prime benefit. So there are economy and safety benefits. There are also benefits to health due to more walking and cycling (with increased exposure to risk affecting the casualty numbers); • Controlling for the background casualty trend has a major influence on the net present value calculations. We are not sure how this has been done and it appears to be critical to the conclusions made;	Thank you. The reference to mixed priority routes has been removed from the recommendations.

Public Health Interventions Guidance

Preventing unintentional road injuries among under 15s: road design
Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Department for Transport		General (continued)		• DfT experience with evaluating large programmes of safety engineering schemes (and, for that matter, safety enforcement cameras) is that there is also a major additional effect in terms of reducing the average severity of the remaining casualties. It has an effect on net present values of a similar order of magnitude to controlling for background casualty trends (compared to a simplistic assessment that just compares before and after casualties, assuming no change in their severity), but in the opposite direction. DfT have received some figures for safety benefits for the second group of five schemes, which are also limited by all the caveats above. They suggest that three of the schemes have safety benefits exceeding their costs over ten and twenty year scheme lifetimes. The other two were developed mainly to meet other objectives and not as bespoke road safety interventions. Indeed the ten sites were chosen to cover a range of locations, some of which had a strong safety case for action and others of which did not. DfT intend to publish an evaluation of the mixed priority routes next year and would prefer to await the full data, rather than have part of the picture included in the NICE report now.	See comment above

Public Health Interventions Guidance

Preventing unintentional road injuries among under 15s: road design
Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Department for Transport				**Advisory 20 mph Limits** The conclusions about advisory 20 mph limits are based on an assumed casualty reduction of 58%. We feel this is unrealistic and not what the Burns et al (2001) reference says. The reference indicates that the average reduction in average speed achieved was about 1.2 mph. This is consistent with other research about non-engineered 20 mph limits. Such a speed reduction is likely to be associated with a casualty reduction of about 5%. It also endorsed the need to locate sites in places where an average speed after implementation of about 20 mph would be achievable. Usually this means average speeds before implementation would need to be 24 mph or less. DfT are concerned that the draft conclusions as they stand might be taken as a license to implement advisory limits in unsuitable places, based on unrealistic expectations. This would lead to considerable disappointment in these places and also to a proliferation of unrealistic advice, which would then discredit more realistic advisory and mandatory limits. We would be grateful if you would re-examine the evidence and consider putting any advice in a more realistic context.	Thank you. The casualty reduction figure is taken from the Burns et al reference. Table 4.2 (p 82) indicates a reduction in casualties (factored to account for a different monitoring period before and after) from 83 to 48 (58%). Thank you for indicating that the wording of the recommendation might lead to 20mph limits being used in unsuitable sites. This also came up during fieldwork. The recommendation (now recommendation 3) has been amended. .

Public Health Interventions Guidance

Preventing unintentional road injuries among under 15s: road design
Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Greater Manchester Cycling Campaign		Recommendation 2 – What action should they take?		Amend bullet point as follows: • Consider developing city or town-wide 20 mph limits and zones on **all** residential roads. **Twenty's Plenty Where People Live. Complement with mass education and enforcement rather than highway engineering.**	This recommendation (now recommendation 3) has been amended. The focus of this guidance is on engineering interventions rather than education. However, the guidance notes that the recommendations should be implemented as part of a broader strategy that includes driver and public education and enforcement activities.
Greater Manchester Cycling Campaign		Recommendation 2 – What action should they take?		Add new bullet point: • Reduce speed limit on all rural roads to 50 mph	Thank you. Many rural roads have higher, appropriate speed limits (including dual carriageways and motorways). The recommendations now refers to considering measures to reduce speeds on rural roads where the risk of injury is relatively high (in line with Department for Transport guidance).
Greater Manchester Cycling Campaign		Recommendation 2		Expensively constructed humps and bumps are uncomfortable for cyclists – and occupants of ambulances. Reducing residential speed limits will slow motor traffic and make it more attractive – and safer - to walk and cycle. This measure is supported by Living Streets, Twenty's Plenty and the Cyclists Touring Club (CTC) ***Safety in Numbers*** campaign. London has seen a 91% increase in cycling since 2000 and a 33% fall in cycle casualties since 1994-98. The Netherlands has witnessed a 45% increase in cycling from 1980-2005 and a 58% decrease in cyclist fatalities.	The recommendations in the guidance will support work to slow speed in residential areas.

