

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
20's Plenty for Chichester and ChiCycle	General		People do not cycle for many reasons but one of the main ones is fear . (Eg West Sussex County Council's Household Travel Survey shows that 46% of people are too afraid to walk or cycle on our roads.) People are afraid of the amount and speed of traffic on our urban and rural roads. Unless we as a society make our roads feel safer, we will not be able to significantly increase the numbers of people walking and cycling. 20mph limits do make streets feel a lot safer and reduce accidents.	The introduction to the recommendations notes that reducing road danger is important. The walking and cycling pathway produced to support this guidance includes recommendations from our guidance on unintentional road injuries around reducing traffic speed and injuries.
20's Plenty for Chichester and ChiCycle	General		We need a huge cultural shift in how we share the streets more equitably between all road users, and we must put pedestrians' and cyclists' needs first, if we want more people to become more active. Bristol has shown a 12% increase in walking and cycling where it has introduced 20mph limits.	Thank you. Recommendation 3 includes prioritising the needs of people walking or cycling
20's Plenty for Chichester and ChiCycle	General		As long as we do not challenge the dominance of motorized vehicles on our streets, long reports, such as this one, and travel plans will make not one jot of a difference in how many people walk or cycle. Modal shift is dependent on our health and transport professionals and perhaps more importantly our political leaders having the courage to put people before traffic. 20mph limits are a prerequisite before any attempt is made to encourage walking and cycling.	Thank you. The walking and cycling pathway produced to support this guidance includes recommendations from our guidance on unintentional road

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Local authorities that do champion 20mph limits are producing the right environment for walking and cycling levels to grow. Local authorities that do not champion 20mph limits where people live, will struggle to encourage walking and cycling.	injuries around reducing traffic speed and injuries.
ACT TravelWise	General		We would like to see from an institution such as NICE more emphasis on medical advice. There are many people who discuss the merits of cycle helmets from an advocate's point of view, for example, but NICE should be able to help our members definitively decide on the balance between health and safety.	The focus of this guidance is not about reducing injury through methods such as helmet use and the debate about whether or how effective this approach might be.
ACT TravelWise	General		As an organisation our members are very keen to work with the health sector. We really want to know how we can contribute to reducing diabetes, obesity CHD etc. We need to know some basics such as what is the difference between a PCT and an NHS trust.	Thank you. We hope this guidance will support cross sector working.
ACT TravelWise	General		There are a lot of lists and bullet points in the report. It would be beneficial to have a clearer structure. Especially if this was based on fundamental categories - for example 1. Why do people move at all? 2. When they have decided to move what options are there, 3. How disposed are they to active options	Thank you. We endeavour to make our guidance documents clear and they follow a standard template. Recommendations are also presented in web format in the relevant pathway .
ACT TravelWise	General		There is not enough guidance to allow us to discern the relative importance of ideas – is a prescribed walk more effective than a map, for example?	It is not possible to provide definitive

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				answers to these sorts of questions. However, the recommendations indicate that a key factor is the implementation of a wide range of complementary actions rather than single solutions.
ACT TravelWise	General		The major difference between travel choice and other forms of choice behaviour is a dominant effect of geography. No matter how persuaded they are of the benefits most people cannot cycle more than 5km or walk more than 2km on a regular basis. There is a need therefore for the guidance to be much clearer about the relationship between what is possible and what is desirable. Another fundamental is to distinguish between awareness and motivation. Do we need to inform people or persuade them?	Thank you. Distance (and other related factors) is clearly a significant factor. While the guidance does not address issues relating to spatial planning, other NICE guidance (PH8 – which focuses on physical activity and the environment) has some relevant recommendations. These will be linked in the NICE pathway to be published with this guidance.
ACT TravelWise	General		There needs to be more clarity which guidance is for external and for internal marketing. If inactivity contributes towards 50,000 deaths and road accidents	The focus of this guidance is not about

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			less than 2,000 then some internal marketing to those planning footpath layouts in new housing areas may be more effective than encouraging residents after the event.	environmental issues. Recommendations from other NICE guidance (PH8) include that local services are easily accessible by bike or foot and these recommendations should be taken into account here.
ACT TravelWise	General		The evidence base looks so variable as to be almost useless as science. To see some studies suggest a zero change and others a 40% one looks odd. Also to see evidence on promotional campaigns where persuasion (with a small effect) is mixed with removal of car parking spaces (with a strong effect) does not inspire confidence. Rather than try to be more scientific it would be interesting to know which ideas the PSG found to be most promising in their professional judgement. Also perhaps to extract a long list of ideas for others to copy.	The recommendations are based on the available evidence and are produced by the PDG as their judgement of what this evidence says and how it can be interpreted
ACT TravelWise	General		Prof Michie and others have worked hard to develop a methodology for measuring future behaviour change experiments and it might be useful to link to this.	Thank you. We have included additional links to NICE work on behaviour change.
ACT TravelWise	General		Overall the ACTW would like to see more emphasis on the medical side providing medical advice. There are many of our members who have been working on travel behaviour change for more than 10 years and whilst accepting that NICE documents reach others such as in the health sector, we are not sure that the document in its present form adds much to what we	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			already know.	
ACT TravelWise	1	10	Police Architectural Liaison Officers have prevented a great deal of walking and cycling in the interests of Secure by Design and should be included as a key target group for influencing.	The focus of this guidance is not about environmental issues. Recommendations from other NICE guidance (PH8) include that local services are easily accessible by bike or foot and these recommendations should be taken into account here
ACT TravelWise	B	101	“for men, walking was not sufficiently vigorous to be considered exercise” is an example of ‘insight’ and could possibly be collected into a further appendix for the sake of those looking for marketing ideas. Similarly the case studies that used weekly emails is an idea that does not find its way into the main report	Recommendation 7 includes the use of emails as a support tool
ACT TravelWise	1	11	Recommends we should assess “relevant policies” but these are listed although this would be a good place to do just that.	Relevant policies are listed in the first bullet point in recommendation 2
ACT TravelWise	1	12	Our biggest comment overall is that you mention “take account of the geography” but this should be fundamental to everything. We need to promote to people what they can do. Areas where we really need guidance is how to measure this so we can “take account “ of it	Thank you. This guidance does not address changes to the built environment to promote walking and cycling as this is addressed in other NICE

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				guidance. However, links are made to these recommendations in the current guidance.
ACT TravelWise	1	13	Our members are involved in PTP both as client and contractor. Therefore we would welcome more evidence of its effectiveness especially when compared with a “do something different” option rather than a “do nothing” option. The public health bodies have experience of using alternatives to the PTP approach in tackling issues such as smoking, obesity etc so we would be interested in advice from the public health sector on how PTP could be used as part of a balanced approach.	The evidence identified around PTP is included in Appendix C and in the evidence reviews available on our website. The recommendations include the use of personalised travel planning as an approach.
ACT TravelWise	1	14	Mentions “understanding of the local population” it would be good if NICE could offer examples of how cultural change might happen (why has Hull 6 times more cycling than Sunderland?). Any lessons from how smoking has become culturally unacceptable?	This recommendation (recommendation 5) has been amended to emphasise that programmes should be based on a framework of behaviour change and an understanding of the needs of existing and potential cyclists. Discussion of the processes involved in the cultural shift in smoking over many

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				decades is beyond the scope of this work.
ACT TravelWise	1	16	Another overlap with the environment guide but advice on how to do a crowd-sourced audit would be good here.	Thank you. Crowd-sourced audit was not identified in the evidence and is not included in the guidance.
ACT TravelWise	1	16	Advice needed here on how we avoid crowd pleasing and photogenic ideas becoming a smoke screen behind which big decisions such as land use planning can be made which prevent walking on a large scale.	Thank you. The linked guidance on physical activity and the environment include recommendations on ensuring planning applications prioritise the need to be accessible by foot and bike.
ACT TravelWise	1	17	Is this integrated with PTP or a new idea?	This is a separate recommendation, although where PTP includes provision of advice about walking (for transport or recreation) this recommendation will be relevant.
ACT TravelWise	1	18	“only give pedometers to use as part of a package” – does this apply even if they cost less than one pound each?	The evidence suggests that pedometers are more likely to be effective in the longer

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				term when they are used as part of a package.
ACT TravelWise	1	19	All schools should have an STP by now so we should build on this and encourage authorities to support schools according to their potential for change. Advice on working within the existing curriculum would be preferable to adding more to school burdens.	Thank you. We hope this recommendation will support change.
ACT TravelWise	1	20	One issue identified by members is that cycle training takes place in the last term of Y6 for "health and safety reasons" the children then immediately go into secondary schools where new peer group pressures apply strongly. NICE advice on training in Y5 might help authorities' discussions with insurance providers.	Thank you. This recommendation has been amended to say 'Ensure cycle training is age-appropriate and timed to allow cycling to school to become a habit'
ACT TravelWise	1	21	There is a British Standard for workplace travel plans which is under development and some links to that would help with joined up thinking	Thank you
ACT TravelWise	2	24	Some advice on the extent to which we should promote short bursts of intensive activity would be welcome	Identifying the health benefits of different intensities of activity is outside the remit of this guidance. The guidance uses the recommendations provided by the CMO documentation 'Start active, Stay active'.
ACT TravelWise	2	25	A very large proportion of those responsible for the built environment including our members and their line management have been led to believe that road	The built environment is outside the scope of this

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			safety is the most important thing of all. Some advice here on the relative importance of road safety compared with other health issues would be welcome.	guidance. However, the consideration section notes that areas that have higher numbers of cyclists may have better safety records than other areas.
ACT TravelWise	2	29	But the evidence also suggests self-monitoring against goals is a good thing. So this para may deter some people from using any goals	The recommendations include monitoring against goals. However, as the considerations note (3.21) such a goal must take account of the current level of activity rather than a simple single number for all people.
ACT TravelWise	2 3.11	29	First mention of a QALY which also needs some context – how does this compare with providing medicines, for example	A definition of QALY is included in the glossary. Further discussion is available on the NICE website
ACT TravelWise	2	30	Diagram of the logic model would be good	We are unable to include a diagram in this document, however a link to the scope and the diagram is included (para 3.24).

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
ACT TravelWise	3 3.17	31	A commentary / recommendation on 20mph limits would be good	The role of speed is addressed in para 3.28. Recommendations 2, 3, 5 and 6 include the need to address factors such as traffic speed in developing programmes.
ACT TravelWise	3.19	31	But there are interesting variations in the UK which need more exploration (cycling in Hull for example)	Thank you.
ACT TravelWise	3.20	31 / 32	This is (contrary to research on obesity?) placing all the blame on the users. How about including engineers and police as a key target group	Thank you. This paragraph (now 3.28) notes that there are issues which need to be addressed (such as road danger). Measures to deal with this are likely to be the responsibility of groups such as those you suggest, and links to relevant recommendations in other guidance from NICE are included in the recommendation section of this guidance.
ACT TravelWise	3.28	33	This raises the question if the rich people walk least but are the most healthy do we need to bother increasing walking or should we concentrate on diet, smoking etc	The topic of this guidance is walking and cycling not diet or

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				smoking.
ACT TravelWise	3.35	35	“perception of risk is important” – but there is no research on this as it relates to cycling	Thank you.
ACT TravelWise	3.37	36	Does not cover whether any of these barriers might be a socially acceptable excuse for undesirable true reasons such as laziness – again not well researched in connection with walking.	Thank you.
ACT TravelWise	3.41	37	Did you include the cost of road accidents?	Road deaths are included in the cost utility calculations through use of changes in overall mortality which would include any increase in deaths from collisions. In the cost benefit analysis, accidents are included using the marginal external cost of congestion. The DfT guidance notes that ‘an increase in cycling and walking, and hence related accidents would mitigate the benefits from decreased car use, however there is evidence that the relationship between cycling, walking, and

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				accident levels is not linear.' Given this level of uncertainty it was decided to limit the modelled effects to those caused by congestion. This allows for consistency when comparing across interventions, and, given the low proportion of total cost savings associated with accidents, would not be expected to make significant differences to the results.
ACT TravelWise	4	38	Could mention that constructing walking and cycling paths is labour intensive and provide more construction jobs than bigger projects	Thank you. Unfortunately no evidence on this was identified.
ACT TravelWise	4	38	“provide a focus for integration” this is key now that Nis are no longer such a priority – any ideas on how this could happen even in the least coordinated areas?	This section has been amended.
ACT TravelWise	5	39	Many studies suggest that fear is a major stated barrier to cycling. As fear is a psychological condition this is where we would look to NICE for guidance. What exactly is fear, is it real, perceived or an excuse.	These questions are outside the remit of this guidance.
ACT TravelWise	5	39	Similarly laziness is given as a reason for not walking or cycling. Can NICE provide more information on whether this is a physical or psychological	These questions are outside the remit of this

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			phenomena	guidance.
ACT TravelWise	B	70	The ITS study included promotion and car park space reduction which is totally different	Thank you. The evidence statements are summaries of the evidence identified.
ACT TravelWise	B	77	Some positive mentions of the transtheoretical model in the evidence but the main report (and others recently) do not support this	Thank you. The evidence statements are summaries of the evidence identified.
ACT TravelWise	1	8	There should be a statutory need to subject large planning applications to a health impact assessment and have Public Health as a statutory consultee. This is not just an environmental issue but one of internal persuasion	Thank you. Statutory requirements such as this are outside the scope of this guidance.
ACT TravelWise	B	93	“Social factor” and “acceptance from colleagues” are complicated areas and care must be taken when using terms like this.	Thank you. The evidence statements are summaries of the evidence identified.
APCP	General		There is no mention of children, young people and adults who have any type of impairment and who cycle for therapeutic reasons, as an alternative to walking (because they find walking difficult or impossible), as an alternative to being in a wheelchair either self propelling or pushed by their carer. They need maps to refer to the environment of each path from beginning to end- is there going to be a barrier which their trike may not fit through, is there a busy road to cross where there are no lights, where are the disabled toilets available on the way, is there network cover	Thank you. We have amended the guidance to include many of the specific suggestions made.
APCP	General		There is no mention of walking with equipment, such as wheelchair users, scooter users, buggies, prams and trikes for those who can pedal with assistance, but are not independent cyclists. Their needs for suitable paths	Thank you. We have amended the guidance to include adapted

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			are different in that they not only depend on smooth surfaces, but also clearly identifiable inclines and declines to get on and off the pavement in a safe place,	cycles etc and to emphasise the needs of people with impairments
APCP	General		Occasionally adults with chronic conditions find that they can no longer walk in town, but are happy to use their cycle. They find themselves excluded from shops, because they are told that cycles are not allowed. Their only alternative would be to use a wheelchair, but this would make them more disabled than they are.	Thank you. Please see responses above
APCP	General		Cycling offers independence to those who cannot walk easily. Most of us can just pick up a bike and go. It is a much more complex situation if you first need to find a suitable cycle, get some help to get on with it in the first place, find the suitable environment to practice and if you are lucky to have the support needed to find paths where you can cycle or even cycle for commuting.	Thank you. Please see responses above
APCP	General		Cycling is an option taken for granted by able bodied people, who often lack the motivation to use it, as they have the alternative choice of driving. For people who often cannot drive, cycling can be much more than leisure or commuting- it can be a fun skill which may become the only independent mobility and can open up possibilities such as sports cycling and family cycling. Adapted Cycling brings families outdoors, meeting other cyclists, concentrating on the ability of participating rather than their disabilities. To overcome the barriers to cycling and showing the general public that everybody can cycle, motivates others to get cycling. It may also take away some of the fear of disability and ageing. It engenders closer contact between people with different backgrounds and has a social cohesion element which cannot easily be translated into financial savings, but may well be one of the biggest credits to cycling as a whole!	Thank you. Please see responses above
APCP		10	Local activities: What action should they take? With pedestrians, cycle users and wheelchair/scooter users	Thank you. The recommendation has

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Given priority...	been amended to emphasise the need to address the needs of all sections of society. In addition, the text 'In the context of this guidance, walking and cycling includes the use of adapted cycles (such as trikes, tandems and handcycles), wheelchairs and similar mobility aids' has been added at the start of the recommendations to ensure that the needs of people with impairments are taken into account
APCP		11	"Include communication strategies to publicise available facilities (such as walking or cycle routes) and to motivate people to use them, To become mindful that people with impairments require extra information such as slopes on and off curbs, barriers along the path, accessible public transport facilities to get to starting point, disabled toilets, network cover etc.	Thank you. This recommendation has been amended to say 'Ensure programmes include communications strategies to publicise the available facilities (such as walking or cycle routes) and to motivate people to use them.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				Include information that people with impairments will require, such as where dropped kerbs are located, the location and design of barriers at access points to cycle paths, and where public transport links and disabled toilets can be found'
APCP		11	Different modes of transport: to include: trips by wheelchair users, number of trips made by people on special cycles, number of trips that had to be abandoned due to lack of suitable paths being the only barrier to cycling	This amendment has not been included. However, as indicated above, text has been included at the start of the recommendations that 'walking and cycling' should be taken to include adapted cycles and other mobility aids.
APCP		12	What action should they take? Identify those willing to make changes: including people with impairments who may rely on a wheelchair, scooter or a specially adapted cycle	This amendment has not been included as the recommendation is intended to include these groups.
APCP		12	Contact those identified..... and provide information and help, such as tickets, maps, timetables and more support to make different travel choices or to	This has been amended to say 'This includes

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			develop opportunities for those with impairments to be physically active outdoors which could lead to travel plans in the future.	people with impairments who may rely on wheelchairs or adapted cycles.'
APCP		12	Recommendation 5: Cycling programmes: Who should take action? - Education - Anybody, statutory or voluntary, who is involved with a service to people with disabilities	'Adult and child disability services' have been added
APCP		13	Implement town-wide programmes.....: - develop accessible cycle hire ,assessment and training centres for those who cannot cycle a regular bicycle but can potentially cycle	'activities for people with impairments who may use specially adapted cycles' has been added
APCP		13	Intensive sessions in particular settings..... to include children, young people and adults with impairments who may require alternative cycles to be able to participate	See response above
APCP		13	-activities and campaigns to emphasise the benefits of cycling (including benefits to health, reliability and ease of access..... as well as increased levels of fun, confidence, independence, participation and therapeutic benefits for those who consider cycling to be a skill in itself which presents a challenge.	This text has not been added as these issues are included in 'the benefits of cycling'
APCP		13	Ensure programmes are based on an understanding of who might walk and cycle in the right circumstances, as well as on the behaviour and preferences of existing walkers and cyclists, including those who have limited freedom to move.	'They should also be based on an understanding of the needs of existing and potential cyclists, including those with impairments' has been

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				added
APCP		14	Ensure cycling routes are integrated with public transport links to support longer journeys. This includes developing public transport or alternatives for manual and powered wheelchair, scooter, bicycle and tricycle users.	This bullet point has been amended to say 'Ensure travel by cycle and public transport is integrated to support longer journeys. This includes providing secure cycle parking at public transport sites as well as support to transport adapted cycles and tandems for people with disabilities'
APCP		14	Ensure training is sensitive to cultural issues but, even more importantly, when at all possible look at the needs of those with limited freedom to move to enable participation and equality of access regardless of age or cultural background,	This bullet has been amended to include an understanding of the needs of people with impairments.
APCP		14	Consider providing specific support for people at a "transition point" in their lives- for instance, when they are changing job, house or school- or are experiencing a change in their level of freedom to move due to a deteriorating, chronic , or recently acquired condition	This bullet point has been moved to recommendation 3. The additional text has not been added as this is not intended to be a comprehensive list.
APCP		14	Walking: whose health will benefit? Inactive adults and children	The groups that may benefit have been

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			People with disabilities will be safer outdoors if more walkers are around and the quality of paths will be more likely to be suitable for wheelchair users too. It also means that wheelchair users can go for a walk with friends and family or join some walking groups. Carers would benefit as they often have serious manual handling burdens and need physical activity even more than the general public.	expanded to all people as there will be a benefit from increasing activity and a potential benefit to the community as a whole from reduced levels of air pollution etc from reduced motor vehicle transport.
APCP		15	Who should take action? -Education- encourage walking to local theatres, parks, churches, monuments instead of far away sensational targets requiring passive transportation	Thank you. This text has not been added.
APCP		15	What action should they take? - address infrastructure issues that may prevent people from wanting to walk- or even from being able to walk: uneven paths, sudden drop off curb and no slope to get back up, no clear signage of priority on dual cycling/walking paths, not wide enough for wheelchairs,	Maintenance of footway and dropped kerbs have been added as examples. Please note that the list is not intended to be comprehensive
APCP		15	Ensure events are welcoming for local people. This includes ensuring a variety of routes, paces and distances as well as clear definition about accessibility for those with limited freedom to move.	This bullet has been amended. The text suggested has not been included. The recommendation now says 'Local people with different preferences, time constraints and

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				physical abilities should all be able to participate'
APCP		15	Ensure walking routes are integrated with accessible public transport to support longer journeys.	This amendment has been made
APCP		16	Develop and implement a publicity strategy to let....walking opportunities and accessibility status .	This bullet has been amended to say 'Develop and implement a publicity strategy to let the local community know about the walking routes and events and how accessible they are'
APCP		16	What action should they take? -Ensure individual support is available....or alone.. .or when depending on using crutches, wheelchair or mobility scooter The aim could be to increase their step count gradually or to record in a diary estimated distance/time achieved if unable to walk	This amendment has not been included. As noted above, text has been added at the start of the recommendations to note that walking includes those using mobility aids.
APCP		17	Provide general information including: -details on surface quality, accessibility	This amendment has been made
APCP		18	What action should they take? Develop and implement school..... Include children with limited freedom to move in these plans. Headteachers should..... include a champion with limited mobility to ensure all children feel included in school cycling activities	Thank you. Amendments have been made to clarify that this recommendation should include the needs of

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Headteachers should demand extra funding to enable children who cannot cycle to access alternative cycles and training in order for them to potentially participate in the school's cycle training aimed at children who can already cycle. At present these children are being excluded.</p> <p>Foster a culture that supports.....suitable cycle and road safety training for all pupils, including those children who have had no opportunities to cycle due to their difficulties and who may not be able to road cycle, but could potentially cycle off road and benefit in many other ways.</p> <p>With local commissioners....to secure funding...plans and consider extra training and equipment needs for children with limited mobility or understanding.</p> <p>Map safe routes....in consultation with the local community and those local organisations who have expertise in making cycling accessible to all.</p>	those with limited mobility. As noted above, text has been added at the start of the recommendations to note that walking includes those using mobility aids.
APCP		19	<p>Develop programmes ...opportunities for children to cycle or walk, with a particular awareness of the needs of those with limited mobility.</p> <p>Introduce regular....with enabled wheelchair/trike users in mind, who could join a “walking bus” if catered for and invited</p> <p>Set performance targets...Remedial action...targets are not reached, or pro-actice problem-solving and funding solutions sought, when barriers to walking/cycling exclude those who could potentially participate</p> <p>Develop parents'movement skills, enjoyment of participation, potential for sport opportunity, importance of raising expectations that children with limited mobility can cycle too, given the necessary support</p> <p>Ensure all children can take part..., including those children with limited mobility who may require pre-cycle assessment and training before they can take part in the cycle training “Bikeability” can offer.</p>	Thank you. Amendments have been made to clarify that this recommendation should include the needs of those with limited mobility. As noted above, text has been added at the start of the recommendations to note that walking includes those using mobility aids.
APCP		20	<p>Identify an “active travel champion”.....if possible include one who has overcome mobility issues and cycles, because they will be more aware</p>	Thank you. This amendment has not

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			of the barriers faced and their solutions will benefit the general cycling population	been made, however text has been added at the start of the recommendations to note that walking includes those using mobility aids.
APCP	Recommendation 10	21	NHS: Direct people to local specialist centres where adapted equipment, assessment and training is available for those with limited mobility. Ensure that advice on suitable cycles is given by specialists, who understand how progression is possible and who are able to train appropriate cycling skills. It is not a matter of “get on your trike and go” but involves careful assessment, review, training, sourcing adaptations, problem-solving and can take a long time to be successful.	The text 'Direct people with limited mobility to specialist centres where adapted equipment, assessment and training are available for walking and cycling' has been added.
APCP	2	22	Physical activity is essential... This includes people with limited mobility, who may find it even more difficult to be physically active, despite wanting to. Physical activity levels... There is a lack of comparative figures for people with limited freedom to move.	The text 'These benefits may be particularly significant for people with disabilities whose participation in other activities may be more restricted' has been added to the second paragraph. The text 'there is a lack of information on the levels of physical activity among people with

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				disabilities, although they are likely to be low for those with limited mobility' has been added.
APCP	3	26	Considerations People with disabilities require extra consideration to enable them to cycle.	The text 'people with disabilities are less likely to be physically active and more likely to face barriers to being active than those without impairments. Many of this group can walk or cycle. However, they may require additional support, for example, involving specially adapted equipment or changes to the physical environment' has been added (para 3.5).
APCP		27	3.6 However, within England there are areas where cycling is more common. What is the reason for this difference? 3.9 and explicit inclusion of those with disabilities in a problem solving approach.	The variation in cycling levels is identified in section 2. It is not possible to give a single reason for the observed differences.
APCP	3.13	28	Importance of considering children and young people with disabilities	This note refers to the

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			for walking and cycling. (See recent research project evidence).	difficulties of including children in the modelling work for this guidance.
APCP		29	...used as part of a competition. Diaries can be a helpful progress record (distance/time/frequency) when pedometers are not indicated.	This paragraph refers to pedometers as a tool for monitoring and goal setting. The recommendations do not specify that they are the only tool available for this task.
APCP	3.19	30	Substantial public health benefits (such as increased enjoyment, quality of life, independence and participation of people with disabilities)	Thank you. These are potential benefits, however this sentence has not been amended as the examples given are not intended to be comprehensive.
APCP	3.20	30	Making people aware of the comparatively low risks posed on the roads for those who possess a high level of cycling and mobility skills, but a much higher risk for those cyclists who struggle with balance, co-ordination, memory, hearing and visual impairments, timely anticipation, timing, sense of direction, weakness, lack of confidence, epilepsy, learning difficulties, loss of skills, lack of appropriate cycle, lack of cycling experience, etc	This paragraph has been amended. 'The needs of people with mobility or other impairments which may increase their vulnerability on the road' has been added.
APCP		31	A culture of high visibility, bells and helmets to protect cyclists and walkers Making motorists aware... avoid turning left in front of a cyclist	Please see previous response

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			The needs of children , older people and people with limited mobility Making Cycle Training to Level 3 National Standard available in High Schools	
APCP	3.22	31	Roads may prove too challenging for some cyclists, but that does not mean they cannot cycle off road and train their skills to their potential.	This paragraph has been amended and 'the PDG noted that cycling off-road, where there is no exposure to motor vehicles may be appropriate for those who find road cycling too challenging' added.
APCP	3.30	33	...and lack of suitable cycles and training for people with disabilities.	This paragraph has been amended to include the needs of people with disabilities.
APCP	3.33	34	...wide range of factors as well as the needs of wheelchair users.	This paragraph has not been amended. The intention is to highlight the fact that walking and cycling are different activities and may need different approaches. As the introduction to the recommendations notes, walking and cycling should be taken to

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				include those who need to use adapted cycles or mobility aids.
APCP	3.35	34	The PDG noted that cyclists and pedestrians are more vulnerable in the event of a collision, especially if they also have mobility issues , than those in a motor vehicle.	This amendment has not been included.
APCP	3.36	34	...consider pedestrians and cyclists, especially those with restricted mobility	This amendment has been included.
APCP	3.39	36	...less threatening. The presence of cyclists who also have mobility issues encourages others to consider cycling too.	This amendment has not been included.
APCP	3.41	36	Also worth investigating is the cost to the NHS and to the community as a whole following cycle/car accidents and their legal and insurance framework. If accidents can be prevented by safer cycling solutions to a greater number of people, not only can lives be saved but post accident care for residual disability and pain reduced.	Thank you. This paragraph briefly sets out the issues included in the modelling. Costs of injuries are included, based on the modelled reduction in car kilometres travelled.
APCP	Section 1	6	Benefits of walking and cycling: to include: “ an opportunity for those with impairments to participate in the outdoors”	This bullet point has been amended to read ‘provide an opportunity for everyone, including people with an impairment, to participate in and enjoy the outdoor environment’

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
APCP	Section 1	6	Encouraging people to walk and cycle more: “ A range of issues, including environmental, social, financial and personal factors , have to be addressed” - encouraging people with impairments to cycle raises expectations and creates a more level playing field. for all	This paragraph has been amended to say ‘Action in these areas is particularly important in tackling inequalities in health, including with regard to people with impairments’
APCP		7	:This includes reducing road dangers and re-allocating road space to create an environment that Not only encourages but also enables people to walk and cycle. Action in these areas is particularly important in tackling inequalities in health and with regard to including potential cyclists with impairments.	This has been amended to ‘create a more supportive environment’
APCP		8	Ensure that people with impairments can participate.	The final bullet point has been amended to include evaluating the impact on inequalities. In addition, the introduction to the recommendations now includes the text ‘In the context of this guidance, walking and cycling includes the use of adapted cycles (such as trikes, tandems and handcycles), wheelchairs and similar mobility aids.’

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
APCP		9	Who should take action? <ul style="list-style-type: none"> - responsible for child health and disability - responsible for adult disability - education 	This has been amended to include disability and education.
APCP		9	What action should they take? Relevant policies and plans include those on: disability	Disability has been added
Centro			Integrated Transport Authorities should be referenced as people responsible as alternatives (where appropriate) to local authorities as we have greater influence and strategic awareness over areas we preside over.	Thank you. Integrated transport authorities have been added to 'who should take action'
Centro	General		The guidance is about walking and cycling as a form of transport however we feel there is no recognition of integrating walking/cycling with public transport. This is a very important and emerging trend which public transport authorities are increasingly seeking to implement and champion.	This has been made clearer in recommendations 5 and 6.
Centro		12	Should be more emphasis on legacy proposals and embedding personalised travel planning within local communities both to get enhanced benefits during the project and so the communities can continue to benefit when the initial project finishes	Thank you. A bullet point has been added to recommendation 4 to support change to sustain walking and cycling.
Centro		19	Senior management should dedicate funding for secure cycle parking	Thank you. Recommendation 5 includes addressing cycle parking issues.
Centro		19	Improve staff communication aspect: set up Bicycle User groups, incentivise those who cycle (bike breakfasts, lunch time bike rides etc), regular liaison with staff on improvement/ suggestion etc	Thank you. Bicycle user groups (and walking equivalents) are included in the recommendation.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				The activities included are not intended to be a comprehensive list of possible actions.
Centro	1 Draft recommendations	6	Under 'Benefits' section: reference to associated crime reduction benefits / improved sense of security	This section now includes making public spaces seem more welcoming and providing opportunities for social interaction
CTC, the national cycling charity	General		<p>Overall the guidance is a useful assessment of many of the interventions required from a variety of local policy-makers to increase cycling and walking.</p> <p>However, we are not confident that this will have a great deal of effect in its current form, not least because the practical advice to policy-makers is bookended by a great deal of highly aspirational material which, although raising issues with which CTC agrees, appears to be disconnected to the more rigorous, scientific approach adopted for the for recommendations.</p> <p>Our preference would be for NICE either to make recommendations based on the grey literature, or keep strictly to the scope. Presently it reads as if the NICE team made their assessment and then the PDG demanded inclusion of their opinions.</p> <p>Furthermore, we feel that this advice would be more useful if it is presented in a more visually appealing style in order to make it more accessible and compelling to an audience of busy and distracted professionals. We suggest greater use of graphs and other visualisations, particularly in the presentation</p>	<p>Thank you</p> <p>The recommendations will appear separately on the web and in the 'pathway' to be produced.</p> <p>Recommendations developed by the PDG are based on the best available evidence</p> <p>The recommendations will be presented separately and via the 'pathway' to assist</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			of the evidence.	professionals.
CTC, the national cycling charity		106	<p>The guidance cites a study from Australia suggesting that mandatory helmet use would help reduce cycle injuries. Leaving aside the debate for or against compulsory helmet use, such a statement is surely beyond the scope of the document.</p> <p>Since the page before guidance notes that helmets act as a barrier to cycle use this seems a particularly odd conclusion to reach.</p>	<p>This is taken from a study in the evidence review and describes findings from that study. It is not a recommendation.</p>
CTC, the national cycling charity		109	<p>We see no reason why conclusions from a focus group of drivers expressing highly controversial and damaging statements about cycling is in any way relevant to overcoming the barriers to walking and cycling.</p> <p>It is a very roundabout logic that we should force all cyclists to restrictions placed on them (restrictions which would inevitably increase the barriers to cycling) in order to improve driver attitudes (not guaranteed), in order, presumably, to improve driver behaviour and thereby reduce barriers imposed by bad driving.</p> <p>Furthermore, the subject of legislation on cycle helmets was specifically ruled out of the criteria for selecting evidence.</p>	<p>This is taken from a study in the evidence review and describes findings from that study. It is not a recommendation.</p> <p>National legislation is excluded from the scope of the guidance, and there are no recommendations about this in the guidance.</p>
CTC, the national cycling charity	Appendix D	115-116	Strongly support these suggested avenues for further research.	Thank you
CTC, the national cycling charity	3.20	31	The guidance states: "Appropriate enforcement of the Highway code, based on the danger and nuisance caused. "	Thank you. This (now para 3.28) has been

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>The Highway Code contains a mixture of enforceable law and guidance. It is therefore somewhat confusing to say that the code itself should be enforced, since much of it is unenforceable. This may seem a minor or pedantic point, but CTC has first hand experience with how the Code is determined and the very limited and haphazard way in which it has developed. We do not wish an erroneous status as 'law' to be granted to it by NICE.</p> <p>This statement should either be changed to acknowledge that fact, or altered thus, "Appropriate enforcement of road traffic law"</p>	amended to 'enforcement of road traffic law'
CTC, the national cycling charity	3.28	32-33	This information is better displayed as a graphic – see below. The data also vary quite markedly from year to year (the 2009 figure you quote is slightly different to either 2008 or 2010, though the overall picture is similar).	Thank you. Unfortunately we are unable to display the information in this fashion.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment																								
			<table border="1"> <caption>Miles cycled per year by income quintile - 2008-2010</caption> <thead> <tr> <th>Income Quintile</th> <th>2008</th> <th>2009</th> <th>2010</th> </tr> </thead> <tbody> <tr> <td>Lowest</td> <td>34</td> <td>32</td> <td>21</td> </tr> <tr> <td>Second</td> <td>36</td> <td>32</td> <td>36</td> </tr> <tr> <td>Third</td> <td>41</td> <td>40</td> <td>39</td> </tr> <tr> <td>Fourth</td> <td>49</td> <td>49</td> <td>59</td> </tr> <tr> <td>Highest</td> <td>51</td> <td>78</td> <td>59</td> </tr> </tbody> </table>	Income Quintile	2008	2009	2010	Lowest	34	32	21	Second	36	32	36	Third	41	40	39	Fourth	49	49	59	Highest	51	78	59	
Income Quintile	2008	2009	2010																									
Lowest	34	32	21																									
Second	36	32	36																									
Third	41	40	39																									
Fourth	49	49	59																									
Highest	51	78	59																									
Cycle East Sussex	GENERAL		Well done. This covers the key issues.	Thank you																								
Cycle East Sussex	Recommendati on 3 Local activities	10	Please add "planning". If it was mandatory to have a certain number of cycle parking places outside a new build, or a declaration about how the building would encourage walking and cycling, more infrastructure would be put it, increasing the visibility and possibility of cycling as a means of transport.	Thank you. Changes to the physical environment are outside the scope of this guidance. However, we do include links to other NICE guidance, in particular 'physical																								

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				activity and the environment'.
Cycle East Sussex	Recommendati on 3 Local activities	10	Walking and cycling programmes should form a core part of local transport investment planning, on a continuing basis, with pedestrians and cyclists given priority over motorised transport (in line with the Department for Transport's 'Manual for streets'). This is great. Well done.	Thank you
Cycle East Sussex	Recommendati on 3 Local activities	11	It is clear from other work that people do not cycle because they perceive it as dangerous. Please add: "including measures to improve reduce the perception of danger from cycling and walking"	Changes to the guidance emphasise the need to address factors such as danger and the perception of danger. Bullet 1 in this recommendation now emphasises the need to address issues such as traffic speed.
Cycle East Sussex	Recommendati on 5 Cycling programmes	11-13	Sadly, education and support is very good, but what is really needed is money to finance safer road junctions. If traffic is slowed, there would be more people allowing their children to cycle.	This is an important issue that is highlighted in the guidance. It includes further links to NICE guidance on reducing road injuries and physical activity and the environment.
Cycle East Sussex	Recommendati on 5 Cycling	13	Very good to have authorities identifying WHY people do not walk or cycle. It would be good to ask for SPECIFICS – specific dangerous junctions. It would	Thank you. NICE is not in a position to demand

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	programmes		also be good to demand a proportion of the transport budget should be put aside for cycling. It would be good to demand a small fund to correct any issues identified in the local area that prevent people from walking and cycling.	how specific budgets are spent.
Cycle East Sussex	Recommendation 6 Walking: community-wide programmes	13	Address infrastructure issues that may prevent people from wanting to walk, such as traffic levels and speed This is excellent. Is there any way of making this mandatory?	Thank you. NICE does not have the power to mandate these types of action.
Cycle East Sussex	Recommendation 6 Walking: community-wide programmes	14	Please add “any public body in the area”. For example – hospitals should encourage healthy transport options.	Hospitals and other public bodies are included in recommendation 9 ‘workplaces’
Cycle East Sussex	Recommendation 8 Schools	19	Please add “provide ample safe secure cycle parking, visible at the front of the school buildings”	Bullet one of this recommendation aims to foster a culture of physically active transport. It includes provision of sufficient secure cycle parking.
Cycle East Sussex	Intro	2	Please add “vehicle insurance companies” to list of interested parties. As in section 3.16 if there was more financial liability for those involved in collisions with more vulnerable road users, motor vehicle drivers would be more respectful. (see your section 3.16 for references from other countries)	Thank you. Although liability is an interesting area that was discussed by the PDG there are no recommendations on this topic. While insurance companies might be

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				interested in the guidance they are not considered to be a prime audience.
Cycle East Sussex	3.16	29	<p>“For example, a decision to use cycling as a form of transport can be influenced by the level and speed of traffic, attitudes to safety, the ability to plan and execute a route, and the ability to carry baggage. (Please note: although national factors such as legislation and fuel duty also have an important impact, these are not included here.)”</p> <p>Please note that you have not included some other factors contributing to modal shift. If a household decides that it is expensive to run a second car AND possible for one partner to cycle on the day they don't have the car, far more cycling will occur.</p>	Thank you. This is not intended to be a comprehensive list. As you indicate there are other factors which may be significant.
Cycle East Sussex	3.17	29	<p>“In parts of continental Europe, ‘strict liability’ means that pedestrians or cyclists injured in a collision involving a motor vehicle do not have to prove fault in seeking compensation. In addition, drivers have a civil responsibility to have insurance that will pay vulnerable victims independently of fault, while not changing criminal responsibility”</p> <p>This is very important</p>	Thank you. Although liability is an interesting area that was discussed by the PDG there are no recommendations on this topic. The scope of this guidance is restricted to local interventions and so this issue is beyond the scope of the guidance.
Cycle East Sussex	3.20 and 3.21	31	Road safety is key to getting more people to cycle. Reduced speeds etc.	Thank you
Cycle East Sussex	Benefits	6	Please add the economic benefits. Sustrans has reported that there is a 10:1	Thank you. The

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			benefit: outlay from interventions to improve active transport. It would be good to have this in the key recommendations.	economic benefits are a monetarisation of other factors. The guidance notes that interventions may be highly cost effective.
Cycle East Sussex		8	“Ensure walking and cycling are considered alongside other interventions when aiming to achieve specific outcomes in relation to the local population’s health” This is really important	Thank you
Cycling Instructor Ltd	General		High quality Cycle Training up to and including Level 3 should be available to all adults and children who require it. This should be a non negotiable commitment. Plus a robust marketing campaign running on a permanent national basis to encourage active travel. As a large London based CT provider we are aware of the effect on demand for CT generated by TfL London wide consumer marketing. This needs to be replicated nationwide. Only when we get campaigns of a similar nature and scale to anti smoking will we see a real change in travel mode.	Thank you. The recommendations include aspects of cycle training. However, please note that NICE is unable to make this a ‘non negotiable commitment’.
Cycling Instructor Ltd		10	Ensure the walking and cycling aspects of these plans are developed in conjunction with relevant voluntary, community and private sector organisations	This amendment has not been included.
Cycling Instructor Ltd		13	Voluntary, private sector and community organisations with an interest in walking and cycling.	This has been amended to ‘organisations with an interest in cycling’
Cycling Instructor Ltd	8	20	Put Bikeability training on the National Curriculum	Thank you. Alterations to the National Curriculum

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				are outside the scope of this guidance.
Department for Transport			No comments	Thank you
Department of Health	General		The guidance should make more reference to the reformed health system and how this can support effective action.	Thank you. We have added further references to the reformed health system as it is developing.
Department of Health	General		The guidance would benefit from more concrete examples to illustrate how the recommendations might be implemented.	Thank you. We are unable to include case studies in the guidance itself but hope to be able to include examples in the shared learning database in the future.
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	General		We welcome the draft guidance, with it's focus both upon active travel and leisure activity. We also welcome the explicit links made between public health and other important (e.g. transport, pollution) goals.	Thank you
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Recommendation 2: Ensuring all relevant policies & plansWhat action should they take?	11	We welcome the focus on assessment of impact of relevant policies & decisions on people's ability to walk & cycle.	Thank you
Dietitians in Obesity	Recommendation 2: Ensuring all relevant policies & plansWhat action should they take?	11	We agree that walking & cycling should form a core part of local transport	Thank you

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Management UK (domUK; a special interest group of the British Dietetic Association)	n 3: Local activities: What action should they take?		investment planning with pedestrians and cyclists given priority over motorised transport.	
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Recommendation 5: Cycling programmes: What action should they take?	14	In addition we consider that activities & campaigns should include addressing barriers to activity e.g. care & maintenance of bicycles, suitable footwear & clothing for cycling & walking, personal security, safety considerations etc	Thank you. This recommendation (about cycling only) now includes cycle safety checks and maintenance training.
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Recommendation 5: Cycling programmes: What action should they take?	15	We would like to see an additional point added to this list namely.....'Encourage employers to sign up to & support the Cycle to Work (or alternative) scheme'	Recommendation 9 (workplaces) includes providing access to schemes such as this.
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Recommendation 5: Cycling programmes: What action should they take?	15	In addition we consider continued Government support for subsidy schemes encouraging cycling and/or walking (such as the Cycle to Work scheme) to be essential and would like this point emphasised.	Thank you. This guidance is focused on local action and recommendations at national policy level are outside the scope
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Recommendation 6: Walking: Community wide programmes. What action should they	16	We would like infrastructure issues (such as lighting, well maintained footpaths etc) to be added to traffic levels and speed.	While the built environment is outside the scope of this guidance, this recommendation emphasises the need to

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	take?			address issues such as poorly maintained footways. Links are also made to NICE guidance on physical activity and the environment and on reducing unintentional injuries on the road.
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Recommendation 6: Walking: Community wide programmes. What action should they take?	16	We agree that events should be welcoming for local people. We suggest that themed walks incorporating sites of special interest, historic or literary interest or nature for example may increase interest in participation, in addition to different times, routes, days etc.	Thank you. Timing, routes and intensity are included in this recommendation.
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Recommendation 7: Walking: Individual support. What action should they take?	17	We would suggest that support three-monthly for up to a year may not be sufficient to encourage continued participation especially in those currently inactive. We would suggest rewording eg 'This should be offered regularly, at a minimum three monthly for up to a year, using a variety of methods including one-to-one and use of media'.	Thank you. This bullet point has been amended and the time limit and frequency of the support has been removed.
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Recommendation 8: Schools. Who should take action?	18	We would like to see included school staff with responsibility for Personal, Social & Health Education, Healthy Schools, nutrition and/or active travel.	Local PHSE coordinators have been added to the list. It is expected that head teachers would cascade responsibility to appropriate staff within the school

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Recommendation 8: Schools. Who should take action?	18	We would like to see pupils encouraged to take an active role eg through the work of School Councils.	Thank you. 'Involve pupils in the development and implementation of plans' has been added.
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Recommendation 8: Schools. What action should they take?	19	We would like to see the addition of ..'schools and/or Local Authorities will need to provide suitable cycle and road safety training for all pupils'	Thank you. The seventh bullet point in this recommendation says 'ensure all children can take part in 'Bikeability' training.' It does not exclude local authorities from delivery.
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Recommendation 8: Schools. What action should they take?	20	We would welcome 'School staff and school Governors acting as highly visible role models to children, parents and carers by walking and/or cycling to school premises' added as an additional point.	Thank you. The committee felt that this is captured by the first bullet point on fostering a culture that support physically active travel.
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Recommendation 9: Workplaces. What action should they take?	21	We agree that an Active Travel Champion should be identified at a senior level but would like added to the recommendation the need for protected time in order to develop, deliver and evaluate walking and/or cycling initiatives in the workplace.	This bullet has been amended to say 'with sufficient senior support'. This was felt to capture both the time requirement and the concern that effectiveness may be related to the person

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				rather than the position.
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Recommendation 9: Workplaces. What action should they take?	21	In addition to the proposed actions, we suggest that addressing barriers to activity in the workplace including infrastructure (lack of cycle storage, lack of shower & locker facilities, staircases not adequately signposted etc) should be added.	Issues such as cycle storage and showers are likely to feature in a travel plan, developed in line with these recommendations and those in 'physical activity and the workplace'
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Recommendation 9: Workplaces. What action should they take?	21	We would like to see the consideration of activity as an integral part of the infrastructure for new builds or extensions to existing workplaces (e.g. highly visible staircases)	Infrastructure issues such as these are outside the scope of this guidance. However, we include links to our guidance on physical activity and the environment which includes recommendations such as those you indicate.
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Recommendation 10: NHS. What action should they take?	22	We would like recognition that the NHS is also an employer and would like either cross referencing with the Workplace recommendations, or the addition of such points as the importance of a high level champion of walking and cycling, addressing physical barriers including infrastructure, including activity as integral when considering new builds or remodels of existing premises, to this section.	Thank you. This has been amended to 'Employers, including the NHS and local authorities'
Dietitians in Obesity Management UK (domUK; a	Recommendation 10: NHS.	22	We consider the NHS to be in a unique position of actively encouraging individuals and groups to incorporate healthy changes to their lifestyles	Thank you. Please see response above.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
special interest group of the British Dietetic Association)	What action should they take?		including activity. The importance of NHS staff as role models for users of the service is unparalleled and we would like to see this point added and emphasised.	
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	3.21 Wider influences	32	We welcome the proposed actions to ensure that the benefits of a possible reduction in motor traffic volume are not lost.	Thank you
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	3.30 Inequalities	34	We welcome the proposed action to address other barriers to physical activity.	Thank you
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	3.31 Barriers & Facilitators	34	We agree that changes to behaviour require more planning and thought. We suggest that behaviour change training should be recommended for those promoting walking and/or cycling (eg Champions) in order to help facilitate change.	Recommendation 9 includes 'ensure workplace...programmes are developed using an evidence based theoretical mode of behaviour change'. The linked NICE guidance on behaviour change includes recommendations on training and support for those involved in changing health-related behaviour.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Section 1: Benefits of walking & cycling	7	We would like to see the psychological benefits & benefits to general wellbeing of activity added to this section. We feel strongly that being more active, in addition to enhancing wellbeing, may empower previously sedentary individuals to make other beneficial changes to diet & lifestyle.	Promoting mental wellbeing has been added to this section.
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Section 1: Encouraging people to walk & cycle more	7	We agree that action is needed on multiple fronts to encourage more people to walk and/or cycle more.	Thank you
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Section 1: Encouraging people to walk & cycle more	8	We agree that action to make the environment more conducive to walking & cycling is essential to address both real and perceived barriers, particularly with a view to reducing inequalities in health.	Thank you
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Recommendation 1: Local action, what action should they take?	9	We would like to see additional strategies included here such as those on tackling diet, chronic disease and/or lifestyle.	Policies and plans on health and on wellbeing are included which could include these examples.
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Recommendation 1: Local action, what action should they take?	9	We welcome the focus upon coordinated cross sector working & feel this will be essential for success.	Thank you
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Recommendation 1: Local action, what action should they take?	9	We welcome the emphasis upon the need for rigorous evaluation of effectiveness of walking and cycling projects.	Thank you

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Dietetic Association)	action should they take?			
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Recommendation 2: Ensuring all relevant policies & plansWho should take action?	9	We would also like to see those in local authorities with responsibility for adults & older adults included.	These groups have been added
Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	Recommendation 2: Ensuring all relevant policies & plansWho should take action?	9	Given that joint working is encouraged between Public Health and Local Authorities we would like to see Directors of Public Health & Public Health leads with responsibility for these areas also added to the list.	The list of actors has been expanded. Please note that recommendation 1 is aimed at these groups specifically to support coordinated cross sector working.
East Lancashire NHS	3	10	An additional point could be added: Ensure programmes link to existing national and local initiatives such as Walking for Health, Change4Life, The Ramblers, existing health walks programmes, Sky Rides, Breeze Rides, Wheels4All, Bikeability, existing cycling programmes. It is important that schemes/programmes/initiatives attempt to avoid duplication and foster partnership working.	Thank you. The recommendation now includes linking to existing national and local initiatives.
East Lancashire NHS	4	12	I would question the achievability of this recommendation without government funding attached and the impact of this on the whole guidance is that credibility could be compromised.	Thank you. NICE is unable to make recommendations about national funding.
East Lancashire NHS	5	12	An additional point could be added:	Thank you. The

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Ensure programmes link to existing national and local initiatives such as Change4Life, Sky Rides, Breeze Rides, Wheels4All, Bikeability, and existing cycling programmes. It is important that schemes/programmes/initiatives attempt to avoid duplication and foster partnership working.	recommendation now includes linking to existing national and local initiatives.
East Lancashire NHS	6	14	An additional point could be added: Ensure programmes link to existing national and local initiatives such as Walking for Health, Change4Life, The Ramblers, existing health walks programmes, and Walk4Life. It is important that schemes/programmes/initiatives attempt to avoid duplication and foster partnership working.	Thank you. The recommendation now includes linking to existing national and local initiatives.
East Lancashire NHS	7	16	From experience of working with the general public and using pedometers caution should be exercised. Firstly the recommendation of 10,000 steps a day that was published alongside pedometers is particularly demotivating and unachievable if you are working with the sedentary. Secondly, pedometers, unless a quality product, can often be unreliable and again demotivating. I would question their reliability and validity in terms of this recommendation and would suggest they could compromise the recommendations as a whole.	Thank you. The PDG agree that goals need to be used with care. The recommendation includes setting goals to increase distance gradually rather than using a set target (such as 10,000 steps)
East Lancashire NHS	8	17	An additional point could be added: Ensure programmes link to existing national and local initiatives such as Walking for Health, Change4Life, The Ramblers, existing health walks programmes, Sky Rides, Breeze Rides, Wheels4All, Bikeability, existing cycling programmes. It is important that schemes/programmes/initiatives attempt to avoid duplication and foster partnership working.	This amendment has not been added. Links with other travel plans and with Bikeability are included in the recommendation. It also includes developing awareness of the wider

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				benefits of walking and cycling.
East Lancashire NHS	9	19	An additional point could be added: Ensure programmes link to existing national and local initiatives such as Walking for Health, Change4Life, The Ramblers, existing health walks programmes, Sky Rides, Breeze Rides, Wheels4All, Bikeability, existing cycling programmes. It is important that schemes/programmes/initiatives attempt to avoid duplication and foster partnership working.	Thank you. The recommendation now includes linking to existing national and local initiatives.
East Lancashire NHS	10	21	An additional point could be added: Ensure programmes link to existing national and local initiatives such as Walking for Health, Change4Life, The Ramblers, existing health walks programmes, Sky Rides, Breeze Rides, Wheels4All, Bikeability, existing cycling programmes. It is important that schemes/programmes/initiatives attempt to avoid duplication and foster partnership working.	Thank you. The recommendation now includes linking to existing national and local initiatives.
East Lancashire NHS	General	N/A	The subject areas of each recommendation seemed somewhat confusing and repetitive; it felt like it was jumping about quite a lot which for someone who doesn't know the topic area would perhaps find confusing.	Thank you. Headings and titles of the recommendations have been amended to clarify this
East Lancashire NHS	General	N/A	The monitoring and evaluation of walking and cycling schemes is key. A recommendation that includes guidance on effective monitoring and evaluation particularly considering what future commissioners would be looking for would be very useful.	Evaluation is included in recommendations 1 and 2
East Lancashire NHS	General	N/A	In terms of targeting interventions with particular populations or ethnic groups I think the focus of targeting the sedentary is appropriate for this guidance.	Thank you
English National Park Authorities	Appendix D2		Research has been undertaken by Cycling England into whether leisure	Thank you

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Association			cycling leads to more cycling for transport. This research includes data obtained from the Pedal Peak District project. The report is entitled “Cycling England – New Ways to Increase Cycling” and can be accessed on the Chartered Institute of Logistics and Transport website.	
English National Park Authorities Association	General		We are supportive of the aims and are keen to see greater co-ordinating and promoting cycling development for everyone, both for active travel and for recreation. There is no quick fix and government funding needs to be available to support cycling promotion and develop infrastructure in order to make a positive impact.	Thank you
English National Park Authorities Association	General		National Parks are key destinations for those who currently walk and cycle for leisure. It is likely that the numbers of walkers and cyclists visiting these areas will grow. The guidance recognises that those who walk and cycle for leisure often use their car to access locations to pursue their activity. Therefore it is vitally important that there is adequate access to these areas by public transport, and that there is adequate provision on buses and trains for carriage of cycles. This will help to minimise the impact of visitors travelling both to and within the National Parks in order to undertake walking and cycling for leisure.	Thank you
English National Park Authorities Association	General		We agree that good information is very important. We would welcome a national database of promoted routes, distances and locations be developed for cycling and walking. A good example of which can be found in Switzerland.	The guidance is limited to local interventions so a national database would be beyond the scope of this work
English National Park Authorities	General		In addition to local media – social media is an increasingly important	Unfortunately evidence

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Association			communication tool to encourage greater participation.	relating to social media was not found
English National Park Authorities Association	Recommendation 3	10	We agree that walking and cycling programmes should form a core part of local transport planning investment.	Thank you
English National Park Authorities Association	Appendix C	109	This should refer to cycle training rather than cycle proficiency (which has been superseded). Training on cycle awareness and safe passing should also be included in training for drivers.	Thank you. This is taken from the study reviewed and is not a recommendation
English National Park Authorities Association	Barriers and facilitators	34	<p>The Guidance notes that changes in circumstance can be a key incentive in enabling individuals to try new forms of transport. However, it should also be noted that holidaymakers are also keen to try new experiences. The National Park Authorities can play a big role in promoting the active enjoyment of National Parks. This role falls under the second statutory purpose of National Parks which is to promote “<i>opportunities for the understanding and enjoyment of the special qualities of... (National Parks)... by the public</i>” (Environment Act 1995).</p> <p>However, as stated previously, in order to limit the external impact of visitors, it is important that adequate public transport access is made available. Two examples of this are:</p> <p>a) The 800 Windermere to Whinlatter Bus Service links Windermere Railway Station with the northern Lake District including Whinlatter, (a popular mountain biking location). The service operates on summer weekends and Bank Holidays, and is capable of carrying up to 12 cycles per bus.</p>	The importance of linking public transport with walking and cycling is included in recommendations 5 and 6.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			b) The Beacons Bus that carries cyclists from Cardiff to Brecon on Summer Sundays from May until September, providing access to the Taff Trail.	
English National Park Authorities Association	Recommendation 1	8	We are supportive of an approach that treats walking and cycling as separate activities rather than grouping them together. If the main intention of the guidance is to promote exercise by those who are currently largely inactive, then these individuals are likely to have a natural affinity for one activity over the other.	Thank you
English National Park Authorities Association	Recommendation 2	8	Specific mention of National Park Authorities would be welcomed alongside other Local Authorities.	National Park Authorities have been added
English National Park Authorities Association	Recommendation 2	9	We support the inclusion of walking and cycling within Local Authority strategic plans and policies.	Thank you
Faculty of Public Health	3.25		In terms of distance travelled, cycling has an inverted U-shape in relation to age and peaks in the 40-49y age-groups (NTS data 2007-09 combined provided to J Mindell by the DfT).	Thank you. This section (now 3.33 on) has been amended, however please note that it is not possible in this document to provide a comprehensive analysis of data on cycling journeys.
Faculty of Public Health	3.27		In HSE 2008 and 2003, those who cycled a lot were amongst the most active individuals (unpublished data)	Thank you
Faculty of Public Health	3.28		It would also be worth re-calculating these figures using 'people who have	Thank you. Unfortunately

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			cycled in the past year' or similar as the denominator, rather than an average across the whole population. Do more of the more affluent NTS participants cycle, or do those who cycle travel further?	this is not possible in the context of this guidance.
Faculty of Public Health	Recommendation 10		Secondary care staff are missing as is the National Commissioning Board and Health & Wellbeing Boards.	Thank you. The National Commissioning Board and secondary care staff have been added.
Faculty of Public Health	Recommendation 9		We welcome these statements but more could be added, e.g. active signposting of stairs; long-term plans to design buildings s that stairs are more prominent than lifts (unless this is covered by infrastructure / environment guidance); instructing reception and other staff to point out the stairs rather than the lifts as a default; provision of facilities e.g showers, secure cycle parking; payment of a realistic 'cycle rate' for journeys for work (not commuting) undertaken by bicycle – or paying public transport fares regardless of how people choose to travel (the employer gaining from the increased health of those who travel actively)	Issues such as stairs are covered in the linked physical activity and environment guidance. Details of site specific needs (such as showers or cycle parking) would be included in a travel plan, recommended in the linked guidance on workplace physical activity.
Faculty of Public Health	Recommendations 6-8		We welcome these statements It is important to remember that CCGs will not be commissioning primary care services. Thus if primary care is to be asked to encourage walking and cycling then the NCB should be included in the list of those taking action.	Thank you. These services are unlikely to be provided by primary care services. Recommendation 10 which includes primary care also includes the NCB
Faculty of Public Health	Section 3		This is a good summary of a wide range of relevant issues.	Thank you