Public Health Interventions Guidance

Preventing unintentional road injuries among under 15s: road design
Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Greater Manchester Cycling Campaign		Recommendation 3 – What action should they take?		Amend paragraph as follows: Consider opportunities to develop engineering measures beyond the school premises (not just in close proximity to the school) to provide safer routes to school. This should be done as part of the development of a broad package of measures to address school travel, for instance when developing school travel plans. ***Travel plans should be active dynamic documents, revised annually by schools and reviewed by the Local Education Authority. Each school should appoint a cycling champion – parent or teacher or governor. Central government resources must enable primary schools to offer Bikeability Level 2 training to all Y6 pupils – before they leave for secondary school. This will give young people the skills and confidence to cycle assertively and safely into adulthood – reducing their risk of road injury.***	This recommendation (now recommendation 4) has been amended to take into account travel to wider destinations than just schools. The guidance focuses on road design and modification so the suggested amendments are not within its scope
NHS Bury	 vieira ---pleas section 5.  ScienceDire Transportatior	General		We would suggest the evidence for the use of **Speed-Actuated Traffic Signals** (as implemented in **Portugal**). Please see attached documents in the email: 1: Low-cost engineering measures for casualty reduction. Application on the national road network. 2:Impact of speed control traffic signals on pollutant emissions	Thank you for this evidence. The impact on emissions of pollutants is outside the scope of this guidance. Enforcement of speed limits is also outside the scope of the guidance. For inclusion in the evidence reviews produced to inform this guidance, studies needed to present data on injury levels to children within the age group of interest. The study by Vieira does not present this data.

Public Health Interventions Guidance

Preventing unintentional road injuries among under 15s: road design
Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
NHS Bury		General		We suggest the use of **speed-actuated traffic signals** in combination with other measures described in section 5 of the attached document (**Low-cost engineering measures for casualty reduction. Application on the national road network).** Other recommendations were provided during the **Workshop to review NICE draft guidance on the prevention of unintentional road injury in under 15's: road design.**	See comments above
Parliamentary Advisory Council for Transport Safety		General		Given that road death is an extremely emotional topic, particularly in the under-15 age group, PACTS asks that 'accident' be replaced with words such as 'incident', 'crash' or 'road death', and terms such as 'accident black spot' be avoided altogether, replaced by the preferred phrase 'high risk site'.	Thank you. The final guidance does not use 'accident' other than when it is part of the title of a reference. The guidance says 'This guidance uses the term 'unintentional injuries' rather than accidents, since 'most injuries and their precipitating events are predictable and preventable' (Davis and Pless 2001). The term 'accident' implies an unpredictable and therefore unavoidable event'. 'Black spot' is not used in the document.

Public Health Interventions Guidance

Preventing unintentional road injuries among under 15s: road design
Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Parliamentary Advisory Council for Transport Safety		General		Although Great Britain has an encouraging history of road safety, our relative performance in the under 15 category is less successful. However, targets in this area have been fundamental in generating public and private support and have encouraged greater activity at the local level. Good practice and experience and professional commitment to progress in this area should be drawn on and developed. PACTS recommends that current DfT road safety and road risk knowledge be drawn upon. In addition, PACTS have produced two documents which may be useful to the continuation of this research: 'Beyond 2010 – A Holistic Approach to Road Safety' http://www.pacts.org.uk/research.php?id=8 and 'Behave Yourself – Road Safety in the 21st Century' http://www.pacts.org.uk/research.php?id=16.	Thank you.
Parliamentary Advisory Council for Transport Safety		General		It should be noted that although terms such as 'moderate' and 'weak', when in connection with the evidence base, are essentially positive terms within the DH, among transport professionals and DfT the terminology could be misunderstood. A glossary explaining these terms would be particularly useful to prevent confusion on publication.	The NICE 'methods manual' (see http://www.nice.org.uk/media/2FB/53/PHMethodsManual110509.pdf) suggests terms such as 'moderate' and 'weak' are used to describe the evidence. The evidence statements in the guidance describe what the evidence is that has led to this description (for instance 'two uncontrolled before-and-after studies').