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Faculty of Public Health	General	1	<p>We understand why this draft guidance excludes topics covered in other NICE guidance on the changes to the physical environment and cycling. However, as with tobacco control in the 1990s, expecting local action without the synergistic benefits of national action not only reduces the effectiveness of local policies and interventions but also demoralises local staff who feel they get the blame without the power to effect change.</p> <p>While this guidance is directed towards local actions and local policy-makers, it is important that an organisation such as NICE also reviews the evidence for such actions that may be very cost-effective but cannot be initiated or implemented locally, such as national fiscal measures.</p> <p>It is also important that the role of national actions that facilitate local policy interventions, such as the welcome change to regulations that have made it much easier for local authorities to introduce area-wide 20mph zones, are acknowledged.</p>	Thank you. The scope for this guidance is restricted to local (as opposed to national) action.
Faculty of Public Health	Recommendation 3	10 -11	We welcome these statements and feel that planning officers should also be included: although they are not usually involved in planning such activities, they need to be aware of these to ensure that their planning decisions (whether for specific developments or general guidance, e.g. on the maximum or minimum number of car parking spaces 'required' and facilities for walkers and cyclists) enhance and do not impinge adversely on their colleagues' activities.	Thank you. This is included in recommendation 2.
Faculty of Public Health	Recommendation 4	12	We welcome this recommendation but feel that contacting only those undergoing change will miss many people that TravelSmart has shown are willing to change when individualised information is provided, even to longstanding residents with fixed travel patterns.	Thank you. The example is intended to be illustrative only and does not exclude longstanding

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Should guidance be expanded on how to identify such people? What is the evidence from TravelSmart evaluations in the UK?</p> <p>In addition to transport planners key professionals should be made aware of this service – including GPs, midwives, student services in schools, Job Centres, probation - those involved with people at transition points.</p>	residents. The glossary definition of personalised travel planning notes that they are usually delivered across whole areas (rather than to specific individuals)
Faculty of Public Health	Recommendation 5	12-14	<p>No mention is made of other policies such as area-wide 20mph limits, or is that considered 'infrastructure' or 'signage'? If so, perhaps mentioning it explicitly would be beneficial. It is mentioned explicitly in rec 6, p 15.</p> <p>We are puzzled why CCGs are recommended to take action. CCGs will be commissioning secondary health care services, which are not part of this work. If this is an attempt to involve GPs as providers then it is important to remember that CCGs do not commission GP services, rather the National Commissioning Board.</p>	Thank you. The role of issues such as traffic speed has been emphasised and links to other NICE guidance which include recommendations in these areas made.
Faculty of Public Health		23	<p>Self-report and objective measures of activity record different things. The former records the 'pasttime' called that activity (eg 'football') while the latter records the amount of time during that 'activity' that the individual was actually being at least moderately active. The latter will always be a shorter duration. It is important to note that the recommendations for activity levels are based on self-report: objective measures have not yet been in use for long enough in the general population to estimate the duration of objectively measured MVPA that is equivalent regarding health outcomes to the recommended amount of self-reported activity.</p>	Thank you.
Faculty of Public Health	Section 2	23	<p>'The Information Centre (2006)' and 'the Information Centre (2008)' should be cited and referenced in the same way as Craig et al (2009), namely: Sproston K, Mindell J (Eds) (2006). The Health Survey for England 2004.</p>	Thank you. This has been corrected.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			The health of minority ethnic groups. London: The Information Centre. Craig R, Shelton N. (2008) The Health Survey for England 2007. Healthy lifestyles: knowledge, attitudes and behaviour. Leeds: The Information Centre.	
Faculty of Public Health	Section 2 (also introduction to Review 2)	24	The most recent years have shown a flattening or reversal of the trends in travel by mode. For example, London has seen a decline in car use and an increase in cycling, so comparisons over the past 5y should be added as well as longer term trends. It should also be noted that NTS data is restricted to highways on which motor vehicles are allowed to travel, so walking and cycling data from the Sustrans traffic-free cycle network should be added to NTS data.	Thank you. Unfortunately it is not possible in this document to provide a comprehensive analysis of data on cycling journeys.
Faculty of Public Health		31	Traffic calming is mentioned, despite the various adverse effects (and costs) that these environmental engineering solutions can bring, but slower speeds without calming is not. Why?	Thank you. 20mph limits have been added to this section.
Faculty of Public Health	Section 4	37	Not really sure what the purpose of this short section is. If it's to notify those who might otherwise think NICE guidance is not relevant to them, it needs to go at the very beginning of the document (perhaps with a heading other than 'Implementation' which would logically occur after the guidance, as here)	This is a standard section in all NICE guidance. The section has been amended to include additional information
Faculty of Public Health	Section 8	41	There is some evidence (Stamatakis E et al – I can provide the reference if you want) that housework does not provide the health benefits that other forms of activity do, so perhaps it would be better to give a different example of the many forms of MPA that there are. Eg cycling at 10-12mph on the flat, slower walking (how slow?) if carrying heavy loads (eg shopping) and/or going up hill.	The glossary definition has been amended.
Faculty of Public Health	Evidence synthesis review 2 (These may	5	Increased injury risk from active travel compared with driving. Most published studies have failed to make like-for-like comparisons (see Wardlaw M, Mindell J. chapter 7 in Health on the Move 2. Policies for health-promoting transport.	Thank you. It is not the intention of the guidance to make cycling appear

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	have been repeated in the draft guidance but if so, I missed them)		Stockport: Transport and Health Study Group. www.transportandhealth.org.uk Recent work (currently unpublished) shows they vary within similar levels for fatalities and vary more by age and sex than mode, particularly when time travelling is used as the denominator. Don't make cycling appear more dangerous than it is.	more dangerous than it is (see for instance para 3.28)
Faculty of Public Health		6	Not only exposure to air pollution but susceptibility to its effects varies by socio-economic position, with the very young, very old, frail and those with pre-existing cardio-respiratory disease the most susceptible – and often the most exposed as well. So there is a greater impact on reducing inequalities from lowering air pollution than merely due to reducing exposure.	Thank you. This point has been added (para 3.41)
Faculty of Public Health	Recommendation 1	7-8	We welcome these statements	Thank you
Faculty of Public Health	Recommendation 2	8-10	We welcome these statements	Thank you
Keele University			The general publicity strategy is a good suggestion but we would like to see the recommendations more clearly include the role of health professionals who have that early contact / first contact care. A large and growing proportion of the population have long term conditions and physical activity is a key way to help patients to self-manage problems including heart disease, diabetes, respiratory problems and musculoskeletal problems. Involving health professionals in disseminating key messages about the value and safety of walking in particular should be a key part of the recommendations.	Thank you. Health professionals are included in this guidance. Please note that NICE is also currently developing guidance on brief advice on physical activity in primary care, which will update recommendations in the current NICE guidance PH2.
Keele University			<ul style="list-style-type: none"> Pg.6 Following on from the above point the specifics of the health 	Section 2 outlines briefly

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			benefits sometimes become lost within the guidance and should be drawn out more clearly. For example on page 6. Some mention of the benefits of walking and cycling as protective factors reducing the burden of disease and the association between increased physical fitness and self-efficacy (mental, physical and social health and well-being) should be made clearer.	the benefits of physical activity. However, it is not possible in the guidance to go into this in detail.
Keele University	General		In general, the recommendations are reasonable but it is not always clear who should action these recommendations - the guidance is naturally more focused on public health stakeholders, and a general comment I think more clearly mentioning the important role of health professionals would be a useful addition.	Thank you. The recommendations include audiences who should be involved in implementing each recommendation, and the actions may be outside the remit of health professional. Where recommendations include actions for health professionals they are included in the 'who should take action' section. Please note that NICE is also producing guidance on brief advice on physical activity in primary care
Keele University	General		The general format of the guidance is rather complex and it is not immediately clear throughout the recommendations who has responsibility for which	Thank you. While it would be possible to

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>recommendation. Thus the accessibility of the document may prevent its utility and impact. It would be clearer if responsibilities for who should take action and what action should be taken were split up by profession. For example:</p> <p> GPs would have responsibility for....</p> <p> Directors of Public Health would have responsibility for...</p>	<p>produce guidance in this format, current NICE style is to indicate who is responsible for each action as part of the recommendation ('who should take action?'). Other ways to target the information, such as the NICE pathways project, may be helpful in targeting actions specific to professional groups.</p>
Keele University	General		<p>Generic leaflets posted house to house that detailed resources, and health recommendations for each age group that are available nationally and locally within that area would be an effective way to get health messages out to each household, ensuring relevancy to everyone within that household.</p>	<p>Thank you. National information campaigns are outside the remit of this guidance. However, the guidance does make reference to the CMOs' recommendations on physical activity which set out levels of activity to deliver health benefits for different age groups.</p>
Keele University	Recommendation 5	12	<p>Local Education Authorities, Teachers and Employers should promote cycling proficiency courses in schools and workplaces as a leisure activity as well as for transport, tackling road safety and awareness which might present a barrier to uptake of such activities.</p>	<p>Cycle training is included in recommendation 5, and 'Bikeability' in recommendation 8</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				'schools'
Keele University		14	Pg.14 While 'Bikeability' is mentioned readers of the guidance may not know what this is, whereas cycling proficiency may be clearer	'Bikeability' is used as this is the current standard model for cycle training.
Keele University	Recommendation 6, 7, 10	14-17	For recommendations 6,7,10 as well as CCGs the NHS National Commissioning Board should be on the list of those to take action. This is because it will be the NCB and not the CCGs which will commission general practice as CCGs can't commission their member practices and this needs to be promoted and delivered in general practice.	Thank you. National Commissioning Board has been added to recommendation 10 (and this links to recommendation 7). Recommendation 6 is unlikely to be delivered by primary care
Keele University	Recommendations 6 & 7	14-17	Recommendations 6 and 7 (Community wide programmes and Providing individual support) are fine in themselves, however it would be useful to see greater specific steers to get all the stakeholders onside in promoting walking and cycling. Whilst the CCGs are mentioned we feel that the recommendations could go further in specifically mentioning health care professionals, particularly GPs, practice nurses and others including physiotherapists. A large % of the population will see these professionals in the course of a year and every opportunity of that contact with a health professional should involve the promotion of a more physically active lifestyle	Thank you. The role of health professionals in promoting physical activity generally and walking and cycling specifically is addressed in recommendation 10. Please note that NICE is also producing guidance for primary care professionals around brief advice on physical

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				activity.
Lancashire Care NHS Trust	3	10	An additional point could be added: Ensure programmes link to existing national and local initiatives such as Walking for Health, Change4Life, The Ramblers, existing health walks programmes, Sky Rides, Breeze Rides, Wheels4All, Bikeability, existing cycling programmes. It is important that schemes/programmes/initiatives attempt to avoid duplication and foster partnership working.	Thank you. The recommendation now includes linking to existing national and local initiatives.
Lancashire Care NHS Trust	4	12	I would question the achievability of this recommendation without government funding attached and the impact of this on the whole guidance is that credibility could be compromised.	Thank you. NICE is unable to make recommendations about national funding.
Lancashire Care NHS Trust	5	12	An additional point could be added: Ensure programmes link to existing national and local initiatives such as Change4Life, Sky Rides, Breeze Rides, Wheels4All, Bikeability, and existing cycling programmes. It is important that schemes/programmes/initiatives attempt to avoid duplication and foster partnership working.	Thank you. The recommendation now includes linking to existing national and local initiatives.
Lancashire Care NHS Trust	6	14	An additional point could be added: Ensure programmes link to existing national and local initiatives such as Walking for Health, Change4Life, The Ramblers, existing health walks programmes, and Walk4Life. It is important that schemes/programmes/initiatives attempt to avoid duplication and foster partnership working.	Thank you. The recommendation now includes linking to existing national and local initiatives.
Lancashire Care NHS Trust	7	16	From experience of working with the general public and using pedometers caution should be exercised. Firstly the recommendation of 10,000 steps a day that was published alongside pedometers is particularly demotivating and unachievable if you are working with the sedentary. Secondly, pedometers,	Thank you. The PDG agree that goals need to be used with care. The recommendation

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			unless a quality product, can often be unreliable and again demotivating. I would question their reliability and validity in terms of this recommendation and would suggest they could compromise the recommendations as a whole.	includes setting goals to increase distance gradually rather than using a set target (such as 10,000 steps)
Lancashire Care NHS Trust	8	17	An additional point could be added: Ensure programmes link to existing national and local initiatives such as Walking for Health, Change4Life, The Ramblers, existing health walks programmes, Sky Rides, Breeze Rides, Wheels4All, Bikeability, existing cycling programmes. It is important that schemes/programmes/initiatives attempt to avoid duplication and foster partnership working.	This amendment has not been added. Links with other travel plans and with Bikeability are included in the recommendation. It also includes developing awareness of the wider benefits of walking and cycling.
Lancashire Care NHS Trust	9	19	An additional point could be added: Ensure programmes link to existing national and local initiatives such as Walking for Health, Change4Life, The Ramblers, existing health walks programmes, Sky Rides, Breeze Rides, Wheels4All, Bikeability, existing cycling programmes. It is important that schemes/programmes/initiatives attempt to avoid duplication and foster partnership working.	Thank you. The recommendation now includes linking to existing national and local initiatives.
Lancashire Care NHS Trust	10	21	An additional point could be added: Ensure programmes link to existing national and local initiatives such as Walking for Health, Change4Life, The Ramblers, existing health walks programmes, Sky Rides, Breeze Rides, Wheels4All, Bikeability, existing cycling programmes. It is important that schemes/programmes/initiatives attempt to avoid	Thank you. The recommendation now includes linking to existing national and local initiatives.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			duplication and foster partnership working.	
Lancashire Care NHS Trust	General	N/A	The subject areas of each recommendation seemed somewhat confusing and repetitive; it felt like it was jumping about quite a lot which for someone who doesn't know the topic area would perhaps find confusing.	Thank you. Headings and titles of the recommendations have been amended to clarify this
Lancashire Care NHS Trust	General	N/A	The monitoring and evaluation of walking and cycling schemes is key. A recommendation that includes guidance on effective monitoring and evaluation particularly considering what future commissioners would be looking for would be very useful.	Evaluation is included in recommendations 1 and 2
Lancashire Care NHS Trust	General	N/A	In terms of targeting interventions with particular populations or ethnic groups I think the focus of targeting the sedentary is appropriate for this guidance.	Thank you
Living Streets		11	<p>Page 10 of the scoping paper asks 'what health and other outcomes may be achieved by increasing cycling and walking for transport and recreation?' In the Expected Outcomes section reference is made to 'increased local economic activity' but within the Guidance paper no reference is made to local economic activity. In 2011 Living Streets commissioned a report from the University of the West of England entitled 'Making the case for Investment in the Walking Environment – A review of the evidence' http://www.livingstreets.org.uk/sites/default/files/file_attach/Making%20the%20case%20full%20report%20%28web%29.pdf</p> <p>It notes that improvements to the walking environment have the potential to increase economic value and economic activity in the local area, and this can be reflected by the sale price of residential property and the rental price of retail premises.</p>	Thank you. Additional information on this has been added to section 2.
Living Streets		11 - continued	Furthermore, the report highlights a study in Bristol which found that retailers	Please see response

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			on a local high street overestimated the proportion of shoppers arriving by car by almost double at 41%, compared with the actual proportion of 22%. In fact, over half of the shoppers had arrived there by foot, and greater proportions had arrived by bus and cycle than estimated by retailers. Pedestrians also tended to visit more shops than those arriving by car. Similarly, Transport for London's Town Centres Survey 2003-4 found that people walking to a town centre spent an average of £91 per week in the area, as compared to £64 for car drivers or passengers, while bus users spent just £1 less per week than those arriving by car.	above
Living Streets	Appendix C – Evidence statement R1. ES2	58	<p>A recent evaluation of Living Streets Fitter For Walking Project undertaken by Loughborough University provides UK based evidence regarding multi-component community-based interventions to promote walking.</p> <p>The project was independently evaluated in three ways:</p> <ol style="list-style-type: none"> 1. Confidential interviews and focus groups with community members, local authorities and Living Streets staff; pedestrian counts; route user interviews and residents' surveys, by the British Heart Foundation National Centre for Physical Activity and Health (BHFNC) 2. Collection and monitoring of pledges from individuals, collected by Sustrans 3. An economic evaluation undertaken by the University of West of England. <p>Overall, the results showed:</p> <ul style="list-style-type: none"> - 150 communities were helped in 12 Local Authority areas across 5 regions of the UK - Over £400,000 worth of streets improvements were made by Local Authorities 	This evidence statement is based on the studies identified and included in the evidence review. However, this evidence was included in the Expert Testimony presented to the PDG.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Living Streets		58 continued.	<ul style="list-style-type: none"> - Over 10,000 people out walking in their neighbourhoods - 86% of the projects resulted in more pedestrians walking in the area - 78% of individuals who signed up reported an increase in their day-to-day walking levels - 64% of these still reported an increase in walking six months later, showing long-term impact - Up to 46:1 benefit cost ratio for decreased mortality as a result of more people walking. <p>For more details please see: http://www.livingstreets.org.uk/sites/default/files/content/library/Evaluations/FFW_Evaluation_Report_FINAL_31Jan2012.pdf</p>	This evidence statement is based on the studies identified and included in the evidence review. However, this evidence was included in the Expert Testimony presented to the PDG.
Living Streets	Section One – Recommendation 2	9	The list of portfolio holders, lead members and directors should also include those responsible for housing. The list of organisations should also include Integrated Transport Authorities.	Integrated Transport Authorities have been added to the list. Housing has not been added to the list.
London Cycling Campaign	General		<p>We welcome this guidance and the spotlight it shines on the opportunities for local action to improve the health of whole communities.</p> <p>We believe that the greatest benefit will be achieved when walking and cycling become embedded in the everyday behaviour of the whole population. That requires behaviour change reversing the trend of the last 100 years.</p> <p>We understand that the guidance excludes topics covered in NICE guidance on the physical environment and cycling.</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
London Cycling Campaign	Recommendation 3	10 – 11	We welcome this recommendation. The purpose of these activities should be to ensure a permanent behavioural change amongst wide sections of the community. There should be a focus on 'hard to reach' groups especially the socially isolated groups who could benefit. London Cycling Campaign has facilitated many such projects funded by TfL's Community Cycling fund for Cycling.	Thank you.
London Cycling Campaign	Recommendation 5	12 - 14	We welcome all these recommendations. These programmes need sound support, particularly with mapping to show the best areas to cycle, for example using National Standards Cycle Audit processes. Beginner cyclists should be supported with bike maintenance and extra information on wet weather clothing and equipment. Subsidised cycle training to National Bikeability level 3 should be available for all adults and children.	Thank you.
London Cycling Campaign	Recommendation 8	17 -19	Schools are especially important in establishing the norms of active travel in community behaviour. Cycle training should be an essential part of the school curriculum as is swimming and other physical activity.	Thank you. NICE is unable to make recommendations about the content of the national curriculum.
London Cycling Campaign	Recommendation 9	19 - 20	Encouraging active travel should be regarded as part of an employer's duty towards the health and well being of employees. Public authorities and health services should lead by example ensuring every opportunity is taken to promote walking and cycling for journeys as part of work and for travel to and from work	Thank you. Local authorities and the NHS have been added specifically to 'who should take action'
London Cycling Campaign	Recommendation 10	21	Commissioners and practitioners should recognise the step change possible in physical and mental well being from a behavioural change towards more active travel.	Thank you. This is included in recommendation 10.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Advice and encouragement for more walking and cycling should be considered at every point of contact between health professionals and patients.	Please note that NICE is also developing guidance on brief advice on physical activity in primary care.
London Cycling Campaign	Recommendation 1	7-8	The 'Who should take action' section should be expanded to include the highest level of decision makers, Mayors, council leaders, directors and chief executives of health bodies and councils. None of the subsequent recommendations will be effect without adequate resource allocation. The heads of relevant organisations need to be committed and be prepared to allocate these resources.	This recommendation is targeted primarily at directors of public health and related portfolio holders to ensure engagement by these professional groups.
London Cycling Campaign	Recommendation 2	8 - 10	The fear of motor traffic is repeatedly reported as the most important barrier to people taking up more cycling. It also affects people who walk by restricting areas accessible by foot and deterring many journeys. If active travel is to become part of normal behaviour more needs to be done to reduce road danger at source. In addition to the re-design of public spaces covered in other guidance there is a desperate need to improve the behaviour of people when driving. Police authorities should work to improve driver behaviour through better enforcement of those rules that impact on people who walk or cycle. For example giving way to pedestrians at road junctions, driving in cycle lanes and stop areas, opening car doors without care etc. The objective is to engender a duty of care among people in control of motor vehicles. Local authorities should ensure that measures to encourage cycling and walking are given priority in all plans for transport management, regeneration and economic development. Access for private motor traffic which impedes	Addressing danger and perceptions of danger are addressed in recommendation 5 and in the related, linked NICE guidance on preventing unintentional injuries on the road and physical activity and the environment.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			pedestrian or cycle access is likely to reduce the economic benefits from new developments.	
Macmillan Cancer Support	General		Macmillan's ambition is to reach and improve the lives of everyone living with cancer and to inspire millions of others to do the same. We improve the lives of people affected by cancer by providing practical, medical, emotional and financial support, and we push for better cancer care. In 2011, we launched the Move More campaign which aims to encourage people living with cancer to become more physically active. In 2012, with our partners the Ramblers, we took over the Walking for Health programme in England, which provides support for the largest number of health walk schemes in the country.	Thank you.
Macmillan Cancer Support	General		We welcome this much-needed guidance on walking and cycling, and we consider the draft to be very strong. Our comments on the draft guidance are below.	Thank you.
Macmillan Cancer Support	1	15	We feel "an accepted theoretical framework for behaviour change" could be made clearer. We suggest specific evidence based models or approaches are advocated here.	Thank you. A link to the NICE guidance on behaviour change has been added.
Macmillan Cancer Support	2	22	Physical activity has an impact on the prevention and treatment of cancer, as well as helping to reduce the risk of coronary heart disease, stroke and type 2 diabetes, so we recommend cancer is included in paragraph 1.	This is not intended to be a comprehensive list, however cancer has been added
Macmillan Cancer Support	3	34	3.34 We recommend separating walking and cycling. The risks are even lower for walking. We recommend adding that the benefits of walking and cycling outweigh the risks.	Thank you.
Macmillan Cancer Support	Appendix C	54 onwards	Include the evidence mentioned above (section 1, page 7)	This section is a summary of the evidence identified in the reviews.
Macmillan Cancer Support	1	7	Add as an additional action under Recommendation 1: Ensure walking and	This has been amended.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			cycling are integrated into chronic disease pathways. <i>Interventions to promote physical activity for people living with and beyond cancer: evidence based review</i> and published by Macmillan Cancer Support in March 2012, provides commissioners and health professionals with an overview of the evidence for interventions to promote physical activity for people living with and beyond cancer, including oncologist-recommended exercise programmes, motivational interviewing, and walking. (The link is listed at the bottom of this form)	
Manchester City Council – City Policy Unit / MCC Cycling Forum	General		We welcome NICE considering walking and cycling and would like to strengthen our linkages between City council (transport) policy and public health professionals. In particular it would of benefit to examine any opportunities that there might be for the NHS to provide financial support for initiatives to promote walking and cycling to deliver improved health outcomes.	Thank you.
Manchester City Council – City Policy Unit / MCC Cycling Forum	General		However, whilst the draft guidance is welcome there are numerous instances where it simply duplicates other guidance (in particular relating to transport and land-use planning. It would be stronger if it simply made reference to this guidance and looked in detail at how the links between the health sector, transport planning and land-use planning can be strengthened to deliver the benefits accrued from increased walking and cycling. We would welcome the opportunity to work more closely with NICE / the NHS to engage you in the preparation of strategies which already promote walking and cycling such as the Local Transport Plan and Local Development Framework Core Strategy.	The PDG is aware of other guidance and the guidance notes that ‘The PDG is aware of the volume of work and guidance available that is relevant to walking and cycling. It is also aware of the range of examples of good practice, both in this country and abroad. This guidance is intended to support, rather than replace that information.’

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				We hope this guidance will support your aim to develop closer working.
Manchester City Council – City Policy Unit / MCC Cycling Forum	General		The starting point of the document should be to acknowledge the volume of work / strategies / processes that already exist to support and promote walking and cycling. The document should be building on an already vast area of activity which exists, provided by transport planners through various documents including the LTP, Cycle Strategies, walking strategies etc. and also by planners through Core Strategies and other SPD's and planning strategies and development management ensuring development takes into account the needs to cyclists, and walkers through cycle storage, accessibility, site layout etc.	Please see response above.
Manchester City Council – City Policy Unit / MCC Cycling Forum	General		Manchester City Council has recently approved its Interim Cycling Strategy for 2012/13 in partnership with British Cycling. For the first time this brings together recreational, sport and commuter cycling. We would welcome the involvement of the health sector in the delivery of this strategy – in particular encouraging more people to take up cycling.	We hope this guidance will help develop this sort of health sector involvement.
Manchester City Council – City Policy Unit / MCC Cycling Forum	General		Air Quality - the document should refer to Air Quality Management Areas and Air Quality Action Plans	Air quality management areas and air quality action plans are included in the reference to policies and plans on air quality. It was decided to avoid use of specific document titles to avoid increasing the rate at which the document

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				dates and also to restrict the number of plans that would need to be named.
Manchester City Council – City Policy Unit / MCC Cycling Forum	General		Inequalities - issues around inequalities are referred to and this is an area LA's deal with all the time and could usefully assist NICE understand the actions needed to address social exclusion. The Manchester Sustainable Communities Strategy is a good example.	Thank you.
Manchester City Council – City Policy Unit / MCC Cycling Forum	Recommendation 3	10	This largely repeats what is already done through the LTP. Again, (lack of) funding is key to the delivery or otherwise of this recommendation and any support the health sector could provide would be welcomed. It should be noted that we already have a policy in the Core Strategy which includes a hierarchy of road users with pedestrians and disabled people at the top followed by cyclists and public transport second in the hi	Thank you. We hope this guidance will help others benefit from examples of good practice such as this.
Manchester City Council – City Policy Unit / MCC Cycling Forum	Recommendation 4	12	PTPs are very expensive to deliver and require repeat visits and engagement to make them effective. It's not clear where the funding would come from to deliver a widespread programme.,	PTP is included as the evidence suggests they are effective. Local funding decisions are the remit of the relevant local bodies.
Manchester City Council – City Policy Unit / MCC Cycling Forum	Recommendation 5	12/13	This activity is already well established in Manchester and other districts. Again, the emphasis should be on how the health sector gets involved in work already being carried out by district officers.	Thank you. We hope this guidance will help others benefit from examples of good practice such as this.
Manchester City Council – City Policy Unit / MCC Cycling Forum	Recommendation 6	14/15	This activity is already well established in Manchester and other districts. Again, the emphasis should be on how the health sector gets involved in work already being carried out by district officers.	Thank you. We hope this guidance will help others benefit from examples of

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				good practice such as this.
Manchester City Council – City Policy Unit / MCC Cycling Forum	Recommendation 8	17/18	This activity is already well established in Manchester and other districts. Again, the emphasis should be on how the health sector gets involved in work already being carried out by district officers.	Thank you. We hope this guidance will help others benefit from examples of good practice such as this.
Manchester City Council – City Policy Unit / MCC Cycling Forum	Recommendation 9	19/20	Active travel is more likely if the workplace is in a central location served by a choice of public transport and infrastructure for active modes. The national planning policy framework sets out the Government's continuing commitment to its town centre first policy which encourages walking and cycling by ensuring facilities are in a central location, close together, often characterised by high density development and delivers a positive cost benefit of having public transport and active transport infrastructure.	Thank you. National planning policy is outside the remit of this guidance.
Manchester City Council – City Policy Unit / MCC Cycling Forum	Recommendation 10	21	Suggest that a bullet is added to the "actions" section stating that the groups identified should "work with local authorities and integrated transport authorities to identify ways in which health resources can be used to support walking and cycling initiatives"	Recommendation 1, bullet 1 says 'Ensure a senior member of the public health team is responsible for promoting walking and cycling. They should support coordinated, cross-sector working'
Manchester City Council – City Policy Unit / MCC Cycling Forum	3.17	29	"Strict liability". We agree that this might act as an incentive as regards driver behaviour and would urge NICE / the health sector to lobby government to change the law on this issue.	This action is outside the remit of this guidance.
Manchester City Council – City Policy Unit / MCC Cycling Forum	3.33	34	We would agree that it is unhelpful to group walking and cycling together as they are very different activities, and have different issues which require	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			differing solutions.	
Manchester City Council – City Policy Unit / MCC Cycling Forum	3.38	35	A number of cities (including Manchester) are looking to introduce widespread 20 mph limits / zones to encourage more active travel and improve road safety. We would welcome any support that NICE could give at a national level (especially as regards securing funding to deliver such schemes).	The guidance includes links to other NICE guidance on preventing unintentional road injuries and physical activity and the environment which address reducing speed limits. National level action is outside the remit of this guidance.
Manchester City Council – City Policy Unit / MCC Cycling Forum	5	38	The first research exercise to be carried out should probably be review / meta-analysis of existing studies. This will avoid duplication and may identify gaps in research or trends worthy of further investigation.	Thank you. Reviews of existing studies were carried out as part of the development of this guidance. The reviews are available on the NICE website.
Manchester City Council – City Policy Unit / MCC Cycling Forum	Recommendation 1	7	We would fully support this. In particular this senior officer should focus on how additional / alternative sources of funding can be identified to support walking and cycling.	Thank you.
Manchester City Council – City Policy Unit / MCC Cycling Forum	Recommendation 2	9	Whilst the aim of this recommendation is supported (indeed it replicates what we are already doing in Local Transport Plans and other associated documents) there are inevitable limitations as regards funding. Again, it would be helpful if this recommendation stated that the health sector would work with us to identify sources of funding for walking and cycling as we will not be able to provide “sufficient” funding alone. The role of the Strategic Health Authority	Thank you. We hope this guidance will support the aim of increasing engagement of health professionals. NICE is not able to state how