Public Health Interventions Guidance

Preventing unintentional road injuries among under 15s: road design
Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Parliamentary Advisory Council for Transport Safety		General		This consultation sees a child as being any person under the age of 15, the DfT considers a child to be any person under the age of 16, and Every Child Matters (DCSF) defines a child as being under 18. In order to streamline priorities and create more effective policy objectives, PACTS recommends the linking-up of these categorizations across the three departments. In our response to the DfT consultation 'A Safer Way', we suggested the following breakdown: Children: 0-12 Teenagers: 13-19 Young Adults: 20-25 This classification allows for the variations in risk profile which alter drastically through the age ranges.	Thank you. We are aware of the many and different classifications. It was felt that as there is no perfect solution it was appropriate in this case to use the age grouping provided in the original referral.

Public Health Interventions Guidance

Preventing unintentional road injuries among under 15s: road design
Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Parliamentary Advisory Council for Transport Safety		General		It is certainly productive to reconsider the evaluation process, and the research shows that the two processes deliver different results. PACTS supports the extension of PI's to include longer-term health costs and so on. However, it would be interesting to reconsider whether the study goes far enough. Given the strength of current policy priorities, it makes sense to use this opportunity to evaluate measures with an even broader selection of PI's – to include QALY difference based on improved environmental factors and QALY difference based on social mobility, health in general and so on. Equally, it seems inefficient to discard such a wealth of information on (a) other age groups and (b) age specifications within the under 15 – bracket. (a) The majority of road design measures put in place to protect the under-15 age bracket will also act in a protective ways for other road users. Whilst it may be interesting to consider the specific issues facing the under-15 group, the cost-benefit/cost-utility analysis will not give a clear picture if the full benefits are not calculated. (b) Though the research shows that there is room to reconsider some of the processes used by the Department for Transport (DfT) there is wealth of research and knowledge in the department which it would be imprudent to dismiss. It is clear, for example, that averaging the under-15 age group out to 8 years old is counter-productive. The risk profile faced by younger children is very different to that of older children.	To be included in the evidence reviews, evaluations needed to show outcomes in the age group relevant to the guidance, or at least to a relatively comparable age group. This enabled consideration of whether an intervention is likely to have been effective in reducing unintentional injuries in that group. For the economic modelling, it was agreed that it would be perverse to dismiss injury reductions in age groups other than that of interest to this guidance. As a result the economic modelling included changes in injury rates to all age groups.

Public Health Interventions Guidance

Preventing unintentional road injuries among under 15s: road design
Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of Nursing		General		With a membership of over 400,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations. The RCN welcomes this document. It is comprehensive and timely.	Thank you.
Royal College of Nursing		General		We would request consideration of many more **cycle lanes** around school areas. Children should be encouraged to walk and cycle to school for health benefits where possible. However, areas around schools have particularly heavy use by cars because of the number of students transported to and from school. This can be off putting for cyclists because they find it difficult to navigate between parked and moving cars and this sometimes results to accidents.	Recommendation 4 addresses developing safer routes for children to schools and other destinations.
Royal College of Nursing		General		Children should also be encouraged to take part in **Cycling Proficiency Courses** organised by their schools where they are available. They should also be encouraged and instructed in the use of the correct clothing for example fluorescent jackets and cycling helmets – again helping reduce the likelihood of accidents.	Thank you. These topics are beyond the scope of this guidance.

Public Health Interventions Guidance

Preventing unintentional road injuries among under 15s: road design
Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of Paediatrics and Child Health		General		In general the College feels that these reports will be very helpful in stimulating activity to support injury prevention for children and young people in the UK. The guidance recognises that while injury is one of the leading causes of death in this age group in the UK there is an insufficient public health response, in part due to the fragmented nature of responsibilities across different sectors and organisations.	Thank you.
Royal College of Paediatrics and Child Health		General		While we recognise that the work of NICE is based on answering specific questions we wonder whether in this particular circumstance the brief is somewhat narrow. The guidance largely focuses on the effectiveness and cost effectiveness of engineering interventions to slow traffic and prevent injuries. However, there is increasing evidence that the actual and perceived dangers associated with high speed urban environments are major factors in parents restricting their children's play and use of active modes of transport, particularly in deprived neighbourhoods. High speed neighbourhoods also restrict the travel choices of adults. Given that these restrictions play an important part in reducing physical activity and its associated health benefits we wonder about the merits of cost benefit analyses which are restricted to only some of the outcomes of traffic calming.	Thank you. As you note, the guidance is aimed at considering the impact on injuries. The economic evaluation has considered the impact in terms of reducing injuries to produce a cost utility analysis and has also gone beyond this to produce a cost benefit analysis. The modelling notes that this does not include benefits such as changes in physical activity. This guidance supports the development of environments where traffic speed is addressed to reduce risk . The role of the environment in promoting physical activity is addressed in NICE guidance PH8.