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			in the preparation of Core Strategies could perhaps be improved through commenting more on Core Strategy preparations and engaging fully with the process. It would also be useful if the document considered the role of Health Impact Assessments (part of Sustainability Appraisal) on improving the provision and role of cycling and walking within policy documents and large scale developments.	funding will be used but we do make recommendations that aim to support work between sectors.
Merseytravel	General		This response to the consultation is on behalf of the Merseyside Transport Partnership. The Merseyside Transport Partnership consists of Merseytravel and the five local authorities in Merseyside (Liverpool, Sefton, Wirral, Knowsley and St Helens).	Thank you.
Merseytravel	General		Merseytravel is a public body comprising the Merseyside Integrated Transport Authority (ITA) and the Merseyside Passenger Transport Executive (PTE), acting together with the overall aim of providing an integrated transport network for Merseyside which is accessible to all. Integrated Transport Authorities including Merseytravel have a statutory requirement to produce Local Transport Plans as a result of the Local Transport Act 2008. Via the Local Transport Plan (LTP), the ITA is responsible for multimodal transport policy including freight. However the Passenger Transport Executive (PTE) remains responsible only for delivery of passenger transport, concessionary travel, ticketing, etc and as a result we continue to work in partnership with the local authorities and other partners to deliver the LTP. The new Local Transport Plan 3 and its associated documents came into force on the 1 April 2011 and now form the transport policy framework for	Noted

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Merseyside. As part of this we have an Active Travel Strategy outlining our strategy on walking and cycling in Merseyside. http://www.letstravelwise.org/files/794279347_Annexe%2006%20-%20Active%20Travel%20Strategy.pdf	
Merseytravel	General		In general in relation to cycling, more guidance could be provided around people overcoming financial barriers. In addition, those promoting cycling such as travel plan officers, should also be able to provide up to date information and guidance in relation to more practical aspects of cycling, such as clothing and carrying of baggage etc. The guidance could also cover the issues around wearing helmets or not – and state if more research around this area is required. Also more emphasis on using cycling as a means to accessing employment could be made.	Recommendation 5 includes provision of information around cycling. The impact of helmet wearing on injuries is outside the scope of this guidance.
Merseytravel	Recommendation 1		In order to deliver this recommendation there will need to be a committed partnership between health professionals and the relevant local authority officers, which would include representatives from sections of the local authority such as transport and sports development. There needs a good mix of officers within the relevant departments and at different levels and support from senior management. A good partnership between the local authority and the health sector would help to deliver the coordination of infrastructure, communication and activities. This recommendation could also be extended further to include involving the public through cycle forums or pedestrian forums led by the local authority / highways authority and through transition towns and carbon reduction groups.	Thank you. This recommendation aims to support cross sector working. Involvement of organisations with an interest in cycling or walking is addressed in recommendations 5 and 6.
Merseytravel	Recommendation 1		Need to increase awareness with health practitioners about walking and	We hope this guidance

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	n 10		cycling as a mode of transport, to help create a culture whereby cycling and walking is the norm. The mechanism for this is currently by liaising with the Primary Care Trusts, but with their abolition as part of the reform of the NHS the way forward and who to engage with in future is less certain.	(in particular recommendations 1 and 10) will help increase awareness in health practitioners.
Merseytravel	Recommendation 10		This should mention sharing of information and cross dissemination with local authorities / ITA's / transport executives.	Recommendation 1 aims to support this sort of cross sector working.
Merseytravel	Recommendation 2		This will require an overarching active travel strategy that has direct input from both local authority and health sector staff and needs to link into several policies across the health sector and local authorities. In Merseyside as part of the Local Transport Plan 3 we have such an Active Travel Strategy in place. This sets out improvements for cycling and walking routes and infrastructure that link to key areas along with relevant promotion of active travel as an activity with joint communications and activities. This recommendation should link to the following policies and plans: <ul style="list-style-type: none"> • Local Transport Plan 3; • Local Development Framework/Local Plan; • Physical activity strategy; • Local Authority corporate plans; • Investment strategy; • Strategic Housing Land Availability Assessment; • Open space and recreation audits; • Carbon reduction plans; • Manual for streets adoption by highways authority; and • National Planning Policy Framework. • DfT/DH Active Travel Strategy, Feb 2010 	Recommendation 2 aims to ensure that walking and cycling are considered in other strategies and at least these do not inadvertently make it more difficult to walk or cycle. The recommendation refers to policies and plans in areas rather than by specific name to reduce the risk of the guidance becoming out of date due to changes in naming and to reduce the list to a manageable length.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<ul style="list-style-type: none"> DfT Local Transport White Paper, Jan 2011 	
Merseytravel	Recommendation 3		To implement improvements in infrastructure then there needs to be a way to identify funding whether this is from planning applications (CIL or S106), Sustrans, LTP capital funds or other sources. It would probably be easiest if a strategic cycle network is identified and routes designed with indicative costs so when the funding is secured they can be easily implemented. This would also help developers if obtaining money through S106 / CIL with the cost of contributions being identified up front. This would need to link closely to the LDF and plans for future developments. For example, new housing will need to link to key employment sites, shops, healthcare etc. In terms of pedestrians then pedestrian audits also need to be undertaken in key shopping areas for clutter and pedestrian movement.	Thank you.
Merseytravel	Recommendation 5 Recommendation 6 Recommendation 7		A joint programme with strong partnership work between local authority transport teams and the health sector would be recommended with an integrated strategy for walking and cycling this would help to combine resources. A strategic plan for a cycle network combined with targeted promotion could be developed by the partnership to deliver this recommendation. This could include the use of online mapping / route planning tools. Any dissemination of information for walking and cycling programmes would be best delivered by a sustained joint campaign by a joint local authority and health sector partnership, where appropriate. Funding would also need to be identified for certain programmes especially where joint budgets can reduce overall costs.	Thank you.
Merseytravel	Recommendation 8		There is an issue with school travel plans in that the government pulled the funding for them and so the staff with expertise in this area were lost along with capacity to deliver this work in some local authorities. To deliver travel plans within schools funding may need to be ring fenced to deliver a specialist	This guidance is limited to local actions. Mandating ring fencing of budgets is beyond the

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			post or capacity to deliver it. Audits on what cycling infrastructure is in place at schools and what is required would be needed and funding identified to secure value for money. In Merseyside we have undertaken programmes of cycle and pedestrian audits for example. Schemes such as the Sustrans "Bike It" officers have been hugely successful in changing the mindset of both parents and children in cycling to school.	remit of NICE. Recommendation 5 refers to Bike It.
Merseytravel	Recommendation 9		This should include more links into the work of local authorities and transport executives or ITA's that have been working with employers to develop travel plans as part of their LTP3. It is also a common theme in some of the successful Local Sustainable Transport Fund (LSTF) bids and again there should be some links to those, where appropriate. Also there should be links to future employment sites and linking into the planning process through the Local Development Framework (LDF)/Local Plan.	Developing travel plans with local authorities is included in the linked guidance on physical activity in the workplace.
Merseytravel	Introduction	1	<p>This guidance is entitled 'Walking and cycling: local measures to promote walking and cycling' – it sets out how people can be encouraged to increase the amount that they walk and cycle.</p> <p>Given that the term 'Active Travel' is quite prominent at the moment should this guidance not also make use of the active travel terminology?</p> <p>i.e. Sustrans – have Active Travel http://www.sustrans.org.uk/what-we-do/active-travel</p> <p>Olympic terminology – Active Travel http://www.london2012.com/about-us/sustainability/active-travel/index.html</p> <p>Merseyside LTP – Active Travel Strategy http://www.letstravelwise.org/content206_Local-Transport-Plan-3.html</p>	<p>The guidance title is taken from the referral from the Department of Health which uses the terms walking and cycling.</p> <p>The PDG noted that walking and cycling are two different activities and they should generally be considered separately.</p> <p>The guidance is also not</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			We feel that this inclusion would benefit the document and make the term 'Active Travel' more widely understood.	restricted to walking or cycling for transport purposes.
Merseytravel	Recommendation 2	10	Again, those responsible for employment and regeneration could be added to the list and need to consider taking action to promote walking and cycling as a mean to accessing employment sites where possible – this point is not really that strong in the guidance.	Thank you. Regeneration and economic development have been added.
Merseytravel	Recommendation 2	10	Recommendation 2 – 'Aim to shift attention away from risk factors and isolated small-scale interventions'. – supported. However, caution is needed with regards to using road traffic accidents as indicators without distinguishing between types of accidents.	Thank you.
Merseytravel	Recommendation 2	10	It is recognised that 'walking and cycling programmes should form a core part of local transport investment and planning', hence this recommendation - but shouldn't the guidance specify what exactly 'walking and cycling programmes' are in that case? i.e. what activity is constituted as a walking/cycling programme?	Further details of what might be included in a walking or cycling programme feature in recommendations 4-7.
Merseytravel		11	There may be a need to ensure that programmes take account of other local issues such as actual and fear of crime/anti-social behaviour and maintenance and lighting of footpaths that may reduce walking and cycling, in addition to geographical issues.	These issues have been included in recommendation 6.
Merseytravel	Recommendation 3 end of page 11	11	We welcome recommendation, 'Ensure they have the resources to achieve this, taking into account the range of interventions needed to ensure all groups can participate'. To add this, we think that greater emphasis should be put on healthy weight/physical activity leads in the NHS to liaise with the transport sector to ensure programmes of activities complement each other, and to avoid duplication.	Thank you. Recommendation 1 encourages consideration of walking and cycling in addressing issues such as obesity, cardiovascular disease

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				etc.
Merseytravel	Recommendation 4	12	<p>Recommendation 4 – Personalised Travel Planning (PTP)</p> <p>In addition, workforce health teams could also be included in the list of those needing to take action on travel planning.</p> <p>Examples of PTP and where it has been successful could be useful – PTP can be expensive and resource intensive so how benefit has been demonstrated will be vital.</p> <p>Again links to employment and people starting new jobs could be emphasised here as an opportunity to make changes to travel behaviour, as well as links to any other front line public services which will have contact with those changing circumstances e.g. housing.</p> <p>Merseyside Transport Partnership (MTP) has carried out Personalised Travel Plans (PTP) in the past and has monitored an increase in short journeys made by walking or cycling however the monitoring period has not been over a significant length of time since the PTP projects were undertaken, so there is no evidence that this switch is maintained over a long period of time. Ongoing and long term monitoring will be required to see if this shift is sustained and whether they provide value for money.</p>	<p>The evidence identified on PTP is included in the evidence reviews, available on the NICE website. In addition, economic modelling suggested that it was a highly cost effective approach. The recommendation now includes a link to a best practice guide.</p> <p>Addition evidence on long term impacts of interventions will be very helpful in refining guidance in the future.</p>
Merseytravel	Recommendation 5	13	<p>Recommendation 5 – Cycling programmes</p> <p>Town wide programmes can be very expensive and resource intensive and might not always bring the most benefit. Research into 'who might walk and cycle in the right circumstance' and Market segmentation tools have been</p>	<p>The PDG was concerned that approaches which addressed those who were most likely to walk or cycle would be likely</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			used by the Merseyside Transport Partnership – this could possibly form the basis of a case study for inclusion in the guidance.	to increase health inequalities. A broader approach that includes addressing barriers to walking and cycling is needed to ensure inadvertent worsening in health inequalities. Please note that case studies are not included in NICE guidance, however there is a facility to submit examples to our shared learning database
Merseytravel	Recommendation 5 page 13/15	13-15	Some additions – <ul style="list-style-type: none"> • Ensure programmes of work don't end up just serving existing cyclists rather than encouraging new cyclists. • There is greater potential to increase the amount of people who reach the recommended levels of physical activity, through cycling for transport than for leisure. Journeys as often regular, and once habits are formed are easier to maintain. Programmes should where possible focus on encouraging people to cycle for utility purposes or utility and leisure purposes rather than just leisure purposes. • All programmes should aim to increase the acceptability of cycling as a mode of transport, and ensure language and imagery represents a range of people, not just what people see is a typical cyclists 	Thank you. Recommendation 3 includes the need to ensure that walking and cycling programmes are developed to consider all sections of the public and to increase the prevalence of people walking and cycling as well as the distance covered by people who

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<ul style="list-style-type: none"> It would also be useful to include specific activities to 'introduce' people to cycling i.e. sessions to build confidence on cycling on roads etc. 	already cycle. Although transport cycling is a key component, the guidance is also aimed at increasing recreational cycling. Recommendation 5 includes examples such as cycle training
Merseytravel		14	Agree with 'Ensure cycling routes are integrated with public transport links to support longer journeys.' Examples of how this has been done in other areas would be useful – how do other areas promotes use of cycles and buses?	Thank you. Please note that case studies are not included in NICE guidance, however there is a facility to submit examples to our shared learning database
Merseytravel		15	Addressing infrastructure issues - although this may be addressed in NICE Physical Activity and the Environment, some guidance on NICE position as to the implementation of 20mph speed limits and zones on residential roads could be introduced here for clarity. This does not seem to be mentioned within the guidance at present. If more research is required into this area then this should be stated.	Thank you. Links to NICE guidance on physical activity and the environment and on preventing unintentional injuries are given.
Merseytravel		15	Where resources are limited it may provide better value to promote active travel as opposed to separate guidance for walking and cycling activities.	The PDG noted that walking and cycling are separate activities that need to be considered independently.
Merseytravel		15	With regards to time/distance signage on route – historically not all of our local	Thank you. This

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			authorities in Merseyside have included travel time/distances to destinations signed on cycle or walking directional signage. But some work in this area was done as part of the Southport Cycle Town. However, we do not have a policy that says we can't implement this in the future and avenues are being explored for some signage on national cycle network. In terms of providing distance and time, the Traffic Signs Regulations General Directions (TSRGD) only permits the use of time or distance to places, not both on the same sign. Although we understand that this may change in 2014.	guidance does not replace statutory requirements. However there are occasions when signage will not fall into the remit of TSRGD.
Merseytravel	Recommendation 6 page 15/16	15-16	Some additions- <ul style="list-style-type: none"> Increase the acceptability of walking as a mode of transport, and as part of multi modal journeys e.g. walk/bus, walk/rail. Again if walking can be increased as part of journeys that are habitual, this has the greater potential to increase physical activity than for leisure walks. 	Thank you. Integration with accessible public transport to support longer journeys is included in this recommendation.
Merseytravel	Recommendation 7 page 17	17	Suggestion – take out, 'use of pedometers' from the title as it is one tool that can help increase walking, but only as part of a package – having a tool in the title over emphasises its important.	Thank you. Pedometers are included in the title of this recommendation as it replaces an earlier NICE recommendation on pedometers. However, as you note, pedometers are only one possible tool and should only be used as part of a package involving setting realistic goals, monitoring and feedback (see final bullet)

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Merseytravel	Recommendation 8	18	<p>Within Recommendation 8 in relation to schools, it would be useful if actions could be encouraged to overcome financial barriers to children cycling, for example, interest free loans through the local authority etc.</p> <p>Alternatively, schools could make links with bike recycling projects/second hand bike shops within the local area to provide more affordable bikes to those that would struggle to access them otherwise.</p>	Thank you. This is an interesting idea, however no evidence or practical examples were identified.
Merseytravel	Recommendation 8 – page 18/19	18-19	Action around School Travel Plans. Following the national Travel to School Initiative, most schools now have a School Travel Plan. This alone rarely increases the amount of cycling and walking. The implementation of that plan, and associated campaigns and initiatives increase levels of cycling and walking. The emphasis of this section needs revising.	Thank you. The recommendation aims to support the implementation of STPs and their integration with other campaigns and initiatives.
Merseytravel	Recommendation 9	19	The above comment re: financial barriers can also be applied to Recommendation 9 on Workplaces.	This recommendation includes participation in discounted cycle purchase schemes, such as the cycle to work scheme.
Merseytravel	Recommendation 9 – page 19/20	19-20	<ul style="list-style-type: none"> • More potential to increase physical activity if the journey to and from work is converted to active modes rather than just increasing activity during the working day. – see above. • As well as walking initiatives, workplace champions should put in place cycling initiatives and campaigns such as bike week, bike user groups, links with local bike shops etc 	Thank you. Increasing physical activity during commuting is included in the recommendation, and in the linked guidance on physical activity in the workplace.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				A number of cycling initiatives are included in the listed examples.
Merseytravel	Introduction	2	<p>The Department of Health has asked NICE to produce the Guidance – it would be useful if a short explanation of why they had made this request in the first place could be included.</p> <p>There are many resources around at this time which look at promoting active travel – it was felt that an explanation of why this document has been produced may help people to understand its purpose.</p>	Explanations of the reasons behind Department of Health requests to produce guidance are not included in NICE guidance.
Merseytravel	Page 20	20	We welcome where the guidance states, 'Ensure all children can take part in 'Bikeability! Level 2 training'. Additional work needs to be done to ensure all secondary school children and young people can take part in Level 3 training. An additional issue for some children, especially from families on lower incomes is access to a bike and a bike helmet. Where possible, those on the lowest incomes (entitled to free school meals or highest rate of Working family tax) should be able to have options open to them to either get a bus pass or instead opt for a bike or clothing which then may encourage them to walk or cycle to school for example.	This has been amended to say 'Ensure cycle training is age-appropriate and timed to allow cycling to school to become a habit.'
Merseytravel		6	<p>The programme group considers that the approaches in this document are 'highly cost effective' – although they may well be cost effective, at the moment it is important that all we are able to evidence value for money/cost effectiveness.</p> <p>If further clarification of how the programme group have reached its recommendation of 'cost effectiveness' can be given, this might help us in the future to draw down/compete for limited resources on this basis.</p>	Cost effectiveness was considered using a cost per QALY cost utility approach and a cost benefit approach. Further information is included in para 3.56. The economic modelling report developed for the

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				guidance is available on the NICE website.
Merseytravel		6	<p>It is welcomed that the guidance gives recognition of the differences/importance of promoting both active travel and activity for leisure.</p> <p>This is something which the Merseyside Local Transport Plan seeks to include as different people will cycle for different reasons.</p>	Thank you.
Merseytravel		6	<p>It is welcomed that the guidance recognises that enabling walking and cycling does encompass a range of issues including environmental, social, financial and personal factors.</p> <p>The Merseyside Local Transport Plan has examined some of these issues in detail and highlighted how the above factors can impact on cycling levels.</p> <p>http://www.letstravelwise.org/files/570773362_Annexe%2008%20-%20Cycle%20&%20Short%20Trips%20Study.pdf</p>	Thank you.
Merseytravel	Benefits of Walking and Cycling	6	<p>Benefits of Walking and cycling – One of the benefits is stated as ‘a reduction in road danger’ - Although it is appreciated that this is largely a ‘safety in numbers’ hypothesis i.e. that by being part of a large physical group or mass, an individual is proportionately less likely to be the victim of a mishap, accident or other bad event and that numerous examples have been found i.e. York, Norway, Netherlands we feel that this terminology could be amended and softened.</p> <p>Recent DfT statistics (STATS19,DfT National Road Traffic Survey 2012) highlighted that although the number of casualties across all classes of road user continued to fall, only cyclist casualties saw an overall increase. While increased numbers of people cycling may partly explain the rise, the absence</p>	<p>There is evidence to support the view that places with higher levels of cyclists tend to have lower levels of casualties per mile cycled. Reducing miles driven is likely to reduce injuries. However, as the guidance notes it is important to address both the real risks to</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>of up-to-date statistics on cycle usage and the difficulty of establishing precise trends at national level make it impossible to say with any certainty.</p> <p>There does seem to be a general perception that the roads are becoming more dangerous for cyclists, hence we would not wish to mislead readers of this guidance with the reduction in road danger terminology.</p>	vulnerable road users (for instance by reducing motor vehicle speed) and to address perceptions of danger.
Merseytravel	Benefits of Walking and cycling	6	<p>The third stated benefit of walking and cycling seems to be quite loose and we are not sure that 'getting to know each other, socialising and encouraging community' does the guidance justice.</p> <p>It is appreciated that localism and community are important, but maybe this third benefit could be revised to something more measurable as this would help when justifying/quantifying cycling benefits.</p>	This section has been amended. The guidance now includes: 'Increase the number of people of all ages who are out on the streets, making public spaces seem more welcoming and providing opportunities for social interaction'.
Merseytravel		7	It is welcomed that 'Local' has different meanings depending on audience i.e. it can be a housing estate, village, town etc	Thank you.
Merseytravel	Recommendation 1	7	<p>Involving public health professionals</p> <p>This aspect of the guidance is useful, however, if active travel is to feature in wider policy areas it might be beneficial if the guidance could include some case studies demonstrating how pooling of resources has been achieved to ensure the agenda has sufficient resources to enable collective activity.</p>	Thank you. Unfortunately NICE guidance does not include case studies. However, there is a facility to submit examples to our shared learning database
Merseytravel	Reducing Road Dangers	7	The paragraph on 'reducing road dangers' is contradictory to the statement on page 6 (see comments above) – this strengthens the argument for changing	While there is evidence to support the 'safety in

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			the terminology on page 6.	numbers' hypothesis this does not detract from the need to address both real and perceived dangers on the road
Merseytravel		8	<p>Evaluating schemes is mentioned a number of times. It may be worth highlighting the national walking data base held by the Ramblers (was Natural England) which walking schemes can utilise. This gives valuable local and national data on number of walkers and frequency of walks. This has the benefit of all schemes collecting the same comparable data.</p> <p>While the benefit of having rigorous evaluation of programmes is clear, data collection and evaluation methods required for such evaluation present quite a barrier to participants who just want to go for a walk or a bike ride. Any guidance on how data can be collected with a minimum of intrusion would be welcome.</p>	Thank you. Links to the National Obesity Observatory standard evaluation framework for physical activity interventions has been added.
Merseytravel		8-9	<p>In addition, other strategies/plans which could incorporate the recommendations on walking and cycling include;</p> <ul style="list-style-type: none"> • Workforce health strategies within large organisations/businesses • Employment strategies – i.e. providing travel options for people trying to access employment • Greenspace/Parks/Open Space Strategies 	Thank you. Recommendation 9 is aimed at workplaces. The list of plans is not intended to be comprehensive. The examples you suggest might be included in plans on regeneration and economic activity and environment.
Merseytravel	Recommendatio	9	Recommendation 2 – Ensuring all relevant plans consider walking and cycling	Thank you. The issues to

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	n 2		It would be interesting to expand on the point of involving the Local Enterprise Partnerships. The guidance could expand to suggest some of the issues they consider would be reviewed by LEPS.	be considered are outlined by the actions in the recommendation.
Modeshift	General		If funded is limited – the group considered which of the recommendations is most important for encouraging walking and cycling – however, the consensus was that no one measure would be superior to others – it is vital to deliver a package of measures that delivers information, training, infrastructure and skills and this package needs to be coordinated by a designated professional either in a local authority or in public health.	Thank you. The text before the recommendations notes that 'a range of issues have to be addressed, including environmental, social, financial and personal factors'.
Modeshift	General		Suggestion that, if necessary, Modeshift can provide practical examples of things have/haven't worked STAs have indicated that there needs to be a recommendation to have regular networking events and meetings for sustainable travel professionals focusing on active travel. They have indicated that Modeshift is a key link between schools, local authorities and national policy/developments. This should be recognised.	Thank you. We are unable to include case studies in the guidance document itself, however please note that there is a facility to submit examples to our shared learning database
Modeshift	General		A lot of the recommendations require funding that at the moment is quite limited – will the guidance suggest sources of funding for such initiatives.	Thank you. Identifying sources of funding is within the remit of local bodies. NICE does not make recommendations on funding sources.
Modeshift	General		STA's are vital	Thank you. School travel

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>They are the link between schools, LA's and government Can use stats from Modeshift STA schools survey to highlight need for funding for STA's STA's are needed to deliver all above recommendations STA's coordinate and deliver a package of measures and are vital to the success of sustainable travel promotion and modal shifts</p>	<p>advisers are included in 'who should take action' in recommendation 8.</p>
Modeshift	Section 1 recommendation 8	18	<p>Develop and implement STPs that encourage children to walk and cycle all or part of the way to school Enforcement of STPs is difficult There is currently no national STP guidance or national STP framework – Modeshift STARS could provide this function to ensure uniformity of STPs and a structure for schools to work to. Education departments nationally and locally need to recognise the importance of promoting walking and cycling and make it a priority area. The majority of school travel professionals work in Departments other than education yet we are all engaging schools. Local authority education departments and the Department for Education are key to widespread uptake of walking and cycling and this guidance needs to spread to them. STPs need to be made statutory or at the minimum a priority for schools and LA's (contrary to DfE Mythbuster comments....) There needs to be more clarity on what schools/LA's 'must' do re STPs – no national guidance exists – Modeshift STARS could provide this Ofsted don't ask for STPs or ask how schools promote walking and cycling – encouraging them to do so would raise the profile.</p>	<p>Thank you. Recommendation 8 includes local authority PHSE coordinators. The remit of the guidance is consider local actions and national guidance or recommendations for Ofsted are outside the scope of this work.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<ul style="list-style-type: none"> Ofsted don't ask to STPs or ask how schools promote walking and cycling – encouraging them to do so would raise the profile. 	
Modeshift	Section 1 recommendation 8	18	<p>Integrate the plans with those of other local schools and other travel plans available from the LA Modeshift would be able to collate examples of good practice of this taking place from around the country if required</p>	Thank you. We are unable to include case studies in the guidance document itself, however please note that there is a facility to submit examples to our shared learning database
Modeshift	Section 1 recommendation 8	18	<p>Headteachers should identify a walking or cycling champion at a senior position to coordinate activities The 'Champion' does not necessarily have to be in a senior position – some of the best School Travel Champions are teaching assistants or volunteers. Key to success is the passion and commitment of the individual rather than the seniority. However, the Champion should have strong senior level support to ensure that they can undertake actions.</p>	This has been amended to 'with sufficient senior support'
Modeshift	Section 1 recommendation 8	18	<p>Foster a culture that supports physically active travel for journeys to school and during the school day... Schools need support and guidance to do this – who will provide this? School Travel Advisors can provide this function and help to deliver activities, information, promotion but LA funding cuts mean that many LA's do not have a School Travel Advisor. There is currently no national source of information for schools to get this information from directly. Funding for School Travel</p>	STAs are an important potential resource for this and are included in 'who should take action'. However others could help support this action and they are also

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Advisors would ensure that schools have the support that they require. The Modeshift 2011 survey of over 1000 schools showed that schools viewed STPs as a worthwhile exercise (90%) however without an STA 80% of schools said this would have either a negative or very negative impact on the STP. Schools have indicated that better results are achieved when they have support from a local authority STA.	included. NICE does not have a remit to make recommendations about local authority funding.
Modeshift	Section 1 recommendation 8	18	Work with local commissioners to secure funding to support physically active STPs As above – there is no national guidance available for schools on what a STP is/should contain. Also, some LAs have no STA meaning that they have no support at all. Schools need mechanisms to inform them how to develop and implement a STP – a national scheme is required to provide guidance and standardisation across the country.	Thank you. The guidance is aimed at local actions and so national schemes are outside the remit of this work.
Modeshift	Section 1 recommendation 8	18	Map safer routes to school and local play and leisure facilities Map safer <i>infrastructure</i> rather than <i>routes</i> – otherwise how do you classify a SRTS – it varies around the country Safer Routes to School needs to be more definitive – schools don't always understand what Safer Routes to School are Mapping SRTS could involve producing zone maps around schools showing walking/cycling travel times and 20mph zones, cycle routes, pedestrian crossings, etc.	Thank you. Safer routes will be dependant on local factors. It will be important for schools to work with others in the local authority to improve the understanding of issues relating to safer routes to school based on local factors.
Modeshift	Section 1 recommendation 8	19	Develop programmes to ensure the local environment around schools and the nearby catchment area provides opportunities to cycle or walk Funding required	Thank you. NICE does not make recommendations about

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				sources of funding for recommendations.
Modeshift	Section 1 recommendation 8	19	<p>Introduce regular walking buses and other activities A number of comments were made by Modeshift local authority members that indicate that walking buses don't work. Is there potential for funding for promoting/supporting walking buses as in the past. However it's possible they should be supported in a different way—walking buses are more successful when coordinators/leaders are paid or incentivised for their time. Focus should perhaps be on general active travel promotion e.g. Introduce regular walking and cycling activities in schools - Need to quantify 'other activities' – it is a very broad area and the range of activities/incentives that could be delivered should be recognised – e.g. Modeshift STARS walking and cycling initiatives</p>	The evidence considered by the PDG suggested that walking buses could be an effective intervention. NICE does not make recommendations about sources of funding for recommendations. The guidance emphasises that it is important to address a range of issues rather than to rely on single approaches.
Modeshift	Section 1 recommendation 8	19	<p>Set performance targets for STPs which are audited annually Currently no system for doing this since the removal of the School Census mode of travel census – therefore a requirement for a national dataset and targets on walking and cycling levels for schools. This could be provided by a national Modeshift school travel survey. Annual audits are generally not done in many LA's and schools – Modeshift STARS could encourage more schools/LAs to complete regular data collection. Need PLASC data reinstating OR the new Modeshift annual survey could be used. Lack of STA's in LA's makes monitoring performance very difficult – no one is</p>	Thank you. We hope this recommendation will support the collection of appropriate data. Setting a requirement for a national dataset and targets is outside the remit of this guidance.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			available to chase schools and assist them with data collection/provide guidance or even ask them to collect the data. There is no recommendation for having an STA in each LA – how can STPs be monitored without staff?	
Modeshift	Section 1 recommendation 8	19	Develop parents/carers awareness of the wider benefits of walking and cycling and other modes of travel How would schools do this? – They need national guidance/support. Modeshift can provide examples of successful work from around the UK e.g. FEAT 1 st ?	Thank you. While NICE guidance does not include case studies, there is a facility to submit examples to our shared learning database
Modeshift	Section 1 recommendation 8	19	Ensure that all children can take part in Bikeability level 2 training We should promote all Levels 1,2 and 3 rather than just level 2 However, there is no funding for level 3 training, which is actually the training that would convince the large majority of parents that their children were safe to cycle on main roads. There should also be some effort to have children trained at level 2 well before they go to secondary so that level 3 could be delivered before they go to secondary- so they've had time to practice and build confidence and skills – making it more likely that they'll actually cycle to their new school. (Important to establish this as the 'new mode of travel' from the beginning.	Thank you. This has been amended to 'ensure all children can take part in 'Bikeability' training (see the Department for Transport website for details). Ensure cycle training is age-appropriate and timed to allow cycling to school to become a habit'.
Modeshift	Section 1	8	Where appropriate, ensure walking and cycling are treated as separate activities which may require different approaches. The experience of School Travel Advisors and Modeshift is that promoting	While there may be occasions when walking and cycling can best be

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			walking and cycling side by side can be better than separating them. Walking or cycling only initiatives run the risk of excluding pupils/parents by focusing one just one mode of travel. It is not possible for many pupils to walk or cycle and so limiting incentive campaigns that encourage more people to participate alienates and excludes many families. We therefore encourage broader active travel campaigns for schools Doing so makes it easier for LA's to promote and schools to promote and participate	addressed together it is important to bear in mind that they are different activities and will often require different approaches.
MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR)	General		We welcome the emphasis on the need to address multiple environmental, individual and other factors in combination (e.g. s1, p7; s2 R2, p10-11).	Thank you. This will be further emphasised in the support tools for the guidance, and in the NICE 'pathway'.
MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR)	1	10 -11	We welcome the emphasis on the need for a strategic approach (p10) motivated by a long term vision (p11) and a shift away from 'isolated, small-scale interventions' (p11).	Thank you
MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR)	1	12	Change of workplace is another opportunity for people to reconsider their travel behaviour.	Thank you. This list is not intended to be comprehensive, however changing job has been included.
MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR)	1	15	Integration of cycling with public transport should include increasing the provision for the carriage of bicycles (folding or otherwise) on trains and buses. Since most rail and bus services are outside the direct control of local authorities, the target audience for this recommendation should include all public transport operators.	Thank you. Public transport operators have been added to 'who should take action'

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR)	1	18	In order to foster a culture that supports physically active travel for journeys to school, all listed components are required. Given that walking and cycling are taken up for reasons other than health, it may be necessary first to create a physical and social environment that is conducive to walking and cycling and subsequently to promote the health benefits.	This is an important part of the process which we hope are addressed in the recommendations.
MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR)	1	19	Is the provision of cycle and road safety training necessarily the responsibility of individual schools? It might also be the responsibility of local authorities.	Local authorities are also included in the 'who should take action' section
MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR)	1	19	While the recommendation to map safe routes is welcome, it will only be useful if 'safe' routes exist. Perhaps the following recommendation could be strengthened to include the provision of safe routes to school in particular as well as 'opportunities' in general?	While environmental change is not the focus of this guidance please note that environmental change to provide safer routes to schools is included in the recommendations on preventing unintentional injuries in children and young people . These recommendations will be included in the pathway due to be published with this guidance.
MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR)	3.7	28	This consideration summarises the findings of a systematic review in a way that could be open to misinterpretation. The statement 'Walking interventions appear to be effective if tailored... and aimed...' could be taken to mean that if an intervention is tailored and aimed in the ways described, it will be effective.	Thank you. This paragraph has been amended.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			That is not the conclusion of the systematic review in question.	
MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR)	3.15	29	In addition to the relative costs, the relative convenience of walking and cycling is also important.	Thank you. While this is not intended to be a comprehensive list of other factors, convenience of walking and cycling has been added.
MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR)	1	8	In addition to the use of control groups where appropriate, we suggest that walking and cycling should be measured appropriately and analyses should include adjustment for differences in individual characteristics between intervention and control groups.	Reference to control groups has been removed as this is aimed at DPH level professionals who will be in a position to identify the appropriate extent and nature of evaluation needed locally. The recommendation includes the need to consider the impact on health inequalities.
MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR)	1	9	This and other recommendations relating to evaluation could be taken to mean that every single instance of every type of intervention should be 'rigorously' evaluated. Particularly in a climate of financial restraint in the public sector, this is unlikely to be realistic and in any case evaluative resources should be targeted at those interventions and research questions most in need of (further) evaluation for their effectiveness. Would it be helpful to distinguish between a recommendation that every intervention should be evaluated at	The PDG feel that as these recommendations are aimed at high level professionals it is appropriate to leave the nature of the evaluation to their discretion. As

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			some level (e.g. with regard to implementation and uptake, or [as in R3] with regard to the likely impact of a policy) and the research recommendations arising from the guidance as a whole? See, for example, recent MRC guidance on natural experimental studies.	you indicate, specific research recommendations are made separately in the guidance
National Heart Forum	3.25		In terms of distance travelled, cycling has an inverted U-shape in relation to age and peaks in the 40-49y age-groups (NTSdata 2007-09 combined provided to J Mindell by the DfT).	Thank you. This section (now 3.33 on) has been amended, however please note that it is not possible in this document to provide a comprehensive analysis of data on cycling journeys.
National Heart Forum	3.27		In HSE 2008 and 2003, those who cycled a lot were amongst the most active individuals (unpublished data).	Thank you
National Heart Forum	3.28		It would also be worth re-calculating these figures using 'people who have cycled in the past year' or similar as the denominator, rather than an average across the whole population. Do more of the more affluent NTS participants cycle, or do those who cycle travel further?	Thank you. Unfortunately this is not possible in the context of this guidance.
National Heart Forum	Recommendation 9		We welcome these statements but more could be added, e.g. active signposting of stairs; long-term plans to design buildings where stairs are more prominent than lifts (unless this is covered by infrastructure / environment guidance); instructing reception and other staff to point out the stairs rather than the lifts as a default; provision of facilities e.g. showers, secure cycle parking; payment of a realistic 'cycle rate' for journeys for work (not commuting) undertaken by bicycle – or paying public transport fares regardless of how people choose to travel (the employer gaining from the	Issues such as stairs are covered in the linked physical activity and environment guidance. Details of site specific needs (such as showers or cycle parking) would be included in a travel

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			increased health of those who travel actively).	plan, recommended in the linked guidance on workplace physical activity.
National Heart Forum	Recommendations 6-8		We welcome these statements.	Thank you
National Heart Forum	Section 3		This is a good summary of a wide range of relevant issues.	Thank you
National Heart Forum	General	1	<p>This draft guidance excludes topics covered in other NICE guidance on the changes to the physical environment and cycling. However, as with tobacco control in the 1990s, expecting local action without the synergistic benefits of national action reduces the effectiveness of local policies and intervention.</p> <p>While this guidance is directed towards local actions and local policy-makers, it is important that an organisation such as NICE also reviews the evidence for such actions that may be very cost-effective but cannot be initiated or implemented locally, such as national fiscal measures.</p> <p>It is also important that the role of national actions that facilitate local policy interventions, such as the welcome change to regulations that have made it much easier for local authorities to introduce area-wide 20mph zones, are acknowledged.</p>	Thank you. The scope for this guidance is restricted to local (as opposed to national) action
National Heart Forum	Recommendation 3	10 -11	We welcome these statements and feel that planning officers should also be included: although they are not usually involved in planning such activities, they need to be aware of these to ensure that their planning decisions (whether for specific developments or general guidance, e.g. on the maximum or minimum number of car parking spaces 'required' and facilities for walkers and cyclists) enhance and do not impinge adversely on their colleagues'	Thank you. This is included in recommendation 2.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			activities.	
National Heart Forum	Recommendation 4	12	<p>We welcome this recommendation but feel that contacting only those undergoing change will miss many people that TravelSmart has shown are willing to change when individualised information is provided, even to longstanding residents with fixed travel patterns.</p> <p>Should guidance be expanded on how to identify such people?</p> <p>What is the evidence from TravelSmart evaluations in the UK?</p> <p>In addition to transport planners key professionals should be made aware of this service – including GPs, midwives, student services in schools, Job Centres, probation - those involved with people at transition points.</p>	Thank you. The example is intended to be illustrative only and does not exclude longstanding residents. The glossary definition of personalised travel planning notes that they are usually delivered across whole areas (rather than to specific individuals)
National Heart Forum	Recommendation 5	12-14	<p>No mention is made of other policies such as area-wide 20mph limits, or is that considered 'infrastructure' or 'signage'? If so, perhaps mentioning it explicitly would be beneficial. It is mentioned explicitly in rec 6, p 15.</p> <p>We are puzzled why CCGs are recommended to take action. CCGs will be commissioning secondary health care services, which are not part of this work. If this is an attempt to involve GPs as providers then it is important to remember that CCGs do not commission GP services, rather the National Commissioning Board.</p>	Thank you. The role of issues such as traffic speed has been emphasised and links to other NICE guidance which include recommendations in these areas made.
National Heart Forum	Section 2 (also introduction to Review 2)	24	<p>The most recent years have shown a flattening or reversal of the trends in travel by mode. For example, London has seen a decline in car use and an increase in cycling, so comparisons over the past 5y should be added as well as longer term trends.</p> <p>It should also be noted that NTS data is restricted to highways on which motor vehicles are allowed to travel, so walking and cycling data from the Sustrans</p>	Thank you. Unfortunately it is not possible in this document to provide a comprehensive analysis of data on cycling journeys.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			traffic-free cycle network should be added to NTS data.	
National Heart Forum	Section 8	41	There is some evidence (Stamatakis, E et al) that housework does not provide the health benefits that other forms of activity do, so perhaps it would be better to give a different example of the many forms of MPA that there are. E.g. cycling at 10-12mph on the flat, slower walking (how slow?) if carrying heavy loads (e.g. shopping) and/or going up hill.	The glossary definition has been amended.
National Heart Forum	Recommendation 1	7-8	We welcome these statements.	Thank you
National Heart Forum	Recommendation 2	8-10	We welcome these statements.	Thank you
Newcastle University, Institute of Health and Society			Further, we feel that the PDG would have benefited from having greater input from behaviour change experts.	Thank you
Newcastle University, Institute of Health and Society	General		The draft guidance talks repeatedly about 'motivating' individuals and targeting those who might be 'motivated' to change. Motivation refers to a very specific aspect of behaviour. There is extensive research to show that motivations are not always translated into actions (Sheeran, P. (2002). Intention-behavior relations: A conceptual and empirical review. <i>European Review of Social Psychology</i>, 12, 1-36.). We therefore believe that the guidance should give greater consideration to the need to translate motivations/intentions into behaviours and how this process may be influenced (Bamberg, S. (2000). The promotion of new behavior by forming an implementation intention: Results of a field experiment in the domain of travel mode choice. <i>Journal of Applied Social Psychology</i> , 30, 1903-1923; Gollwitzer, P. M. (1999). Implementation intentions. Strong effects of simple plans. <i>American Psychologist</i> , 54, 493–503; Sniehotta FF. Towards a theory of intentional behaviour change: Plans, planning, and self-regulation. <i>British Journal of Health Psychology</i> 2009, 14(2), 261-273; Sniehotta FF, Schwarzer R, Scholz U, Schuz B. Action	Thank you. The PDG is aware of issues relating to translation of motivations to actions and the recommendations reflect this. References to 'motivation' in the evidence statements reflect what was in the evidence reviewed and are not recommendations.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			planning and coping planning for long-term lifestyle change: Theory and assessment . <i>European Journal of Social Psychology</i> 2005, 35 (4), 565-576.).	
Newcastle University, Institute of Health and Society	General		Following on from the above point, we would suggest using the words 'support' or 'enable' rather than 'motivate' individuals, to encompass both motivational and volitional (translating motivation into action) aspects of behaviour change (Michie, S., van Stralen, M.M. & West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. <i>Implementation Science</i> 2011, 6:42). Particularly as evidence in relation to promoting active travel suggest that motivation is often not sufficient (Eriksson, L., Garvill, J., & Nordlund, A. M. (2008). Interrupting habitual car use: The importance of car habit strength and moral motivation for personal car use reduction. <i>Transportation Research Part F</i> , 11 , 10–23.)	Thank you. Please see response above.
Newcastle University, Institute of Health and Society	General		The draft guidance talks on occasion about perceptions relating to walking and cycling, and perceptions are also mentioned in the expert papers. It would be useful to consider (at least) two different types of perceptions: firstly, perceptions of others who walk or cycle for transport or recreation; and secondly, perceptions of the extent to which the individual feels able to participate in these activities. In relation to perceptions of others, it would be useful to consider how similar the individual perceives themselves to those who already engage in these behaviours, and also whether they evaluate these individuals in a positive or negative way.	Thank you. The evidence considered did not enable the PDG to make specific recommendations of this sort.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>In relation to perceived ability to participate in these behaviours, it is necessary to understand the factors that influence perceptions of capability.</p> <p>In our opinion the guidance should reflect this distinction between the different types of perceptions and consider how we may understand and influence both (Gibbons, F. X., & Gerrard, M. (1995). Predicting young adults' health risk behavior. <i>Journal of Personality and Social Psychology</i>, 69, 505–517.).</p>	
Newcastle University, Institute of Health and Society	General		The PDG see the value in recognising walking and cycling as separate activities, and transport and recreation as separate functions, and we support them in these distinctions. However, these distinctions are not always made in the available evidence and in our opinion this point should be made more clearly in the guidance.	Thank you. The evidence statements indicate whether the studies included considered either walking or cycling or both.
Newcastle University, Institute of Health and Society	General		We are of the opinion that walking and cycling for transport purposes can be promoted and achieved through multi-modal means, integrating with other forms of transport. This may be especially important in situations where the individual is involved in trip-chaining, (e.g., working parents with school age children) (Hodgson, S., Namdeo, A., Araujo-Soares, V. & Pless-Mulloli, T. (2012). Towards an interdisciplinary science of transport and health: a case study on school travel. <i>Journal of Transport Geography</i> , 21 , 70-79). We think that this point could be further integrated into the guidance.	Thank you. Both recommendations 5 and 6 include integration of walking and cycling into public transport trips.
Newcastle University, Institute of Health and Society	General		The evidence statements on which the draft guidance is based include all potential types of design studies (Randomised Controlled Trial, non-	This was considered during the development

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Randomised Controlled Trial, Before and After, Interrupted Time Series, Cross Sectional and Evidence Reports). As it stands the analysis of the studies enrolled is limited to a narrative synthesis in both reviews of the evidence. A meta-analysis of the most robust designs/best quality studies (RCTs, n-RCTs, BA) could be considered. This could provide quantitative as well as qualitative conclusions, which could be very informative in our opinion.	of the reviews. However, the heterogeneity of the interventions' aim, design, and outcome measures used preclude a meta-analysis of their results.
Newcastle University, Institute of Health and Society	General		Some of the literature in the systematic reviews was drawn from non-UK countries with substantial variations to the situation in the UK. This raises questions about the generalisability of the evidence. While this is acknowledged in the evidence, we propose going further and suggest that the reviews should analyse the data by different countries and present the evidence from the UK and non-UK countries separately.	Thank you. Country of origin of each study is indicated in the evidence statements.
Newcastle University, Institute of Health and Society	General		In the evidence statements there is a lack of clear reporting of the specific behaviour change techniques present in the interventions, and many complex interventions are categorised as simple 'pedometer' interventions – even although they include multiple behaviour change techniques, such as goal setting. We acknowledge that this is in keeping with the generally poor reporting of the contents of interventions in this area and that there is an acknowledgement in the evidence that the use of pedometers is quite closely linked with a number of other techniques. However, we would like to see a distinction between evidence relating to simple 'pedometer-only' studies and studies which included pedometers and other specific, explicit behaviour change techniques (Michie et al., 2011. A refined taxonomy of behaviour change techniques to help people change their physical activity and healthy eating behaviours: The CALO-RE taxonomy. <i>Psychology and Health</i> , 26 , 11, 1479-1498.).	Thank you. As indicated, the grouping of studies is hampered by the reporting of the contents of interventions. While other groupings such as those suggested were considered it was felt that further division was not possible.
Newcastle University, Institute of	General		In terms of the evidence statements we recognise that some interventions	Thank you. There will

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Health and Society			have been subject to more evaluation (or more appropriate evaluation) than others. However, we cannot conclude from this that these interventions are necessarily more effective. The guidance should reflect this by acknowledging differences in evaluation with regards to different interventions.	always be uncertainties such as the effect of interventions that have not been studied appropriately, and the evidence statements reflect the findings from the included studies. The guidance also includes gaps in the evidence and recommendations for research.
Newcastle University, Institute of Health and Society	General		The model underlying the draft guidance suggests that interventions should focus on aspects such as beliefs, attitudes, knowledge, awareness, and social norms to change behaviour. However, these are less immediate predictors of behaviour. More immediate predictors are individual intentions to perform a behaviour and their perceptions about their ability to perform the action (Ajzen, I. (1991). The theory of planned behavior. <i>Organizational Behavior and Human Decision Processes</i> , 50 , 179-211; Bandura, A. (2004). Health Promotion By Social Cognitive Means. <i>Health Education & Behavior</i> , 31 (2):143-164; Gollwitzer, 1999; Sheeran, 2002; Sniehotta FF, Schwarzer R, Scholz U, Schuz B. Action planning and coping planning for long-term lifestyle change: Theory and assessment . <i>European Journal of Social Psychology</i> 2005, 35 (4), 565-576). Even when we understand these predictors there is still a gap between what individuals intend to do and what they actually do. We believe that these areas need to be addressed more fully in the guidance.	Thank you.
Newcastle University, Institute of Health and Society	General concluding		In conclusion we suggest that the guidance would benefit from two main changes:	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	remarks		<ol style="list-style-type: none"> 1. An inclusion of more relevant evidence from behaviour change theory and specific behaviour change techniques (e.g., <i>Michie et al, 2011</i>) (e.g. within the 2 reviews analyse interventions by techniques and theory base, this will support this inclusion). 2. A more appropriate consideration of the evidence in the 2 evidence reviews. This should be done in a number of ways: <ol style="list-style-type: none"> a) To separate out the most robust study designs and the best quality evidence and to consider this independently alongside the overall evidence. We would recommend recognition within the reviews and the guidance that while we cannot discount interventions that have not been evaluated in the most robust way more weight should be given to those interventions that have shown to be effective in high quality studies. b) A meta-analysis of the most robust evidence would be highly informative alongside the narrative synthesis c) There should be a separate section in the reviews for UK only studies vs non-UK studies. d) A clearer distinction between simple and complex interventions (fro a definition of complex interventions see Craig et al. (2008). Developing and evaluating complex interventions: the new Medical Research Council guidance. <i>BMJ</i>, 337: a1655). <p>The guidance would have to be amended to reflect these changes.</p>	<p>Additional linkage to the NICE guidance on behaviour change has been made</p> <p>Study design and quality is indicated for each study in the evidence statements.</p> <p>Meta analysis was considered and rejected due to the nature of the studies available Country of origin for each study is indicated in the evidence statement</p>
Newcastle University, Institute of Health and Society	Section 1	12	<p>The draft guidance considers that individuals at transition points in their lives (e.g., when moving house) may be more open to change (Verplanken et al. (2008). Context change and travel mode choice. <i>Journal of Environmental Psychology</i>, 28, 121-127). While this is possible we are not convinced that the evidence is clear on how long this 'window of opportunity' lasts (Guell et al.,</p>	<p>Thank you. The possible importance of transitions in reducing walking and cycling has been added.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>2012. Towards a differentiated understanding of active travel. <i>Social Science & Medicine</i>, 75, 233-239.) and this needs to be given further consideration when thinking about implementing these ideas. This needs to be incorporated into the guidance and perhaps identified as a gap in the evidence.</p> <p>Further, while it is likely that some transition points may be a 'window of opportunity' for the promotion of walking and cycling as recreational or transport means, there will be other transition points in life which will threaten existing walking and cycling behaviour in some individuals. Examples of this may include moving from a city centre to a more rural residence or starting a family. There is a need to recognise that some transition points may not be a 'window of opportunity' but may actually present a threat, and to implement different strategies accordingly.</p>	
Newcastle University, Institute of Health and Society	Section 1	12	<p>The use of the term 'more support' is very vague. It would be beneficial to identify some specific things that can actually be done (e.g., individual behaviour change techniques) (Michie et al., 2011) that could be used to support individuals who would benefit from further assistance beyond 'information and help'. These could include for example self-monitoring, action planning (aka implementation intention) (Bamberg, 2000; Eriksson, L., Garvill, J., & Nordlund, A. M. (2008). Interrupting habitual car use: The importance of car habit strength and moral motivation for personal car use reduction. <i>Transportation Research Part F</i>, 11, 10–23.; Garvill, J., Marell, A., & Nordlund, A. (2003). Effects of increased awareness on choice of travel mode. <i>Transportation</i>, 30, 63–79.).</p>	<p>Thank you. This has not been changed, however additional information on individual support such as goal setting, monitoring and feedback is included in recommendation 7.</p>
Newcastle University, Institute of Health and Society	Section 1	13	<p>The guidance discusses the use of market segmentation tools and strategic needs assessment in relation to understanding which individuals might walk/cycle in the right circumstances, as well as the behaviours of existing</p>	<p>Specific mention of market segmentation tools has been removed</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			walkers/cyclists. While these are no doubt useful tools in terms of understanding the local population and the journeys undertaken, other tools will be more useful in understanding human behaviour. In order to better understand motivational and decision-making characteristics associated with behaviour change there are some very sound, previously tested, psychological and social theories (e.g., social cognitive model, dual process approaches) (Bandura, A. (1989). Social cognitive theory. <i>In R. Vasta (Ed.), Annals of child development. Vol. 6. Six theories of child development (pp. 1-60)</i> . Greenwich, CT: JAI Press; Strack, F., & Deutsch, R. (2004). Reflection and impulse as determinants of "conscious" and "unconscious" motivation. <i>In J. P. Forgas, K. Williams, & S. Laham (Eds.), Social motivation: Conscious and unconscious processes</i> . Cambridge, UK: Cambridge University Press.) that can provide a reliable framework to increase our understanding of individual and group level behaviour. We would recommend an integration of these theories into the guidance.	from the recommendations. Recommendation 3 includes developing programmes based on data from a range of sources. This includes taking into account NICE's recommendations on behaviour change.
Newcastle University, Institute of Health and Society	Section 1	15, 20	The guidance talks about developing walking programmes, based on "an accepted theoretical framework for behaviour change." In our view it is important to make this point more clear. Does this refer to theories of behaviour change or is it referring to specific behaviour change techniques (e.g., PH6 Behaviour Change: guidance, NICE 2007; Michie et al., 2011)? Although in practise individual behaviour change techniques are often associated with specific theories (e.g. self monitoring and control theory) (Michie et al. (2008). From theory to intervention: Mapping theoretically derived behavioural determinants to behaviour change techniques. <i>Applied Psychology, 57</i> , 4, 660-680; Dombrowski et al. (2011). Identifying active ingredients in complex behavioural interventions for obese adults with obesity-	Thank you. The guidance now makes specific reference to NICE's recommendations on behaviour change.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			related co-morbidities or additional risk factors for co-morbidities: a systematic review. <i>Health Psychology Review</i> , 6, 1, 1-26), we believe it is an important distinction to make. In our opinion this is an area of the guidance which could be further elaborated.	
Newcastle University, Institute of Health and Society	Section 1	16	<p>The draft guidance talks about the need to “encourage people to make walking habitual” but the formation of healthy habits can be a lengthy, difficult process, which requires more than ‘encouragement’. Recent research by Lally (Lally et al., 2010. How are habits formed: Modelling habit formation in the real world. <i>European Journal of Social Psychology</i>, 40, 998-1009) suggests there is considerable variation in the time taken for behaviours to become more habitual. This is not to say that the promotion of habits in relation to walking/cycling is not possible. However, individuals are likely to need more than ‘encouragement’. Preliminary research (Gardner, B. 2009. Modelling motivation and habit in stable travel mode contexts. <i>Transportation Research Part F: Traffic Psychology and Behaviour</i>, 12, 68-76.; Lally et al., 2010) suggests that specific behaviour change techniques may be useful to support habit formation.</p> <p>In our opinion it may be easier to help promote habitual walking/cycling for transport, as opposed to recreational purposes. This is because for behaviour to become habitual the individual needs to repeat the same behaviour on many occasions in the same context (Aarts, H., Verplanken, B. & Van Knippenberg, A. 1998. Predicting Behavior From Actions in the Past: Repeated Decision Making or a Matter of Habit? <i>Journal of Applied Social Psychology</i>, 28, 1355-1374). This repetition would be easier with regard to commuting. All of these points should be acknowledged in the guidance.</p>	Thank you. This has been amended to ‘ensure additional, one-to-one support is offered at regular intervals to help people develop a long-term walking habit’.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Newcastle University, Institute of Health and Society	Section 1	16	<p>In relation to the point above about forming new walking and cycling habits it is necessary to consider that alongside promoting new habits individuals will need to be supported to break existing habits (e.g., habitual car use, habitual sedentary behaviour). Just because an individual is motivated to increase their walking or cycling, or they are actually implementing these actions it does not mean that the pre-existing habits have been extinguished. Instead it is likely that the individual is engaging in high levels of self-control requiring considerable resources (e.g., attention) (Sniehotta FF. Towards a theory of intentional behaviour change: Plans, planning, and self-regulation. <i>British Journal of Health Psychology</i> 2009, 14(2), 261-273). When the individual is less able to exert such high levels of self-control, due to other demands on their resources, they may revert to their old habits. They will therefore need support in these situations.</p> <p>While the evidence is still accumulating as to the most effective ways to support people to break existing habits (Gardner, 2009; Lally et al., 2010) there is preliminary agreement that individuals can be supported using a range of behaviour change techniques, including problem identification/solving, action planning (aka implementation intentions) and coping planning. In our opinion the guidance should acknowledge the need to break existing habits (and how this might be supported) as well as the need to make new ones.</p>	Thank you. This has been added to recommendation 3.
Newcastle University, Institute of Health and Society	Section 1	18-19	In Recommendation 8 focusing on schools, we believe it is necessary to acknowledge that different approaches will be required for different age groups of children. A one-size fits all approach will probably not be sufficient. Distinct levels of autonomy of decision making at different ages will require diverse interventions. For younger children, parents may be more influential and for older children, the peer group may have a more significant role to play (Kohl & Hobbs, 1998. Development of physical activity behaviours among	Thank you. Ensuring cycle training is age appropriate has been added to this recommendation. Additional information on children and young

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			children and adolescents. <i>Pediatrics</i> , 101 , 549). However, it is important to note that even young children are also able to influence their parents, so it is necessary to consider potential two-way influences. Therefore a mix of interventions targeted at children and parents will be relevant across different ages, and the guidance should reflect this.	people is available in the linked NICE guidance .
Newcastle University, Institute of Health and Society	Section 1	20	We are not convinced that the evidence on 'champions' and peer support is robust enough to promote the use of active travel champions to the extent that this draft guidance does. We would suggest either providing more support for the evidence-base of this technique, or decreasing the focus on it in the guidance.	Thank you. This recommendation has been amended to reduce the focus on 'champions'. However, it should be noted that 'champion' in this context is generally used as a shorthand for the person coordinating or carrying out the actions.
NHS Blackpool	Recommendation 2	11	Could the factors influencing participation in walking and cycling be made clearer and perhaps the subject of National Insight work like the Change4Life campaign	Thank you. This guidance focuses on local actions rather than national programmes.
NHS Blackpool	Recommendation 3	12	Assessing how much walking and cycling is done locally could prove expensive and difficult. Could this be incorporated into the Active people survey very specifically?	Thank you. The content of Sport England's Active People survey is beyond the scope of this guidance.
NHS Blackpool	Recommendation 4	16	Walking time signs are a great idea	Thank you