Public Health Interventions Guidance

Preventing unintentional road injuries among under 15s: road design
Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of Paediatrics and Child Health		General (continued)		There is also a widespread erroneous belief that the UK is awash with traffic calming interventions (Audit Commission. Changing Lanes. Edited by Local Authorities and NHSE: Audit Commission, 2007). In fact this is less than in many other European countries with much better pedestrian safety records. We would like to bring your attention to a paper which will shortly be published in the journal Injury Prevention and which demonstrated that less than 4% of our road surface is traffic calmed. (Rodgers SE, Jones SJ, Macey S, Lyons RA. Using GIS to assess the equitable distribution of traffic calming measures. Injury Prevention 2009, accepted 24/09/09).	Thank you. This is useful supporting material for the production of the recommendations.
Royal College of Paediatrics and Child Health		General (continued)		In the introductory section of the guidance it may be worthwhile pointing out that international comparisons of pedestrian safety are difficult due to a lack of data on exposure levels. Whilst the UK pedestrian fatality rate is higher than in the US, this is not because of higher investment in pedestrian safety in the US but reflects the dominance of car culture and the virtual absence of pedestrians in many cities. Similarly, given the low level of preventive intervention in the UK the downward trend in pedestrian injuries is more likely to be due to a growth in car ownership and a change in modes of transport. Whilst we welcome any reduction in injuries, achievement through reducing walking and cycling in childhood should be regarded as a major public health failure. For the health of our children and planet it is essential that we reduce injuries through the development of safer environments which also increase active transport.	Thank you. Section 2 now includes information relating to the changes in travel and activity by various modes.

Public Health Interventions Guidance

Preventing unintentional road injuries among under 15s: road design
Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of Paediatrics and Child Health		General (continued)		The consultation highlights the limited evidence base in this field. This is not surprising due to the lack of funding from the health research sector and the difficulties of evaluating such interventions which require multi-disciplinary input and data from several sources. Due to the relatively low number of serious injuries at any particular site, in part due to the fact that pedestrian and cycling injuries cluster to a much lower extent than vehicle collisions, and the extreme difficulty in identifying the precise locations and dates of initiation of interventions, few really high quality evaluations have been undertaken. It would be helpful to include the identification and categorisation of interventions in Appendix D - as gaps in the evidence. Such information is a basic prerequisite to evaluating effectiveness by road type, and the rural/urban status, deprivation and ethnic profile of areas.	Appendix D lists gaps in the evidence identified in the reviews carried out for the development of this guidance. NICE guidance also generally includes research recommendations, and the production of this guidance highlighted areas where further research would be valuable. However, it was thought appropriate in this case to develop a broader set of research recommendations taking into account the work of the committee developing the guidance on 'strategies to prevent unintentional injuries among under 15s' and the other pieces of guidance being developed in this 'suite' of work. These recommendations will be published in the 'strategies to prevent unintentional injuries among under 15s' guidance.
Royal College of Paediatrics and Child Health		Recommendation 1, point 2		We are also concerned that this will again lead to too much focus on reacting to casualties, rather than preventing them before they occur. Too many engineering approaches require deaths and serious injuries to occur before they are implemented. Obviously, this is partly driven by budget constraints, but we believe we need to start being proactive.	Thank you. This recommendation (now recommendation 2) has been amended include risk of injury as well as rates of injury.
Royal College of Paediatrics and Child Health		Recommendation 1, point 2		We note this recommendation also assumes that there is a public health professional with responsibility for reducing injuries, not just a lead. We think that a senior public health professional, preferably a consultant, with responsibility for this area would go a long way towards tackling the problem, not just of road injuries, but all injuries.	Thank you. A new recommendation (1) has been developed to address this issue.