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	n 6			
NHS Blackpool	Recommendation 1	9	Evaluation of Walking and Cycling Interventions: A standard Evaluation Framework would be useful.	A link has been provided to the National Obesity Observatory's standard evaluation framework on physical activity (see recommendation 3).
NHS Blackpool	General	General	The cost of implementation of the guidance would be useful to publish e.g. purchase of signage, residential parking / storage and pedometers.	Thank you. A costings tool has been produced to support this guidance.
NHS Blackpool	General	General	Overall the guidance is very practical and would be relatively easy to implement although possibly costly.	Thank you. A costings tool has been produced to support this guidance.
NHS Bournemouth, Dorset and Poole PCT cluster	General comment- 1 Insularity of approach to evidence		<p>In this draft guidance, NICE has been overly reductionist in relation to the evidence overall – page 27 states:</p> <p><i>It is difficult to apply the findings of non-UK cycling studies to the situation in England (including the findings from older literature) because it is so different: levels of cycling are considerably higher in many other countries.</i></p> <p>Clearly there will be issues re how generalisable findings will be – but where there is a lack of UK evidence, they should be looking to the international literature to provide direction for the guidance. As we know evidence in relation to health improvement is far from being absolute anyway. PH guidance should be based on the best available, not just UK evidence, just as is the case with NICE clinical guidance.</p>	Thank you. The evidence reviews were not restricted to UK evidence. As noted, it is important to consider the context in which a study was carried out when using it to develop recommendations.
NHS Bournemouth, Dorset and	General		Programmes to encourage walking and cycling require those targeted to be	Thank you. The risk of

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Poole PCT cluster	comment 2		available to benefit. This usually involves being at a specific place at a specific time, and may require the ownership of equipment. These attributes are not distributed equally across the population. Those in highest health needs are less likely to be able to make appointments, or possess the required equipment. So there is an in-built risk of programmes widening health inequalities. This risk has to be recognised, and adjusted for in programme design.	widening health inequalities is highlighted in the guidance. As you indicate, programmes should take this into account, for instance by ensuring that key barriers (such as an environment that does not support walking or cycling) are addressed.
NHS Bournemouth, Dorset and Poole PCT cluster	General comment 3		Insufficient regard is paid in the guidance to the important differences between rural and urban areas where the encouragement of walking and cycling are concerned. Apart from a passing reference on page 7, this is overlooked.	Thank you. The considerations section notes that 'the evidence identified was predominantly from an urban perspective, so rural issues are under-represented in the recommendations.' Issues relating to the paucity of evidence on rural issues is highlighted in the gaps in the evidence section, and the research recommendations include the role of

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				different geographical areas.
NHS Bournemouth, Dorset and Poole PCT cluster	Recommendation 3	10	<i>“Plan for cumulative increases in cycling and walking, based on a long-term vision of what is achievable and best practice.” This should say “significant cumulative increases” in line with the CMO’s recommendation (Annual Report 2009)</i>	This recommendation has been amended to say ‘Develop coordinated, cross-sector programmes to promote walking and cycling for recreation as well as for transport purposes, based on a long-term vision of what is achievable and current best practice’.
NHS Bournemouth, Dorset and Poole PCT cluster	Recommendation 3	11	The components of good schemes described here are all relevant and important.	Thank you
NHS Bournemouth, Dorset and Poole PCT cluster	Rec 4	12	Personalised travel plans- this is a proven way of achieving sustained modal shift in communities at reasonable cost- its inclusion is welcome.	Thank you
NHS Bournemouth, Dorset and Poole PCT cluster	Rec 5	12-14	Cycling programmes- good to see that the gender difference is addressed. This is a major difference when comparing UK and N. European levels of cycling. We haven’t just got the amount of cycling too low- we are overwhelmingly deterring girls and women. The perceived risks involved in cycling on UK roads is such that those who currently take those ‘risks’ are seen as an ‘out’ group. This perception is self-perpetuating. Training is vital in combating this, so it is good to see it included in the	Thank you

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			recommendation.	
NHS Bournemouth, Dorset and Poole PCT cluster	Rec 6	14-16	See general comment below.	
NHS Bournemouth, Dorset and Poole PCT cluster	Rec 7	17	“pedometers” already reads as faintly archaic in this time when new mobile phone applications to aid exercise are proliferating. The general comment 1 below applies to all these technology-supported approaches.	Thank you. This recommendation supersedes an earlier NICE recommendation on pedometers. While the PDG was aware of other technologies these were not included in the evidence reviewed.
NHS Bournemouth, Dorset and Poole PCT cluster	Rec 8- schools	17-19	<p>The schools recommendation is couched in the language of choice, with its reference to ‘encouragement’ and champions’. However, it is too weak for this vital context. Marmot stresses the vital importance of health in early life. Sustrans has amply demonstrated that while nearly 50% of children want to cycle to school, on 2% are allowed to do so. Children do not have unfettered choice, so the recommendation should compensate for this by urging that Heads of schools specifically <i>deter</i> parents from bringing children to school by car.</p> <p>‘Walking buses’, which clad children in hi-visibility bibs, perversely suggest they are undertaking a dangerous, rather than a normal, healthy practice. They also require effort and organisation and may increase health inequalities, (see general comment 1 below). Heads should seek to ensure that all routes to school are safe for unaccompanied children in normal clothing.</p>	<p>Thank you. The PDG felt that the emphasis, including fostering a climate of walking and cycling together with addressing issues such as speed and parking provided the correct balance.</p> <p>Walking buses can play a useful part in supporting walking to school. The recommendation also includes action on the</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				local environment to address issues such as speed around schools. Please note that other recommendations also address the wider issues relating to environment and road danger.
NHS Bournemouth, Dorset and Poole PCT cluster	Rec 9-workplaces	19-20	Most people work in very small firms, and will not benefit from this recommendation, which is more likely to be read and acted upon by transport officers who only work at large organisations. Therefore, this recommendation should be augmented to urge local authorities to assist SMEs in this regard.	Thank you. This is addressed in the linked guidance on workplace physical activity.
NHS Bournemouth, Dorset and Poole PCT cluster	Para 3.2.1	31	The point about locking in the benefits of modal switch away from private car, by re-allocating road-space, is a very important one. However, unless it features in the recommendations, it will have very little impact.	Changes to the built environment are addressed in the linked guidance on physical activity and the environment and the need to address these to sustain changes is now included in recommendation 4.
NHS Bournemouth, Dorset and Poole PCT cluster	3.2.8	32-33	The social gradient in cycling has completely inverted in the last 50 years. In the 1950s and 60s, it was <u>the</u> working class mode of transport, until motorcycles and cars became universally affordable. The fact that nowadays twice as many people in social class I cycle than those in social class V should surely inform the design of schemes aimed at encouraging more cycling across all social classes? The smoking epidemic started in the upper classes-	Thank you. As noted in the guidance, there may be many reasons why some groups are less likely to cycle, including a hostile local

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			a healthy epidemic of cycling could follow the same pattern.	environment.
NHS Bournemouth, Dorset and Poole PCT cluster	Draft recommendation s- introduction	7	The statement: <i>"In addition to the recommendations made in this (and related) NICE guidance, other measures are needed to tackle the wider influences on walking or cycling. This includes reducing road dangers and re-allocating road space to create an environment that encourages people to walk and cycle (see the scope for further detail). Action in these areas is particularly important in tackling inequalities in health."</i> is strongly endorsed, and should feature prominently in the final version of the guidance.	Thank you.
NHS Bournemouth, Dorset and Poole PCT cluster	Recommendation 1 - For PH professionals	7-8	These recommendations are fully endorsed. They could go further, and encourage the mapping of neighbourhoods to demonstrate 'walkability', (or lack of it) and other relationships, (eg with obesity rates).	Thank you.
NHS Bournemouth, Dorset and Poole PCT cluster	Recommendation 2	9	Re; <i>"a commitment to invest sufficient resources to ensure more walking and cycling"</i> It may be helpful to point out that many of the current obstacles to walking and cycling were created at a time of plenty. As highly capital intensive programmes have to be scaled back, the low cost, and high cost-effectiveness of improving provision for walking and cycling demonstrate that spending less can lead to better, not worse health.	Thank you. Issues around the cost effectiveness of these schemes are included in the guidance, as is discussion of the benefits of environments that are supportive of walking and cycling.
NHS Bournemouth, Dorset and Poole PCT cluster	Recommendation 2	9	Somewhere in this guidance- not necessarily here- it should point out that all cycling routes, and most walking routes are equally suitable for wheelchair access.	Thank you. We have included additional reference to addressing the needs of those with impairments
NHS Central Lancashire	General		Please could you consider changing bullet format to section and sub-section	Thank you. The format of

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			number, which will allow cross referencing.	the guidance follows the standard NICE template
NHS Central Lancashire	General		No reference to health champions [walk leaders / cycling leaders] in VCFS settings	Walk leaders are included in recommendation 6.
NHS Central Lancashire	Rec 10 NHS		This section should be integrated with other areas as post March 2013 most of the current NHS organisations / bodies will not exist.	The primary target of this recommendation is primary and secondary care professionals
NHS Central Lancashire	What action should they take	10	Include sustainability of effective schemes lead by VCFS once funding has been utilised.	The need to consider long term action is addressed in recommendation 3, bullet 7.
NHS Central Lancashire	Rec 4	12	Transports planner should link with district planners when working in two tier system.	The PDG feel that the target audience for this recommendation (now including directors of public health) is correct.
NHS Central Lancashire	Rec 5	12	Clinical Commissioning Groups –define their role? Both as commissioners and influencing commissioning intensions by Local Authorities.	Thank you.
NHS Central Lancashire	Rec 5	13	Include : promotion of walking & cycling to be an integral part of Long Term Condition management	Thank you. Integration of walking and cycling into chronic disease management has been included in recommendation 1.
NHS Central Lancashire	Rec 6	14	Include “Workplace” & Schools page 18 & 18 should be integrated into the	Thank you. These have

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			above recommendations and not separated.	been kept separate as they address different audiences from other recommendations.
NHS Central Lancashire	Who should take action	8	Please include leads in local authority for : “adult services” “ Workplaces” and “Community Organisations working to promote health & wellbeing”	Adult services, ‘Agencies with an interest in walking and cycling’ and ‘agencies with an interest in health and wellbeing or that work with population groups such as older people or people with disabilities’ have been added. The recommendation includes working with relevant community and voluntary organisations.
NHS ELC Tower Hamlets Public Health	General		Tower Hamlets Public Health welcomes this opportunity to comment on the Walking and Cycling Consultation. A number of national pilot programmes (e.g. Healthy Community Challenge Fund and Cycling Cities and Towns) have delivered numerous small scale interventions to increase participation in walking and cycling at the local level. The advice to shift attention away from isolated small scale interventions is welcomed – learning from these pilots should now inform systemic change to release the largely untapped public health potential of increased levels of active travel and recreational walking and cycling. This guidance (in conjunction with PH8) is a valuable tool for facilitating this step change.	Thank you

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
NHS ELC Tower Hamlets Public Health	General		Implicit in an increase in walking/cycling for transport purposes is a reduction in car use. While this is noted at top of P 7 it doesn't subsequently appear to feed through into the recommendations. While to some extent covered in PH8, there would seem to be scope within this guidance for more muscular recommendations around 'nudging' individuals away from car use where there are workable alternatives both by means of regulatory and economic mechanisms (e.g. parking supply caps, parking maximums, charging, workplace levies, ring-fencing of charges for active travel initiatives etc.) and planning mechanisms – e.g. better linking of parking to transport hubs.	Thank you. National actions are outside the scope of this guidance. However the guidance on physical activity and the environment does include local measures such as road charging and the reallocation of road space.
NHS ELC Tower Hamlets Public Health		P 10	The call for co-ordinated, cross sector programmes, and for these to form a core part of local transport investment planning, with pedestrians and cyclists given priority over motorised transport is a crucial point; it should be emphasised that these need to sit within 'whole system strategies' and that without performance monitoring and scrutiny (and by implication, penalties for not meeting targets) aspirations for increasing participation will be vulnerable.	Thank you. The recommendation includes the need to evaluate the impact of programmes, however specifying monitoring strategies is beyond the scope of the guidance. Please note that a scrutiny tool has been published to support this guidance.
NHS ELC Tower Hamlets Public Health		P 11	The call for evaluation of programmes (and plans on P10) is to be welcomed. The WHO Health Economic Assessment Tool http://heatwalkingcycling.org/ may be worth highlighting, as this is potentially something that transport planning can subscribe to as HEAT has been recognised by the Department Transport. If walking and cycling schemes or proposals are evaluated using the HEAT there is significantly more chance that they will be supported.	Thank you. A link to the HEAT has been added to this recommendation.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
NHS ELC Tower Hamlets Public Health		P 13	Local experience (in a multi-ethnic inner city borough) suggests that such 'soft measures' may well reach the 'low hanging fruit'; cycling participation levels nonetheless remain stubbornly low. Infrastructure measures to directly improve conditions for cyclists, in no small part to address the major barrier to participation – safety concerns, are essential in order to achieve a step change in participation. While again covered to some extent in PH8 there would seem to be scope to emphasise the importance of these measures by developing further here. These are conventionally thought to be segregated cycle routes, however there is greater need for innovative and small scale low cost infrastructural projects that increase permeability (as simple as drop kerbs – improving access for wheelchair users, mothers with prams and cyclists, and two-way road use for cyclists for example) which can greatly improve use of non-major roads contributing to improved perceptions of safety and access (approach has been used very effectively by LB of Hackney).	Thank you. We have added further reference to the NICE guidance on physical activity and the environment.
NHS Salford	General		The fragmentation of the aspects that contribute to increased cycling uptake (safety, environment) risks a piecemeal approach.	The intention of the guidance is that addressing these issues is included, and they have been given added emphasis.
NHS Salford	General		It is good that Manual for Streets is referred to but it should be featured more prominently as it provides very sound advice for walking, cycling and facilitating street use.	Thank you. Hyperlinks for 'Manual for Streets' and 'MfS2' are included in the guidance.
NHS Salford	General		Weak on travel coordination structures and influence. The guidance ranges from very specific to very vague and this could be because it does not consider national actions or environment measures to facilitate cycling. The guidance uses the term 'encourage' which is weak – if people don't take up	The guidance acknowledges the importance of other issues, including

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			the offer, the 'blame' lies with them? The reason why many people are deterred from walking or cycling is linked to environmental factors so organisations need to facilitate and own the responsibility to increase walking and cycling.	environmental factors, in decisions to walk or cycle. It includes reference and hyperlinks to other NICE guidance such as that on physical activity and the environment and preventing unintentional injuries on the road.
NHS Salford	General		Concise summary of the evidence base which is very helpful. Are there any plans to look at cycle helmets?	Thank you. This is outside the scope of the current guidance. The topics referred to NICE by the DH are indicated here . Currently these do not include cycle helmets.
NHS Salford	What is this guidance about?	1	The document should recommend that this is read in conjunction with NICE's Guidance on Physical Activity and the Environment in order to strengthen potential actions and policy. Successful encouragement of walking and cycling cannot be done in isolation.	Thank you. The guidance includes reference to and hyperlinks for this document as well as other relevant NICE guidance.
NHS Salford	What is this guidance about?	1	Local actions are supported by national actions – evidence, precedent . Without the backdrop there is the risk that this guidance operates in a vacuum.	National actions are outside the scope of this guidance.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
NHS Salford	Recommendation 2	10	“Plan for cumulative increases in cycling and walking, based on a long-term vision of what is achievable and best practice.” This is weak and does not promote aspirational stretch targets - it allows organisations to rely on trend forecasting.	This has been amended to say ‘develop coordinated, cross-sector programmes to promote walking and cycling for recreation as well as for transport purposes, based on a long-term vision of what is achievable and current best practice’
NHS Salford	Recommendation 5	13	Very comprehensive on cycling activity. However, this needs to be supported by national action and campaigns – e.g. motorist attitudes to pedestrians and cyclists.	Thank you. National actions are outside the scope of this guidance.
NHS Salford	General – particularly Recommendation 7	16-17	Is this advice intended to improve commissioning or improve provision? Obviously, the end point is to increase walking and cycling but some of the actions require action by service providers and commissioning organisations are listed as the groups to take action. This document would be stronger if it specified commissioner vs provider action in order to prevent actions not being implemented because they’re not recognised as being within particular remits.	This recommendation refers to support for individuals. Actions are relevant to both those providing services and those commissioning those services.
NHS Salford	Recommendation 2	9	What is sufficient investment? The ADPH recommends 10% of transport budgets.	Identification of resources needed locally is an issue for local partners.
NHS Tees	General		There seems to be no mention of cycle maintenance workshops or training (Dr. Bike) sessions at all – important for schools, workplaces and the general community as part of any package.	Cycle maintenance and ‘Dr Bike’ sessions have been added to

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				recommendation 5.
NHS Tees	General		It should be explicitly recommended that the NHS should set an example as possibly the world's fifth largest employer by considering the recommendations of Health on the Move 2, the NHS Sustainable Development Unit and this guidance to encourage staff to walk and cycle more to work.	The NHS and local authorities have been added as examples of employers who should take action to recommendation 9.
NHS Tees	Recommendation nine	21	<p>"Active travel champions should ensure workplace walking programmes are developed using an evidence-based theoretical model of behaviour change. They should provide people who want to increase the amount they walk with individual support (see recommendation 7)."</p> <p>The majority of Active Travel Champions will not be knowledgeable in this area and will either require support from a local professional (who needs to be "findable") or for such guidance on evidence based interventions in plain language to be made available so that it can be easily found on the internet (and understood).</p>	<p>Recommendation 7 addresses support for individuals who want to increase the amount they walk.</p> <p>Recommendation 3 now says 'ensure local expertise is available so that programmes are based on a realistic understanding of the scale of changes needed to encourage the population to change its behaviour.'</p>
NHS Tees	Recommendation nine	21	"Active travel champions should encourage walking during the working day. For example, they could encourage people to walk rather than taking the lift. In addition, they could develop or join schemes that give staff access to a pool of bicycles for short-distance business travel, or for discounted cycle purchases (such as the 'Cycle to work' scheme)."	Thank you. This is beyond the remit of this guidance.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Authoritative guidance on how to set up pool bike schemes including detail of the legalities and liabilities such be produced nationally and made available in plain language in an easily found location (DfT website?).	
NHS Tees	Recommendation nine	21	No mention of employers assisting employees to buy cheaper bicycles, mainly through salary sacrifice schemes.	Access to discounted cycle purchases (such as cycle to work schemes) is included in recommendation 9
Preston City Council	General		Need to reflect two tier authorities – a number of the recommendations will have a split responsibility due to the two tier structure e.g. social services, planning, transport etc	Paragraph 3.6 now says 'the PDG noted that local authority structures and roles vary across the country and that this will affect who has responsibility for specific actions. As a result, the recommendations tend to refer to general areas of responsibility, rather than to specific job titles. Similarly, as different administrative areas may produce plans on similar issues under a different title, the recommendations refer to generic plans.'
Preston City Council	General		Leisure Trust services in areas where Local Authorities do not run the leisure	Please see response

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			services within a district	above
Preston City Council	General		Need to take into consideration disabled cycle users and support to access modified cycles	Thank you. This has been added.
Preston City Council	General		Examples of measurement of effectiveness would be advantageous	Thank you. Links have been added to a Standard Evaluation Framework for physical activity.
Preston City Council	Recommendation 7 Who should take action	16	Include CVFS organisations	'Organisations with an interest in walking' has been added to this recommendation
Preston City Council	Recommendation 8 Who should take action	17	Include Sports Colleges, Leisure Services	This recommendation is targeted at schools
Preston City Council	Recommendation 9 Who should take action	19	Indicate the role that Councillors and Cabinet leads can take	This recommendation is targeted at workplaces. Councillors and portfolio holders are included in recommendations 2 and 3.
Preston City Council	Who should take action	8	This should reflect changes to public health within local authorities	Thank you.
Public Health Directorate, NHS Sussex (East Sussex Downs and Weald PCT & NHS Hastings and Rother)	Section 1 Recommendation 2	10	Could also consider including Local Transport Boards or Consortia, who will be managing devolved capital for major transport schemes with effect from 2015/16	Thank you. Local transport authorities and local enterprise partnerships are

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			'What action...' General: Include public sector organisations and corporate/private sector organisations	included in who should take action. These bodies will form the basis of local transport boards.
Public Health Directorate, NHS Sussex (East Sussex Downs and Weald PCT & NHS Hastings and Rother)	Section 1 Recommendation 2	10	List of relevant policies and plans should include those on: Land use planning and development control Tourism Town Centre Management Countryside Management Climate change and/or Sustainability (if not included in Environment)	Thank you. The list has been amended and includes land use planning and development control and sustainability and carbon reduction. However, please note that the list is not intended to be comprehensive and that it uses areas of interest rather than specific plan titles.
Public Health Directorate, NHS Sussex (East Sussex Downs and Weald PCT & NHS Hastings and Rother)	Section 1 Recommendation 3	11	List of portfolio areas where action should be taken should be expanded to include: Environment Regeneration Countryside Management Sustainability (if not included under Environment)	Thank you. These have been included in this recommendation.
Public Health Directorate, NHS Sussex (East Sussex Downs and Weald PCT & NHS Hastings and Rother)	Section 1 Recommendation 4	13	"Who should take action" Maybe helpful to consider inclusion of Human Resource and Workplace Health leads and behaviour change practitioners.	Recommendation 9 is targeted at workplaces. Directors of public health have been added to who

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Could also consider role of Leisure providers and voluntary sector. Although they are covered in Workplace (Recommendation 9) this may not be sufficient. Here weakness may be leaving this solely to transport planners.</p> <p>This would strengthen this recommendation which is currently very short.</p>	should take action.
Public Health Directorate, NHS Sussex (East Sussex Downs and Weald PCT & NHS Hastings and Rother)	Section 1 Recommendation 4	13	<p>Consider expanding</p> <p>Contact those identified, either by phone or on the doorstep, and provide information and help, such as tickets, maps, timetables and, if required, more support or incentives to improve travel choices.</p> <p>consider including 'access to social media tools'</p>	Thank you. The evidence considered did not include the use of social media tools.
Public Health Directorate, NHS Sussex (East Sussex Downs and Weald PCT & NHS Hastings and Rother)	Section 1 Recommendation 5	14	<p>Could add to list of potential activities, Cycle Maintenance sessions e.g. getting unused bikes into usable condition.</p>	Cycle maintenance and 'Dr Bike' sessions have been added to this recommendation.
Public Health Directorate, NHS Sussex (East Sussex Downs and Weald PCT & NHS Hastings and Rother)	Section 1 Recommendation 6	15	<p>Consider inclusion of provision of targeted information, including as part of existing interventions, including Stop Smoking Groups, or Weight Loss Programmes, tailored for individuals who want to go walking without joining a group or club.</p>	Thank you. Recommendation 7 includes those who want to walk without joining a group.
Public Health Directorate, NHS Sussex (East Sussex Downs and Weald PCT & NHS Hastings and Rother)	Recommendation 8	19 & 20	<p>We support the emphasis on delivering School Travel Plans, on setting targets and monitoring/auditing them annually</p>	Thank you.
Public Health Directorate, NHS	Section 1	20	<p>List of who should take action could include Sustainability</p>	Recommendation 9 is

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Sussex (East Sussex Downs and Weald PCT & NHS Hastings and Rother)	Recommendation 9		portfolio holders and Local Authority Transport Leads. Would be helpful to include and/or make reference to: use of 'personalised travel plans' and link with Recommendation 4	aimed at workplaces. Other recommendations include actions for these groups. Please note that recommendation 4 is about personalised travel planning and not about workplace travel plans.
Public Health Directorate, NHS Sussex (East Sussex Downs and Weald PCT & NHS Hastings and Rother)	Recommendation 10	22	Helpful to consider the need/benefit to include all health professionals to include all those with public/clinical facing role, in acute hospital settings/medical specialities etc. that come into contact with patients/public that could benefit from walking/cycling	Thank you. This recommendation now includes primary and secondary healthcare professionals.
Public Health Directorate, NHS Sussex (East Sussex Downs and Weald PCT & NHS Hastings and Rother)	Section 1 Recommendation 2	9	General point Maybe helpful to define/consider use of terms/ and potential overlap: Environment, Sustainability, Carbon Reduction List of relevant portfolio holders could also include those responsible for: Sustainability Town Centre Management Countryside Management	Thank you. Environment, sustainability and carbon reduction have been added.
RoadPeace	1	10	Rec 3 Local activities —Ensure value of time calculations used by transport planners properly reflect the economic value of walking and cycling.	Thank you. The national methodology for calculating value for money is outside the remit of this guidance. However, this

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				recommendation does include link to the World Health Organization's Health economic assessment tool (HEAT) for cycling and walking.
RoadPeace	1	10	Rec 3 Local activities —Re road user hierarchy prioritising pedestrians and cyclists and public transport, this is very important. Guidance should be published on why this is important and what this entails, especially re motor vehicle speed. Adherence to road user hierarchy needs to be monitored .	Thank you. Please note that a guide for scrutiny committees has been produced to support the implementation of this guidance.
RoadPeace	1	12	Rec 5 Cycling programmes —GPs should be able to prescribe cycling lessons in the same way that they prescribe anti-smoking clinics.	Making training available is included in recommendation 5.
RoadPeace	1	14	Rec 5 Cycling programmes —Encourage magistrates and justice sector staff to do cycle training and cycle to ensure they appreciate the intimidation and risk posed by many drivers.	Thank you. Unfortunately no evidence relating to this was identified.
RoadPeace	1	15	Rec 6 Walking programmes —With cyclists the more vocal campaigners, those promoting walking should ensure they highlight common problems and common solutions. Speed is the key barrier to both. Lorries threaten pedestrians as well as cyclists.	Where there are common problems, single solutions may be appropriate. However, as the guidance notes, it is important to be aware that walking and cycling are different activities and may need different

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				approaches.
RoadPeace	1	18	Rec 8 Schools —Incorporate road danger reduction in PHSE lessons and get students involved in traffic courts or community speedwatch programmes. RoadPeace is trying to develop a Duke of Edinburgh road danger programme.	Recommendation 9 includes incorporating suitable road safety and cycle training for all pupils.
RoadPeace	1	19	Rec 9 Workplaces —Many government offices already survey staff as to their commuting modes but the finding should be published and targets set.	Thank you.
RoadPeace	1	19	Rec 9 Workplaces —Use of pool bikes in government offices should not require cycle helmet or reflective clothing.	Thank you.
RoadPeace	1	20	Rec 10 NHS. Develop guidance for NHS staff on benefits of walking and cycling on mental health and the knock on effects for physical health.	Thank you. The benefits of physical activity, including walking and cycling, are set out in the CMOs publication 'Start active, Stay active' and referenced in this guidance.
RoadPeace	3.17	30	Re stricter liability. We believe this is critical in getting a cultural shift away from shared responsibility as this implies all are equal. The reality is that pedestrian and cyclists face much greater risks and should be better protected by both our transport and justice system.	While this may be an important area it is beyond the remit of this guidance. The guidance does, however, emphasise that cyclists and pedestrians should be given priority over motorised transport in local transport

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				investment planning (recommendation 3)
RoadPeace	1	7	Rec 1 Involving public health professionals —Public health professionals should be expected to lead by example and commute by cycling and this should be publicised.	It would not be appropriate for the guidance to specify modes of transport for public health professionals.
RoadPeace	1	8	Rec 2 Ensuring all relevant policies and plans consider walking and cycling —A traffic harm reduction strategy should be adopted to ensure that the common problem of excessive and inappropriate use of motor vehicles is acknowledged and the multiple benefits from reducing the dominance of motor vehicles.	Recommendation 3 now includes 'Ensure programmes address the behavioural and environmental factors that encourage or discourage people from walking and cycling. These include measures to reduce road danger or the perception of danger.'
RoadPeace	1	8	Rec 2 Ensuring all relevant policies and plans consider walking and cycling —perception of safety to be key indicator with annual surveys conducted, as in many Sweden, Denmark and Netherlands. Do not rely solely on casualty statistics to measure danger to pedestrians and cyclists.	Please see response above.
RoadPeace	1	9	Rec 2 Ensuring all relevant policies and plans consider walking and cycling —Ensure all community safety consultations and anti-social behaviour crime surveys by police include road danger concerns (they do not at present). Speeding vehicles to be re-included in the British Crime Survey as a cause of	The specific content of safety consultation and crime surveys and the content of the British

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			anti-social behaviour as it was the leading cause until it was dropped.	Crime Survey is beyond the remit of this guidance.
Rochdale MBC	General		<p>Whilst there appears to be a cultural move towards acceptance of sustainable transport, individuals must be provided with the support of the professionals and infrastructure improvements to create a step change, and this will need significant educations, legal and budget support.</p> <p>Overall the recommendations read as outdated best practice or a literature review, as there appears to be no new approach or recommendations. Most districts would have been practising these principals over the last 15 years since inception of travel planning officers and car free day promotions. Progress to a step change therefore may be a result of insufficient levels of funding, inappropriate resource or ineffective skills base. For the latter, which I feel is a crucial component, perhaps an improved education skills programme that supports individuals to become practitioners with skills combining key knowledge for programme management, highways engineering, public relations, behavioural psychology and public transport.</p>	Thank you. The PDG is aware of many examples of good practice. The recommendations are based on reviews of the available evidence and we hope they will support further work towards developing widespread effective working.
Rochdale MBC	Recommendation 3 Local Activities	Page 10	<p>last Para/bullet states</p> <p>“Ensure programmes aim for an overall increase....Ensure they have the resources to achieve this...” This cross references an earlier dialogue towards local transport investment.</p> <p>In response, whilst the above statement supports further</p>	Thank you. Identification of local sources of funding is beyond the remit of this guidance.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			partnership working with private sector developers such as through s106, it should be noted that there are limited funds available to specifically target walking and cycling for Greater Manchester districts, aside from the potential main bid through Transport For Greater Manchester for Local Sustainability Transport Fund.	
Rochdale MBC	Recommendation 3 Local Activities	Page 10	<p>Currently the Association of Greater Manchester Authorities (AGMA) have agreed to utilise and direct the Department for Transport Integrated Transport Block (ITB) funding towards major transport network improvement; therefore there is no local minor works funding available to districts.</p> <p>In the current climate where many sectors are dependent on government funded projects through delivery of private finance initiative's or support through Local Enterprise Partnerships funding to kick start a growth in the economy, there remains a reduced opportunity to exploit planning applications towards walking and cycling specific improvements.</p> <p>Furthermore, there is often a political or a safety engineering pressure for any highway or developer led funding to respond to congested traffic through actual physical interventions of signalling and junction realignment, rather than focus on behavioural change towards cycling/walking when there is a limited natural cultural preference.. This is a further challenge which needs resolution through planning applications and s106.</p>	Thank you.
Royal College of Nursing			no comments	Thank you

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of Paediatrics and Child Health			No comments	Thank you
Royal College of Psychiatrists	General		If NICE are planning on doing Health promotion in schools don't forget the Learning Disability ones.	All schools are included in recommendation 9.
Sandwell PCT Public Health Dept	General		As noted in the LGiU briefing on this draft guidance: “...What would help to make the case more effectively corporately? Highlighting the benefits of more walking and cycling to a local economy would be a good start. While the guidance reports on the favourable cost–benefit when measuring impact on health, it doesn't link to other studies that demonstrate that more walking is good for local high streets, which is good for a local economy, which is good for generating jobs (which, of course, is also good for health). Making the Case for Investment in the Walking Environment (PDF document) < http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGl uZ2lkPTlwMTlwNTA4LjczODk3MjEmbWVzc2FnZWlkPU1EQi1QUkQtQVVMLTlwMTlwNTA4LjczODk3MjEmZGF0YWJhc2VpZD0xMDAxJnNlcmIhdD0xNjk4MTM3MCZlbWFpbGlkP Wxpc2EuaGlscDRAbmhzM5ldCZ1c2VyaWQ9bGlzYS5oaWxsNEBuaHMubmV0Jm ZsPSZleHRyYT1NdWx0aXZhcmlhdGVJZD0mJiY=&&109&&http://www.livingstreets.org.uk/sites/default/files/content/library/Reports/Making%20the%20Case%20for%20Investment%20in%20the%20Walking%20Environment.pdf >	Thank you. Additional reference to these issues has been included.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>20full%20report.pdf>, published by Living Streets in 2011, found that ‘the walking environment has a direct impact on the economic performance of an area’.</p> <ul style="list-style-type: none"> * improvements to the urban realm can contribute positively to retail activity * the economic value of such improvements is reflected in increased residential and commercial property values * the role of pedestrians is likely to be a significant factor in ensuring a vibrant local economy. <p>Increasing residential values have also been reported alongside investment in cycle lanes.</p> <p>Demonstrating the local economic benefits of improving conditions for, and rates of, walking and cycling provides a compelling hook on which to hang potential health and wellbeing and environmental gains, at least in urban areas.</p> <p>And achieving these improvements would reap further financial gains. For example, Diabetes UK reported recently that the rapid increase in people with the disease could ‘bankrupt the NHS within a generation’ http://php.york.ac.uk/inst/yhec/web/news/impact_diabetes_press_release_25_04_12_final.pdf</p>	
Sandwell PCT Public Health Dept	1	10	<p>“Walking and cycling programmes should form a core part of local transport investment planning, on a continuing basis, with pedestrians and cyclists given priority over motorised transport”.</p> <p>In principle this has been the stated aspiration of many local transport policies</p>	Paragraph 3.8 now says ‘The PDG noted that in the ‘Cycle cities and towns’ where cycling and

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			and plans for over a decade, but in practice only small proportions of resources have gone to walking and cycling and without definition of how they should be applied, road user hierarchies have been selectively interpreted. Suggest trying to strengthen the wording of this section, perhaps by including a phrase about share of financial and human resources, and about meeting the needs of walkers and cyclists before the needs of motorised transport are considered. We know that we must invest about £5-10 per person per annum in cycling if we are to see significant increases. This could be mentioned.	walking had increased, the level of spending to encourage walking and cycling for transport purposes had been in the region of £5–10 per head per year. This had been maintained for a prolonged period. The PDG noted that this level of funding could be achieved by changing investment priorities within existing budgets rather than requiring additional funds.'
Sandwell PCT Public Health Dept	1	11	Recommendation 3 Local Activities “are based on a realistic understanding of the extent of changes needed to encourage the population to change its behaviour” Consider adding some extra guidance about the need to achieve convergence between local skills and attitudes and the local environment. In Denmark, Holland etc. roads either have a speed limit of 30kph or less, or have dedicated cycle facilities. Thus most or all journeys can be achieved with the equivalent of our BikeAbility Level 2 skills, and people are trained to that level. Suggest adding that we should aspire to achieve local environments where all journeys can be safely cycled using BikeAbility Level 2 skills and no higher.	The guidance makes links to other NICE guidance which addresses the need for speed restraint.
Sandwell PCT Public Health Dept	1	13	Recommendation 5 Cycling programmes What Action should they take? As well as including the balanced package of measures as set out, cycling	Thank you. The final bullet in this

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			programmes should also ensure that the measures are complementary in nature and in timing. For example, promotion should take place in advance of the opening of a new link in the cycle route network, and cycling skills training should be tailored to the demands of the local environment.	recommendation says 'Use local media to publicise activities and to clarify the links between different elements of the programme (for instance, the programme may include the provision of maps, local cycling classes and local challenges and events). In addition, use local media to raise awareness of any new or improved infrastructure.'
Sandwell PCT Public Health Dept	1	14	Bullet point on cycle training saying that "An example of a cycle training programme is the Department for Transport's 'Bikeability'." Suggest that BikeAbility be more robustly endorsed as the gold standard for road cycling training. The old RoSPA 'Cycling Proficiency' scheme became devalued partly because many local authorities adopted their own watered down versions.	Thank you. While the PDG is aware of the status of Bikeability no evidence was available to compare the impact of other approaches.
Sandwell PCT Public Health Dept	1	7	"The role is likely to be combined with responsibility for other forms of physical activity". I suggest instead "The role may be combined with responsibility for the development of a healthy community and environment [ref Marmot review objective E] or with responsibility for other forms of physical activity". Historically public health has been organised around medical conditions or the health behaviours of individuals, but the transfer to local authorities offers the	Thank you. This bullet point now says 'Ensure a senior member of the public health team is responsible for promoting walking and cycling. They should

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			opportunity for a more structural approach, as set out by Marmot. Also walking and cycling are central to a healthy environment, but when viewed as physical activities sometimes risk being marginalised as just two of many sports or leisure pursuits, depending upon the proclivities of the individual charged with the task. Finally by compartmentalising them as physical activities, their other societal benefits can become overlooked. Until recently walking and cycling have not received the attention they should partly because we create posts to achieve particular outcomes; they are never the single most important way to achieve a particular outcome (be it traffic flow, obesity, carbon emissions) but they make substantial contributions to many.	support coordinated, cross-sector working, for example, by ensuring programmes offered by different sectors complement rather than duplicate each other (see recommendation 2). The senior member should also ensure NICE's recommendations on physical activity and the environment are implemented.'
Sandwell PCT Public Health Dept	1	7	Recommendation 1 What action should they take? Suggest adding "Foster and demonstrate local public acceptance of healthier environments". For example, we recently secured a 39% response rate from a random sample of 3000 Sandwell residents, demonstrating 80% support for 20mph limits. Re-allocation of road space is mentioned elsewhere in this document but this is also only politically possible when public support is fostered and demonstrated.	Public support is important in achieving implementation of schemes. This will be important in communications strategies (see recommendations 3 and 5)
Sandwell PCT Public Health Dept	1	8	"Where appropriate, ensure walking and cycling are treated as separate activities which may require different approaches." Strongly agree. The health outcomes of walking and cycling are similar but the measures to increase them are often very different, because the most	Thank you. Integration with public transport is included in recommendations 5 and

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			common barriers are fundamentally different: personal security for walking and road safety for cycling. Also as transport they have different potentials: in rural or large urban areas where many journeys are too far to walk directly, walking is often more helpfully aligned with bus and rail use, whereas cycling can still be promoted as a single mode. Suggest some mention of this where space permits.	6.
Sandwell PCT Public Health Dept	1	8	Recommendation 2 Who should take action? Suggest adding Clinical Commissioning Groups to the list.	CCGs are not relevant to this recommendation.
Slimming World	General		We welcome the draft guidance with its focus on making it easier for people to increase activity levels.	Thank you
Slimming World	Recommendation 6	16	When developing and implementing the publicity strategy to let the local community know about walking opportunities, we suggest that community based organisations are seen as assets for helping to disseminate information. For example, local Slimming World groups regularly make information available for group members in terms of local physical activity opportunities. By working together information on opportunities for walking could be publicised within the groups, specifically reaching an audience which may have been more sedentary in the past and are looking for ways to increase their activity levels.	Thank you. 'Organisations with an interest in walking' are included in the 'who should take action' section. This might include Slimming World.
South Asian Health Foundation (SAHF)	Recommendation 3 / Who should take action?	10	I think it's about time that sport governing bodies (Federations) start to liaise with the NHS and local authorities and work for the general public rather than just working for their "athletes". For years, sport has been working for "sport and sportsmen / women" whereas the general public (who support and fund these sports) suffers from serious health condition where "sport" could help them. Therefore, I would suggest that specific governing bodies (Cycling and Athletics) should be aware and asked to help launching new programmes and schemes... why not a "diabetic cycling group" or "diabetic walking group" for example?	Thank you. We hope that the guidance emphasises the health benefits of walking and cycling. The target for this guidance is local organisations rather than

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				national bodies.
South Asian Health Foundation (SAHF)	Recommendation 5 / Who should take action?	12	Local authorities / NHS should encourage institutions and association to set up local / national projects that aims encouraging people and also targeted patients where cycling and walking could be highly recommended as part of the treatment (obese, type 2 diabetes) as this will be the initiator for further behavioural changes.	Thank you. Healthcare professionals are included in recommendation 10.
South Asian Health Foundation (SAHF)	Recommendation 6 Walking: community-wide programmes	14	I would strongly suggest referring to the EU commission guidelines for Physical Activities as it contains many ideas that could be adopted. (Ref: EU commission (2008): EU physical activity guidelines: recommended policy actions in support of health-enhancing physical activity, EU commission)	Thank you.
South Asian Health Foundation (SAHF)	Recommendation 7 Walking: providing individual support including the use of pedometers	16	Pedometers and their usage have been widely accepted worldwide within different context. However, the follow up and the outcomes have been very much neglected. I just wanted to attract the attention of the relevant persons that new pedometers are now available on the market, where patients / individuals could wear them day and night (even when sleeping). All the patients' activities could be transmitted online and shown on the GP's screen for feedback and outcomes. This actually allows a better monitoring system for those who will be given pedometers. (Again, let me know if you need any consultancy in this context, as there are many marks/companies providing different models).	Thank you. This guidance does not include consideration of different types of pedometer. However, it is still the case that their use should be restricted to situations where they are used as part of a package which includes support to set realistic goals (whereby the number of steps taken is gradually increased), monitoring and feedback (see recommendation 7)
South Asian Health Foundation	Schools,	17	A significant consideration should be given to this section as that's where all	Thank you. As the

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
(SAHF)	workplaces and the NHS Recommendations on 8 Schools		starts: behaviour, routines, habits, culture... As different localities have different contexts (geography, climate, infrastructure, habits, culture, ethnicities...) this could have different implications and attractions to and of the programmes. A specific evaluation of the current situation should be performed before taking actions. The evaluation should also consider the overall physical activities / habits / diet in order to gather some relevant information with regards of the local context. Similar programmes / evaluations are already up and running in Italy for example (any more details, please get in touch with us).	guidance notes, local context is a key factor.
South Asian Health Foundation (SAHF)	Recommendations on 9 Workplaces	19	More evidence studies: Pilot project with Sanitas employees in Spain (BUPA brand in Spain). A 1-year intervention that studied the effect of combining physical activity counselling, structured exercise and job performance and satisfaction. This study has shown a significant increase the employees' job performance once they have been more physically active compared to control groups. The project has been awarded with the 2011 innovation in Health Care National Spanish Awards... (Publications will appear soon... let me know if you want to forward them to you).	Thank you.
South Asian Health Foundation (SAHF)	Recommendations on 10 NHS / What action should they take?	21	Please add the following: - Ensure health professionals are adequately trained not only to give advice on training regimes but also on follow ups and outcomes. Facilities and logistics should be well in place in order to facilitate the above	Thank you. This is beyond the scope of this guidance, but please note that NICE is developing additional guidance on advice on physical activity in

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				primary care.
South Asian Health Foundation (SAHF)	<i>Benefits of walking and cycling</i>	6	Please add the following as a benefit: - Behavioural change and all implicated health outcomes	The health benefits of behaviour change in terms of physical activity are included in the list.
South Asian Health Foundation (SAHF)	<i>Recommendation 2 / What action should they take?</i>	7	Please add the following: - Ensure an accurate evaluation of the state of the art of the local practices of walking and cycling and the relevant infrastructure is made. A comment to consider: I have witnessed some private companies who provide bicycles to the public in liaison with the local government in Barcelona. These companies have set thousands of places where people could grab a bike, cycle then drop it in another place. Citizens have to register to get an annual card enabling them to unlock the bike with a code then relock it where ever their destination is. Companies are responsible for servicing the bikes regularly for health and safety (something similar to the bikes they put in London, but the ones in Barcelona are part of a government scheme to encourage people to cycle). Many companies could interested to liaise with the local government to sponsor / subsidise / contracting..... Similar context and enterprises for walking scheme and the use of pedometers. With	Thank you. This recommendation aims to ensure that policies in other areas (such as planning) do not inadvertently disadvantage walking and cycling.
South Asian Health Foundation (SAHF)	<i>Recommendation 2 / Who should take action?</i>	8	Please add the following: - Local clubs / teams / sport associations	Please see response above.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Spokes, the Lothian Cycle Campaign	5.3	38-39	<p>a. There is widespread promotion of cycle helmets by cycle promotion agencies, police etc, and in child cycle training. However there is also concern that this may deter some people from cycling, for reasons unclear – possibly because it makes cycling appear dangerous, or a hassle, or uncool. The overall public health impact of helmets and of helmet promotion should be investigated (i.e. including health losses if people are deterred from cycling on a significant scale).</p> <p>b. There is suggestion that helmet-wearers are more likely to be involved in a crash than unhelmeted, due to risk compensation by both cyclists (e.g. using a faster road if helmeted) and by motorists (e.g. driving closer to cyclists who appear to be safer because helmeted). This needs researched, so that agencies and individuals can be advised on whether there are in fact significant risks in using a helmet. This is particularly important if helmet promotion is in fact deterring potential cyclists, as in the previous paragraph. www.bath.ac.uk/news/articles/archive/overtaking110906.html www.drianwalker.com/overtaking</p> <p>c. Cycling for everyday purposes (as opposed to sport) appears to be as safe as many other common daily activities, using a range of measures, yet is widely perceived as dangerous, which deters many people from cycling. The reasons for this perception, and strategies to overcome it, need researched. www.cyclehelmets.org/1026.html#time http://www.spokes.org.uk/wordpress/2012/06/helmets-factsheet/</p>	Thank you. The recommendations make no reference to cycle helmets.
Spokes..the NHS Cycling Network	What action should they take	13	Work place Challenge should be separate as can be a catalyst for workplace community involvement. And can play a massive role in the uptake of cycling	Workplace challenges are included in this

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	2 nd paragraph		and walking.	recommendation.
Spokes..the NHS Cycling Network	What action should they take 2 nd paragraph	13	Dr Bike event's – to repair or fix cycle by Cytech cycle Mechanics, usually involves local cycle retailers, so both local communities benefit of this service.	Dr Bike and cycle maintenance training have been added to the recommendation.
Spokes..the NHS Cycling Network	What action should they take 2 nd paragraph	13	Police Security Marking event – police engrave cycles with cyclists postcode, usually a free service and adds a element of community spirit between the police and workforce.	Thank you. This addition has not been made.
Spokes..the NHS Cycling Network	What action should they take 2 nd paragraph	13	Adult cycle Training –filling the cycling generation gap when the Cycle Proficiency Test ended and the start of Bikeability. Giving adults the opportunity to regain confidence in their cycling ability.	Training for those who are interested is included in the recommendation
Spokes..the NHS Cycling Network	What action should they take 2 nd paragraph	13	Signage – should give details of cycling time for key destinations ie “city centre 10mins” (based on average cycling speed ie 8mph)	Route signage is included. However it is difficult to specify times as this is heavily dependent on factors such as fitness, wind and luggage.
Spokes..the NHS Cycling Network	General – recommendation 10 NHS	21	Recommendation 10 for the NHS appears to be very sparse on information and actions required? Should it replicate all the recommendations in the previous sections, from recommendation “5” through to recommendation “9”?	Thank you. This recommendation is intended to ensure that walking and cycling are included in the advice on physical activity provided by healthcare professionals. The action points in the other recommendations would

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				not be appropriate here.
Spokes..the NHS Cycling Network	recommendation 10 NHS	21	Offer employees – Cycle to Work cycle purchase schemes	Cycle to work discount schemes are included in recommendation 9. The NHS and local authorities as employers has been added to 'who should take action' in recommendation 9.
Spokes..the NHS Cycling Network	recommendation 10 NHS	21	Cycle Business Mileage rate – Offer employees the option to Cycle to business meetings and claim fair travel allowance ie 20p per mile, rather than take taxi's, or claim petrol expenses.	This should be included in a workplace travel plan, included in the linked recommendations on physical activity in the workplace .
Spokes..the NHS Cycling Network	recommendation 10 NHS	21	Safe & Secure Cycle Parking – preferred option is a rounded "A" stand, also commonly known as a "Sheffield" stand.	Thank you. Details of types of stand are beyond the remit of this guidance.
Spokes..the NHS Cycling Network	Recommendation 2 point 1 – Who should take action	8 and 9	Additional option should include:- NHS organisations ie Foundation Trusts, Hospitals, GP Centres, etc	The NHS and local authorities have been added as specific examples of who should take action in recommendation 9.
Spokes..the NHS Cycling Network	What action should they take	9	Additional point - Green Travel Plans	Workplace travel plans are included in the linked recommendations on

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				workplace physical activity .
Stockport Council	1 Draft recommendations	13	Recommendation 4 says transport planners should take action. I think that you may mean Travel Planners. Though some transport planners may do both jobs the skill set and training with regards to Travel Planning and the development and especially delivery of Travel Plans is slightly different and the courses on this aspect of work reflects this.	This recommendation relates to the delivery of personalised travel planning not the development of travel plans. The PDG feel transport planners are the appropriate target group.
Stockport Council	1 Draft recommendations	13	Recommendation 5 is about cycling therefore community organisations with an interest in walking are not appropriate voluntary sector groups.	Thank you. This has been amended.
Stockport Council	General	13 and 15 for example	Travel Planners, such as school travel planners should be named as a separate group who should take actions.	School travel advisers are included in recommendation 8.
Stockport Council	1 Draft recommendations	16	Recommendation 6 Walking – step up level walks between walks for the totally inactive and the long distance walker should be mentioned.	Thank you. The recommendation includes provision of walks of different lengths and paces to allow for people with different abilities.
Stockport Council	1 Draft recommendations	21	Recommendation 9 – Travel Planners/ Travel advice staff should be among those to take action and actions taken should include the development and review of travel plans even if not required as a result of planning conditions.	Thank you. Development of travel plans is included in the linked guidance on workplace

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				physical activity
Stockport Council	1 Draft recommendations	22	Recommendation 10 should include training of the action groups to ensure that they can confidently give advice appropriate to the patient's needs.	Thank you. This is beyond the remit of this guidance. However, please note that NICE is developing guidance on physical activity advice in primary care.
Suffolk County Council	General		The report focuses on modal shifts from car journeys to walking or cycling. It could also emphasise the importance of developing desirable leisure routes that are not alternatives to driving, but an activity in their own right. This may be linking points of interest or tourism destinations along safe, off-road and well developed and connected networks	Thank you. Recreational walking and cycling, including off road cycling, are included (see recommendations 5 and 6)
Suffolk County Council	General		There is no reference to public rights of way (PRoW). The PRoW network is the most obvious means of enabling safe off-road linkages in rural and peri-urban environments (as well as often in urban environments).	Thank you. These are likely to be important in rural areas, however as the guidance notes most of the evidence was restricted to urban or suburban areas.
Suffolk County Council	General		The legal complexities of developing new or improving existing PRoW is not highlighted in the document, yet this often offers the most practical solution to encouraging and enabling people to walk and cycle between destinations on safe, off-road linkages.	Thank you.
Suffolk County Council	Recommendation 3	10	There is a focus on travel habits in urban environments which ignores rural counties, such as Suffolk	Unfortunately as the guidance notes most of the evidence was

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				restricted to urban or suburban areas.
Suffolk County Council	Draft Recommendations	6	Benefits of Walking – bullet 3 – this seems a rather idealised vision of a benefit of walking on streets and not a reflection of reality.	Thank you. This has been amended to 'increase the number of people of all ages who are out on the streets, making public spaces seem more welcoming and providing opportunities for social interaction.'
TfGM	General		TfGM welcomes the publication of guidance and recognition of the value of active travel plays in promoting national health objectives. However, the current fiscal position requires more than ever that public agencies must increasingly collaborate to achieve shared objectives. This agenda presents an obvious case for strong collaboration on the development, joint-funding and promotion of active travel initiatives, which is often lacking at present. Given this, we would strongly urge that, in advance of publishing final guidance, a clear position is developed on the active role that will be required of health sector agencies in joining partnership solutions to shared transport and health issues. In support of this, we would recommend that a detailed set of actions for the health sector, based on best practice, is needed to set out a blueprint for collaborative working with sectors such as transport to promote/encourage walking and cycling. TfGM would be happy to engage further on the preparation of this advice if that would be of value to the Institute.	Thank you. We hope that this guidance will support collaboration to achieve shared objectives. The guidance includes recommendations aimed at the health sector.
TfGM	General		The guidance is very generic. Detailed policy already exists within transport and planning with the same aims as this guidance (i.e. to encourage people to	Paragraph 3.4 notes that 'the PDG is aware of the

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			increase the amount they walk and cycle); unsure what this extra guidance provides?	volume of work and guidance available that is relevant to walking and cycling. It is also aware of the range of examples of good practice, both in this country and abroad. This guidance is intended to support, rather than replace that information.'
TfGM	General		The guidance makes a number of recommendations for non-health sectors - how will these be delivered and who will monitor and enforce them?	The recommendations indicate actors who should implement the recommendations
TfGM	General		I'm unsure what level of detail the document ought to go to, but I would have thought it might be useful to make some reference to, for example, ensuring that new houses & flats have somewhere to store a bike, or to the need to design large new developments so that pedestrians & cyclists have routes that are more direct than those for cars.	Recommendation 5 includes 'ensure cycle parking and residential storage issues are addressed.'
TfGM	General		The guidance might consider how to influence developers, so that they see pedestrian & cycle friendly design as something that their customers might like.	Thank you.
TfGM	General		Pteg 'Total Transport' The pteg publication 'Total Transport', launched in June 2011, acknowledges that transport is among the key issues determining whether or not a person	Thank you. We hope this guidance will support this type of work.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>leads a healthy lifestyle. Physically active modes of transport-walking and cycling combined with public transport-offer an alternative to the sedentary lifestyles that cars encourage.</p> <p>The publication also acknowledges that transport has the potential to contribute across all five 'domains' of public health proposed by the Department of Health to form the basis of the new public health outcomes framework, which will support new freedoms and funding for public health in local government as well as providing recommendations for joint working e.g. Local Directors of Public Health to be strategic partners in the design and implementation of the Local Transport Plan and other transport strategies, not just stakeholders or consultee's. TfGM recognise the importance of this and invites the GM Director of Public Health to attend the Transport Strategy Group, attended by senior district representatives who input into future transport strategy.</p>	
TfGM	General		<p><u>Local Transport Plan/Local Sustainable Transport Fund</u> TfGM has a statutory requirement to produce a Local Transport Plan (LTP) an objective of which is to ensure that the transport system facilitates active healthy lifestyles. The GM LTP 3 identifies the importance of developing sustainable transport solutions, a theme identified in the Greater Manchester Local Sustainable Transport Fund (LSTF) Business Case. During its development, the health benefit of cycling and walking formed a significant proportion of the business case and therefore highlights a need for cross sector collaboration and joint funding.</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
TfGM	General		<u>DfT National Stakeholder Forum</u> TfGM and pteg are represented on the DfT National Cycling Stakeholder Forum, providing the opportunity to help develop and deliver local cycling initiatives that will lead to better health outcomes through physical activity. The forum brings together key organisations across cycling, including the Department of Health to provide national leadership to deliver a step change in cycling take up.	Thank you.
TfGM		12	Although the recommendations in this section for transport planners to implement town-wide cycling programmes are sensible, this is very basic. Transport Planners have access to a large amount of national guidance – supported by local transport plans and other detailed documents relating to increasing active travel. Where funding allows programmes are being delivered based on national guidance and local plans. These recommendations do not add anything to existing guidance.	Thank you. We hope the recommendations will support further implementation of programmes.
TfGM		9	The guidance rightly identifies those involved in planning & development control as needing to consider cycling & walking, but doesn't give them any specifics (page 9 says they should ensure policies & plans support & encourage both walking & cycling – but doesn't say how).	The aim of this recommendation is to encourage the consideration of walking and cycling in other plans to ensure they do not inadvertently impact adversely on walking and cycling. This will need to be done using local expertise.
The British Horse Society	General		1. The British Horse Society (BHS) represents the interests of the 3.4 million people in the UK who ride or who drive horse-drawn vehicles. With the membership of its Affiliated Riding Clubs and Bridleway Groups, the BHS is	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>the largest and most influential equestrian charity in the UK.</p> <p>2. The equine industry is estimated to be worth £7 billion to the UK economy and to employ 220,000 – 270,000 people.</p> <p>3. 73% of riders are female. 25% of riders are aged under 16 years and 48% are aged under 24 years.</p> <p>4. The BHS is committed to promoting the interests of all equestrians and the welfare of horses and ponies through education and training.</p>	
The British Horse Society	General		<p>It is unfortunate that best value is not being sought from this consultation in that the promotion of horse riding as a form of recreation is not being considered or included. In 2011 the British Horse Society commissioned the University of Brighton in partnership with Plumpton College to research the physical health and psychological and social benefits of recreational horse riding in the United Kingdom.</p>	<p>Thank you. The referral was to produce guidance on walking and cycling and so horse riding is beyond the scope of this guidance..</p>
The British Horse Society	General		<p>The key findings of the research into the physical health benefits of horse riding and associated activities were:</p> <ul style="list-style-type: none"> • Horse riding and activities associated with horse riding, such as mucking out, expend sufficient energy to be classed as moderate intensity exercise. • Regular periods of trotting in a riding session may enhance the energy expended and associated health benefits. <p>Over two thirds (68%) of questionnaire respondents participated in horse</p>	<p>Thank you. The referral was to produce guidance on walking and cycling and so horse riding is beyond the scope of this guidance.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>riding and associated activities for 30 minutes or more at least three times a week. Sport England estimates that such a level of sporting activity will help an individual achieve or exceed the government's recommended minimum level of physical activity.</p> <ul style="list-style-type: none"> • A range of evidence indicates the vast majority (+90%) of horse riders are female and over a third (37%) of the female riders who took part in the survey were over 45. Horse riding is especially well placed to play a valuable role in initiatives to encourage increased physical activity amongst women of all ages. • Amongst the horse riders who took part in the survey, 39% had taken no other form of physical activity in the last four weeks. This highlights the importance of riding to these people who might otherwise be sedentary. • Horse riders with a long-standing illness or disability who took part in the survey are able to undertake horse riding and associated activities at the same self-reported level of frequency and physical intensity as those without such an illness or disability. 	
The British Horse Society	General		<p>The findings of our research into the psychological and social benefits of horse riding were:</p> <ul style="list-style-type: none"> • Horse riding stimulates mainly positive psychological feelings. • Horse riders are strongly motivated to take part in riding by the sense of wellbeing they gain from interacting with horses. This important positive psychological interaction with an animal occurs in a very few sports. 	Thank you. The referral was to produce guidance on walking and cycling and so horse riding is beyond the scope of this guidance.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<ul style="list-style-type: none"> • Being outdoors and in contact with nature is an important motivation for the vast majority of horse riders. 	
The British Horse Society	General		A full copy of the report into the health benefits of horse riding can be viewed at www.bhs.org.uk/Riding/Health_Benefits_of_Riding.aspx	Thank you
The British Horse Society	1	10	Recommendation 3 - it is important that when developing cross sector programmes to promote walking and cycling for recreation that the same is done for horse riding.	Thank you. The referral was to produce guidance on walking and cycling and so horse riding is beyond the scope of this guidance.
The British Horse Society	1	13	It is important when addressing infrastructure issues that may prevent people from wanting to cycle, that the advice of Richard Benyon, Minister for the Natural Environment in that the general principle that cycle tracks should also be made available to horse riders should apply.	Thank you. The referral was to produce guidance on walking and cycling and so horse riding is beyond the scope of this guidance.
The British Horse Society	1	19	When developing parents' and carers' awareness of the wider benefits of walking and cycling and other physically active modes of travel the opportunity must be taken to point out the wider benefits of horse riding as set out in the Society's research into the health benefits of horse riding.	Thank you. The referral was to produce guidance on walking and cycling and so horse riding is beyond the scope of this guidance.
The British Horse Society	1	21	Recommendation 10 should apply to horse riding aswell. Information on horse riding should be incorporated into physical activity advice given by health	Thank you. The referral was to produce guidance