Public Health Interventions Guidance

Preventing unintentional road injuries among under 15s: road design
Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of Paediatrics and Child Health	 Preventing in on the road.d	General		There are very limited references to the well known road injury excess in deprived areas. We recommend this be explicitly stated earlier and the need to prioritise these areas emphasised. The budgets available are too small not to do so. There is evidence available to show that traffic calming can reduce injuries in deprived areas and reduce the inequalities gap. We believe this illustrates the need to prioritise deprived areas. Jones S, Lyons R, John A, Palmer, S. Traffic calming policy can reduce inequalities in child pedestrian inquiries: database study. Injury Prevention 2005;11;152-156. (Attached)	The excess rate of road injuries to people in disadvantaged groups is addressed in section 2. The layout of NICE guidance follows 'house style' templates to ensure that guidance is similar in format. The recommendations include identification of measures after consideration of risk and injury data which is likely to prioritise areas of disadvantage.
Royal College of Paediatrics and Child Health		General		We note that the way in which the recommendations are divided is somewhat confusing. For example, speed cameras are not considered in this guidance, but will rather be included in the strategies document. We presume that the people who are meant to read these pieces of guidance will understand this and take action accordingly.	Thank you. The final guidance documents containlinks to other related NICE guidance.
Stockport PCT		Recommendation 2		Add "all" to second bullet point remove "appropriate"? And add "complement with mass education and enforcement"	Thank you. This bullet has not been expanded to include all roads. The need for broader strategies is addressed in recommendation 1.

Public Health Interventions Guidance

Preventing unintentional road injuries among under 15s: road design
Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Stockport PCT		Recommendation 2 Suggested additional bullet point		In introducing traffic calming consideration should be given, subject to the circumstances of individual streets and the consequential impact on cost, to using a home zone or living streets approach as this will certainly lead to drivers taking more care, will certainly produce added social and environmental benefits and may achieve greater compliance. Their added benefits, over and above the impact on injuries which they share with other forms of traffic calming, should be taken into account in economic evaluation" (We understand from discussions that NICE felt unable to recommend home zones as the evidence of their contribution TO INJURIES was limited. We certainly are unaware of any evidence that home zones will make a greater or lesser contribution to injuries than other forms of traffic calming. However if traffic calming is being recommended then it is important that the form chosen should take into account all the benefits)	Thank you. The evidence reviews did not identify any evidence relating to the reduction of injuries from use of home zones and so these are not included in the recommendations. However this should not be taken as a judgement about whether or not they are cost effective.
Stockport PCT		Suggested additional bullet point		In introducing traffic calming consideration should be given to the impact of the chosen design on cyclists	Thank you. This is addressed in recommendation 2.
Stockport PCT		Suggested additional bullet point		Reduce speed limit on all rural roads to 50 mph	Thank you. Recommendation 3 now addresses speed on rural roads
Stockport PCT		Second bullet point		We would be a little braver in recommending 20 mph city wide/ town wide zones. Rather than just "consider" we would be inclined to say that following the successful evaluation of the pilot zone in Portsmouth there is evidence on which to base such zones and it is desirable that they should be more widely trialled.	Thank you. The committee was aware of the preliminary evidence from Portsmouth, although this did not indicate the age groups of any changes in injury rates. Recommendation 3 now says 'implement city or town-wide 20 mph limits and zones on appropriate roads'

Public Health Interventions Guidance

Preventing unintentional road injuries among under 15s: road design
Draft Guidance Consultation - Stakeholder Response Table

4th November 2009 – 2nd December 2009

Stakeholder Organisation	Evidence submitted	Section	Page no.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Stockport PCT		Recommendation 3		These travel plans should not gather dust but be revised annually by schools and reviewed by the LEA. Schools should appoint a cycling champion – parent or teacher or governor. Central government resources must enable primary schools to offer Bikeability Level 2 training to all Y6 pupils. This will give young people the skills and confidence to cycle assertively and safely into adulthood.	Thank you. This guidance was not able to look at the process of developing school travel plans. The final guidance recommends considering opportunities to develop engineering measures to provide safer routes commonly used by children and young people, including to school. It refers to school travel plans.
Stockport PCT		General		We are glad there is no reference to cycle helmets. Given the equivocal nature of the evidence we would suggest that this omission be maintained.	This guidance focuses on road design and modification and specifically excludes education and equipment approaches..