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			professionals.	on walking and cycling and so horse riding is beyond the scope of this guidance.
The British Horse Society	1	21	Horse riding should be one of the options in the 'Let's get moving' physical activity care pathway.	Thank you. The referral was to produce guidance on walking and cycling and so horse riding is beyond the scope of this guidance.
The British Horse Society	1	6	The benefits of walking and cycling as set out in the three bullet points apply equally to horse riding and it is unfortunate that the opportunity has not been taken to include horse riding. It is imperative that this omission is corrected.	Thank you. The referral was to produce guidance on walking and cycling and so horse riding is beyond the scope of this guidance.
The British Horse Society	1	7	Recommendation 1 should apply to horse riding aswell	Thank you. The referral was to produce guidance on walking and cycling and so horse riding is beyond the scope of this guidance.
The British Horse Society	1	8	Recommendation 2 is equally applicable to horse riding and it is essential that all relevant policies and plans consider horse riding	Thank you. The referral was to produce guidance on walking and cycling and so horse riding is beyond the scope of this guidance.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
The Chartered Institute of Logistics & Transport (UK)- Cycling Forum	General		There are many good ideas for potential interventions but not much information about how to actually undertake and deliver successful interventions. There is now a considerable body of technical and organisational material available that covers the practicalities of how to implement cycling interventions, showing typical costs/personnel requirements, and so on, such as the DfT/Cycling England publication <i>Making a Cycling Town</i> which is now available on the Hub: http://www.ciltuk.org.uk/download/Making_a_Cycling_Town.pdf	Please note that case studies are not included in NICE guidance, however there is a facility to submit examples to our shared learning database
The Chartered Institute of Logistics & Transport (UK)- Cycling Forum	General		A key facet of the framework must be to ensure promotion and use of consistent and easy to use tools to evaluate development proposals and schemes from a cycling and walking viewpoint. A very good example of this is the active planning toolkit produced by Gloucestershire cc and the NHS. http://www.glospct.nhs.uk/pdf/publications/2011/ActivePlanningToolkit.pdf	Please note that case studies are not included in NICE guidance, however there is a facility to submit examples to our shared learning database
The Chartered Institute of Logistics & Transport (UK)- Cycling Forum	General		The main underlying conclusion from travel plan initiatives and the work of Cycling England appears to be that a 'hub' of activity such as a school, workplace, a railway station and so on, provides a readily 'segmented' audience and also a crucial means of communication with a more closed group of people. This seems to be more cost effective than mass marketing and also enables infrastructure improvements and marketing strategies to be closely related to the intended users, even involving them directly in the design process by asking what it would take to help them walk/cycle to the destination. This is all summarised as People, Place, Purpose by both TfL and Cycling England. None of this experience appears to have been captured in the NICE document which offers a scattergun approach. The document fails to come up with any specific ideas for targeting	Recommendation 3 includes developing programmes based on an understanding of the local population. The guidance also notes that it is important to ensure that programmes do not widen health inequalities by failing to address the needs of all sections of the population.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			cycling/walking strategies at the physically inactive and clinically obese, and/or middle aged people all of whom will yield much greater returns on investment in terms of health benefits from becoming active.	
The Chartered Institute of Logistics & Transport (UK)-Cycling Forum	General		Overall, the document needs to set out strategies and methodologies for implementing a range of measures to increase walking and cycling. At present, it is too academic and spends too much time summarising the issues, making it a report rather than a guidance document.	Thank you. The recommendations from the guidance will be available online separately through our ‘pathways’
The Chartered Institute of Logistics & Transport (UK)-Cycling Forum	Section 1	10	Recommendation 3: ‘Planning’ is missing from the portfolio holder list. Although infrastructure is dealt with in the separate NICE document, travel plans including promotional strategies are often dealt with by the local planning authority & its development control officers rather than the local transport authority. In two-tier authority areas, this is especially important as the district council has the planning portfolio, whilst the shire county council has the transport portfolio.	This recommendation deals with developing cross sector plans for walking and cycling for transport and recreation not with travel plans. School and workplace travel plans are addressed in separate recommendations and in the linked guidance.
The Chartered Institute of Logistics & Transport (UK)-Cycling Forum	Section 1	10	MFS is just for residential development. Please can you make a reference to Manual for Streets 2, available from the CIHT, as this makes a wider application of the principles established in MFS (i.e. beyond residential areas).	Thank you. Manual for streets 2 has been added.
The Chartered Institute of Logistics & Transport (UK)-Cycling Forum	para 3.29	33	“One way of encouraging people to walk or cycle as a form of transport might be to restrict car journeys, particularly for short trips.” It is not clear what is to be learnt or gained from such a statement of the obvious nor how this is to be achieved.	This paragraph (now 3.39) summarises discussion by the PDG around the possible

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				disbenefits to some people of restricting car use. As the following sentence says 'However, there is a need to consider how this would impact on car owners living in areas where the environment is not conducive to walking or cycling, or where there is little real alternative to driving.'
The Chartered Institute of Logistics & Transport (UK)- Cycling Forum	para 3.35	34	<i>"The PDG noted that cyclists and pedestrians are more vulnerable in the event of a collision than those in a motor vehicle. At the same time, they are less likely to cause injury in the event of a collision due to their lower mass and lower speed of travel."</i> If this kind of obvious statement is going to be made, please can you at least draw some positive conclusions from it? For instance, you could make the very important 'safety in numbers' argument that more pedestrians and cyclists means safer roads for everyone.	Thank you. The safety in numbers argument is now highlighted in the following paragraph (now 3.50)
The Chartered Institute of Logistics & Transport (UK)- Cycling Forum	para 3.41	36	The cost:benefit analysis appears to omit the health benefits associated with more 'inactive' people taking up cycling and walking? It seems to only consider the congestion and air quality impact? This seems odd for a health-oriented publication. The text then goes on to say that this is typically 80% of the benefit calculation? We do not understand this section. There doesn't seem much point in providing programmes for people who are already active.	The health benefits and their quantification are taken into account in the cost utility analysis carried out while developing the guidance. This indicates that the interventions were

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				'highly cost effective' (see page 118)
The College of Occupational Therapists	5.4	39	It is helpful to encourage people to walk to local shops where possible. A backpack can be used to carry heavy items such as milk or tinned goods, leaving hands free to swing while walking briskly	Thank you
The College of Occupational Therapists	Section 2	p 22	Brisk walking – should aim for 4 or 5 mph to get good cardiovascular and stamina benefits – race walking, which is competitive is great and is more appealing to the men, some of whom find 'strolling' unchallenging. People can race for local athletics clubs at distances such as 10km, 20km, 30km, veteran groups such as EVAC league races on track or road, or even ultra long distance races such as the Grand Union Canal Race 2, a 145 mile non-stop walk from Birmingham to London, or the annual 24 hour walking relay in Northern France in Roubaix, and the 28 hour walking race at Roubaix at the same time. At a more moderate level, power walkers have been much more evident over the last 3-4 years (cf p102). All these options can be adopted in midlife safely, and are not dependent on childhood engagement in sport. However it should be noted that people do often use a car to access these opportunities for walking. Regularly training and competing in mid life can ameliorate conditions such as asthma (cf. P27).	Thank you. This text is intended to introduce the concept of intensity of activity. Walking at around 4mph is rated at around 5 METS and so rated as moderate intensity activity. walking at 5mph is rated at 8.3 METS and so would be classified as vigorous activity (Compendium of physical activities 2011)
The College of Occupational Therapists	3.21	P 31	Safety. People feel safer when walking than they do cycling. Risks are: polluted air, plus accidents. People therefore prefer to go off road when walking/cycling as these risks are reduced. Many disused railway lines have been transformed for leisure use.	Thank you. Safety is a key issue and the guidance highlights the need to address issues.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
The College of Occupational Therapists	Section 1	R. 10 p21	Why not include NHS professionals working in secondary care provided they have the skills and expertise?	Thank you. Secondary care professionals have been added.
The College of Occupational Therapists	Section 1	R. 2 p 8 & 9	The College welcomes this public health guidance on walking and cycling. We are pleased to see MH referred to in Health & Wellbeing. We should aim to have a Perimeter trail in all MH hospitals to encourage MH patients to walk/run.	Thank you. Mental wellbeing has been added to the 'benefits' section
The College of Occupational Therapists	Section 1	R. 3 p 10 & 11	All local Councils in Northamptonshire have established health walks.	Thank you.
The College of Occupational Therapists	Section 1	R. 5 p 13	The Cycling and Health Innovative Pilot Projects (CHIPPs): an easy rider project in Northampton http://www.fph.org.uk/uploads/phcom_Jun09.pdf	Please note that case studies are not included in NICE guidance, however there is a facility to submit examples to our shared learning database
The College of Occupational Therapists	Section 1	R. 6. p 14 & 15	Link in to the Ramblers' Association, and the Long Distance Walkers Association's (http://www.ldwa.org.uk/) "Walking for Health" walks; which offer training to lead service users on walks.	Thank you. Linking to existing national and local programmes has been added.
The College of Occupational Therapists	Section 1	R. 7 p 16 Also p 26	Use of pedometers by health professionals: for example, a loan system to service users for one month at a time with a recording chart to log daily steps. No target need be set as service users may find this off putting. (also p 26)	Thank you. The evidence indicates that pedometers should only be used as part of a programme which includes support to set

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				realistic goals (whereby the number of steps taken is gradually increased), monitoring and feedback.
The College of Occupational Therapists	Section 1	R. 9 & p 20	We would suggest the establishment of walking trail in the grounds of all MH hospitals to encourage MH patients to walk/run and thus improve mental wellbeing.	Thank you. This is outside the scope of this guidance.
The College of Occupational Therapists	Section 1	R. 9 p 20	We support the concept of active travel champions.	Thank you.
The College of Occupational Therapists	Section 1	R.5. p 14	We suggest the use of 'Cycle Buddies' for young people with dementia; they are often very fit and relatively young but at risk due to declining route finding skills. There is a need for schemes for this client group.	Thank you. Unfortunately no evidence relating to these schemes was identified.
The College of Occupational Therapists	Section 1	R.7. p 16 & p20	Use of pedometer schemes such as 'Global Challenge', a corporate virtual race for teams of seven in the work place.	Workplace challenges are included in recommendation 10. However, note the comments in recommendation 7 about the appropriate use of pedometer schemes (these should be used as part of a programme which includes support to set realistic goals

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				(whereby the number of steps taken is gradually increased), monitoring and feedback.)
The Ramblers	General		The Ramblers very much welcomes the opportunity to comment on this draft guidance, which is much needed. We have previously highlighted the need for promotional initiatives to encourage walking, alongside environmental interventions, on which NICE already offers guidance.	Thank you
The Ramblers	General		<p>The Ramblers is a charity working on behalf of and for all walkers and potential walkers of all generations. Established in 1935, we have 116,000 members and around 17,000 volunteers. We work for a walking Britain, in both countryside and city. We promote walking for the contribution it makes to health and well-being and a more sustainable way of life. We operate a range of projects aimed at encouraging inactive people to start walking for health. We run 38,000 led walks a year through a network of 550 local Groups across England, Scotland and Wales, including many short, easy and urban walks.</p> <p>The Ramblers also works to keep the footpath network clear, to secure better access to open land and the coast, and to protect the outdoor environment.</p>	Noted.
The Ramblers	General		<p>In 2007, Ramblers launched its own project to encourage inactive people to walk more for health, Get Walking Keep Walking, based around a 12-week walking programme. This project has since reached around 90,000 people. Get Walking is due to be recognised by the World Health Organisation as a leading example of physical activity promotion to socially disadvantaged groups. See www.paha.org.uk/Resource/who-project-on-physical-activity-promotion-in-socially-disadvantaged-groups</p> <p>In April 2012, the Ramblers succeeded Natural England as the host of the</p>	Noted.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			national centre of England's Walking for Health network, in partnership with Macmillan Cancer Support. The centre currently supports over 600 local health walks schemes with over 75,000 participants. Since May 2012 Ramblers Cymru has managed the Welsh equivalent of Walking for Health, Let's Walk Cymru, in partnership with Sport Wales.	
The Ramblers	General		Overall we consider this an extremely strong document. Its recommendations are sound and would if implemented make a major contribution to improving public health and well being. The Ramblers has long called for walking, both as a leisure and social activity and as a form of active travel, to be recognised as the most accessible, attractive, cheap and convenient form of everyday physical activity for the vast majority of the population. Walking promotion offers the greatest opportunity to achieve positive population level changes in physical activity in the direction of the CMO guidelines. We are delighted that the NICE Programme Development Group (PDG) has recognised walking as "the most important way all adults can achieve the recommended levels of physical activity" (p23). However there are ways in which the guidance could be further strengthened, and some sections that require clarification. We have also highlighted sections we strongly agree should be in the final guidance.	Thank you.
The Ramblers	1, Recommendation 2	10	In the third bullet point from the top, rephrase as "Ensure all plans relevant to walking and cycling..." The guidance has already highlighted the wide range of plans and strategies with some connection to walking and cycling and this point should be underlined here.	Thank you. This has been amended to 'ensure plans relevant to walking...'
The Ramblers	1, Recommendation 3	10	We wholeheartedly endorse the recommendations to develop coordinated cross sector programmes to promote walking and cycling as recreation as well as transport, and to shift attention away from risk factors and small isolated schemes. In practice the distinction often made between walking for leisure and for transport may not be clear. For example if an attractive walking route is available, someone may be motivated to make a necessary trip on foot	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			rather than by another mode as a means of enjoying some exercise or appreciating their surroundings.	
The Ramblers	1, Recommendation 3	10	The point about realistic and planned investment is absolutely essential. Short term investment in isolated projects has been another factor in obstructing the achievement of sustainable and synergistic cross-sector approaches rightly advocated elsewhere in the guidance. The Ramblers continues to support the policy call to Take Action on Active Travel by committing 10% of transport budgets to walking and cycling, alongside over 100 other organisations concerned with health, transport and planning.	Thank you.
The Ramblers	Appendix C, R2.ES13	103	We believe the Ipsos MORI unpublished report cited here may be a report commissioned by the Ramblers: <i>Promoting walking in high deprivation communities</i> . In fact this report was published in 2006 and can be found at www.ramblers.org.uk/Walking/policy/Research/highdeprivationcommunities.htm	Thank you. This is the correct report and is fully referenced in the evidence review available on our website.
The Ramblers	Appendix C, R2.ES15	104	Although not directly related to the school journey, there is evidence on walking as a way for children and parents to spend valuable time together in both the Ipsos MORI report mentioned above and in Milton et al 2009 (op cit).	Thank you. This finding is included in the evidence table in the review.
The Ramblers	1, Recommendation 3	11	The point about a realistic understanding of the extent of changes needed is well made. A comparison with previous public health campaigns that were eventually successful but over a very long term and utilising a variety of approaches, such as smoking cessation, might helpfully be made here.	Thank you.
The Ramblers	1, Recommendation 3	11	It is important to know <i>who</i> is walking and cycling, as well as how much they are doing, in terms of their demographics and current levels of physical activity. From a health inequalities viewpoint, there is little value in increasing the activity of those who are already active in other ways, or of encouraging active people to substitute walking and cycling for existing activities (an evidence gap is identified in this area in Appendix D point 1, p115). A narrow	Thank you. The final guidance notes the importance of considering health inequalities and to ensure that public health

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			trip based approach focusing on modal shift, as often employed in the transport sector, will not necessarily pick up on factors that are of considerable importance from a public health perspective. Indeed if modal shift is the only desired outcome, it may make sense to target already active people as the “low hanging fruit”. In bringing together transport and health on walking and cycling projects, it is important to be clear and explicit in terms of outcomes and target groups, and design evaluation frameworks accordingly.	outcomes (to increase prevalence of walking in all groups) are included.
The Ramblers	Appendix D, 1	115	This is an important point and also relates to the problem of takeup by already active people as highlighted above.	Thank you.
The Ramblers	Appendix D, 2	115	Does the PDG believe that there is sufficient evidence on whether or not people who <i>walk</i> for recreational purposes eventually adopt it as a form of transport, or do they not regard the knowledge gap for walking as significant, or should walking also be included here?	Thank you. Walking has been included here..
The Ramblers	Appendix D, 10	116	This point is closely related to the point we have made in our comments on 3.37 above. Perhaps it could be expanded to “the impact that an individual’s knowledge of local geography and the local environment, notably including their perception of distance, has on their view of how viable...”	Thank you. This text has not been amended.
The Ramblers	1, Recommendation 5	13	This section specifically covers cycling programmes, yet in the final paragraph on p13 the terms “walk and cycle” and “walkers and cyclists” are used. This should be amended to include cycling only, in the spirit of the previous recommendation to ensure the modes are treated distinctively where appropriate.	Thank you. This has been amended.
The Ramblers	1, Recommendation 6	14	We fully endorse the recommendation that Clinical Commissioning Groups should support community wide walking programmes. One of the concerns we raised in our response to the government consultation on the original health white paper was that the remit of CCGs (or GP consortia as they were then known) was unclear as regards public health interventions at community level. We were concerned this might lead some CCGs to conclude that anything not	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			immediately focused on their own patients with specific care needs would fall outside their remit, even though many patients with conditions that could be improved through physical activity might be better assisted through community based rather than practice/clinic based interventions.	
The Ramblers	1, Recommendation 6	15	As the new hosts of the Walking for Health national centre, we are understandably delighted that led walks are included among the recommended components of walking programmes for inactive adults. This is a reflection of the work undertaken over the previous 12 years or more by individuals and organisations, led by the previous host, Natural England, and its predecessors, to create such an important and extensive national project that has made a major contribution both to the provision of accessible walking opportunities and to moving walking up the health agenda.	Thank you.
The Ramblers	1, Recommendation 6	15	<p>However there is also evidence on the importance of outreach work targeted at high priority groups and communities. The latest reporting from Natural England shows that health walks still attract a significant proportion of both those who are more active and those from social groups who enjoy better health than average (Fitches T 2011, 'Is Walking for Health working for health' in <i>Countryside Recreation</i> 19).</p> <p>The Ramblers Get Walking Keep Walking project took more of an outreach and community development approach, working with pre-existing community groups to deliver bespoke time limited walking programmes. It has been successful in reaching a more diverse and less active audience and in increasing their physical activity levels (CLES Consulting 2011, <i>Evaluation of Get Walking Keep Walking – Final Report</i>, Ramblers). In some locations Get Walking worked successfully alongside WfH, promoting health walks as one option for continuing to walk at the end of the 12-week intervention.</p>	Recommendation 6 includes 'implement a publicity strategy to let the local community know about the walking routes and events'

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			We believe a combination of approaches, offering a spectrum of walking opportunities and including a strong outreach element targeted at the most inactive, is most likely to be successful in the long term. We suggest “Outreach and community based activities linking the most inactive and groups that suffer disproportionately from health inequalities to local walking opportunities” should be included among the recommended elements of walking programmes.	
The Ramblers	1, Recommendation 6	15	Third bullet point, replace ‘events’ with ‘activities’.	This bullet point has been amended. The sentence starting ‘ensure events...’ has been deleted.
The Ramblers	1, Recommendation 6	15	The point about tailored information is excellent but could be expanded. “Provide targeted information including suggested walking route maps and descriptions and structured motivational information...” An example of structured information is the Get Walking pack (see CLES Consulting, <i>ibid</i>).	Recommendation 7 (linked to this point) includes information such as maps and other details about walking routes, as well as individual information, goal setting etc.
The Ramblers	1, Recommendation 7	16	Recommendation 7 is extremely strong and we once again welcome the inclusion of CCGs among those who should take action. Many of the recommendations here have also been adopted in the Get Walking programme including the use of pedometers/step counters (CLES Consulting, <i>ibid</i>). On the final point we agree it is important only to use pedometers as part of a structured and supportive package.	Thank you.
The Ramblers	1, Recommendation	17-20	We fully endorse the recommendations for schools and workplaces as important settings for walking and cycling promotion. We ourselves have	Thank you. The NHS and local authorities

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	ns 8 and 9		worked successfully in both these settings. It would strengthen this point to name the NHS specifically as an employer – not only is it a major employer, but a more active NHS workforce would also be better placed to promote physical activity messages to patients (see below).	have been added as specific examples of employers.
The Ramblers	Introduction	2	As previously stated in response to the scope consultation, the list of people for whom the guidance is intended is exhaustive. Here and elsewhere, the guidance rightly recognises that the promotion of walking and cycling should be a multi-agency undertaking. A greater challenge will be ensuring that some key audiences are persuaded to read and implement the guidance, overcoming the assumption that NICE guidance is only of interest to those in the health sector. Presentation and communication will be important in achieving this. Endorsement or joint branding by bodies that enjoy recognition in other sectors would help. Joint branding with the Department for Transport has already been suggested as desirable at the initial stakeholder event and we echo this. Agencies concerned with employment, education, planning and estate/outdoor management could also be approached to lend their authority to the guidance.	Thank you. While the guidance itself is not joint badged we hope to be able to work with stakeholders to ensure dissemination and ‘traction’ for the recommendations.
The Ramblers	1, Recommendation 10	21	We are rather disappointed that the recommendations for the NHS are slim, though we recognise that the reference to the Let’s Get Moving care pathway signposts much additional useful guidance for CCGs and primary care professionals. The <i>Four Commonly Used Methods</i> guidance referred to underlines the importance of advice from health service professionals, yet much practical evidence suggests walking and other physical activity advocates still struggle to establish relationships with NHS services. A good starting point for NHS professionals is to ensure they are fully informed and aware of the current state of knowledge on physical activity and health and the various initiatives available locally, and are prepared to signpost patients to walking and cycling interventions where appropriate. They should also be	The recommendations include ensuring that walking and cycling are included in options when discussing physical activity (in primary and secondary care settings). Please note that NICE is developing further guidance on physical activity advice in primary

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			aware of their own physical activity levels and be encouraged to walk and cycle themselves (see above). The lack of current NHS 'buy-in' to walking and cycling promotion might in itself account for the lack of evidence in strengthening this section, which suggests a subject for further research (see below).	care.
The Ramblers	2	23	To underline the difference between walking and cycling, it would be helpful to include a paragraph break after the first sentence under the Walking and cycling heading. This section could also usefully make reference to the SportEngland Active People Surveys which have also reported walking as easily the most popular active recreation. A sentence might usefully be added on the Department for Transport/National Statistics figures on walking as a mode of transport, illustrating both the decline in walking over recent decades, and the continued significance of walking for short trips.	Thank you. This amendment has not been included. This section is intended to give a top level summary of issues and due to space restrictions we are unable to go into more detail.
The Ramblers	2	24-25	The section headed Air pollution covers broader ground than its title suggests. 'Environmental factors' might be a better heading. The paragraphs actually dealing with air pollution could be briefer and more focused. The section could also draw on material in the Marmot review and in Liam Donaldson's last Chief Medical Officer's report linking climate change to public health and health inequalities.	Thank you. The heading of this section has been changed to 'air pollution and climate change'.
The Ramblers	3.4-3.5	26	There are some very important points here that might be made even clearer. The relationship between cause and effect in behaviour change work is a complex and non-linear one and numerous factors at different levels, some of them difficult or impossible to control for, contribute to any individual's decision to change their lifestyle. Behaviour change theorists sometimes speak of a "tipping point" of change, when an accumulation of factors results in a shift of perceptions and the new behaviour suddenly becomes the norm. While monitoring and evaluation must of course be as rigorous as possible, there is	Thank you. This paragraph (now 3.10) indicates that controlled evidence tends to exist in restricted areas. Our research recommendations aim to encourage the

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>a danger that projects that are easier to evaluate are better able to attract investment, favouring relatively focused and limited interventions that are insufficient to prompt significant change.</p> <p>We welcome the willingness of NICE in recent years to admit a broader range of evidence into guidance of this kind. This in turn can help contribute to a more flexible attitude to evidence in the broader community of health professionals.</p>	production of evidence that will shed further light on some of these broader areas.
The Ramblers	3.5	26-27	One consequence of the different approaches in public health and transport evaluations is that the latter may fail to capture important information relating to health inequalities. See our comments in response to recommendation 3 above.	Thank you. The impact on interventions is discussed in para 3.40 and in the recommendations. Research recommendation 5.5 also highlights the need for further consideration of this issue.
The Ramblers	3.9	27	We strongly agree with this, though would suggest 'champions' rather than 'a champion'.	Thank you.
The Ramblers	3.11	28	Thank you for calculating the cost per QALY of the Ramblers' Get Walking Keep Walking intervention, and including it here. For comparison it may be helpful to remind readers of your recommendation that a cost per QALY of £20,000-£30,000 is considered value for money. Note that the current economic evaluation of the project (CLES Consulting 2011) also includes the original development costs, so the value for money of any subsequent implementation of Get Walking should increase still further.	Thank you. The guidance notes that the interventions modelled were 'highly cost effective'.
The Ramblers	3.14	28	This is a useful observation and concurs with our own experience of using	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			pedometers.	
The Ramblers	3.15	29	We very much agree with the observation about walking and cycling networks, which should also be read to include the 225,000km Public Rights of Way network in England and Wales. A coordinated programme of environmental improvements, “semi-soft” measures such as signing, and promotional and social marketing campaigns is necessary to bring about significant population level increases in walking.	Thank you.
The Ramblers	3.27	32	The point about older women using a car to access a pleasant place to walk may be true, but is also a reflection on the current walking environment, or at least perceptions of it. If the immediate environment was (seen as) a pleasant place to walk, people would be less likely to feel they needed to travel in order to access walking opportunities.	Thank you. This example has been removed. Specific consideration of what would make the immediate environment seem more attractive is outside the scope of this guidance.
The Ramblers	3.28	32-33	This section might usefully make reference to the data on inequalities in participation in physical activity reported, for example, in the Active People Survey. For example the 2008 survey found 23% of white people walked for at least 30 minutes in four weeks but only 13.5% of non-white people did so.	Thank you. Further information on physical activity levels in different groups is included in section 2.
The Ramblers	3.30	33	Surely there is also a point here about ensuring interventions are as accessible as possible to inactive people and are designed to meet their needs as closely as possible, including developing interventions specifically targeted at particular priority groups, and involving members of your target audience in project design and implementation.	Thank you. This is an important factor and is addressed in the linked guidance on behaviour change.
The Ramblers	3.33	34	This is an important consideration but could be strengthened. Not only are walking and cycling grouped together, often it is assumed that in providing for one you are automatically providing for the other. Off-road routes developed	Thank you. The need to consider walking and cycling as different

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			primarily as cycle routes, for example, are often promoted as walking and cycling routes although they may have been designed with little or no consideration of the specific needs and preferences of walkers. Promotions stressing the speed and convenience of active travel are much more likely to connect with cyclists rather than walkers.	activities has been emphasised in the background to the recommendations (see page 8).
The Ramblers	3.37	35	Our own experience is that a much underestimated barrier to walking is lack of knowledge of the walking environment. 'Mental maps' are often based on public transport routes and main roads. People often overestimate distances and walking times and do not realise there are more attractive (and sometimes more convenient) walking routes connecting key local destinations. Lack of geographical knowledge also contributes to lack of confidence and undermines perceptions of personal security. The sense of discovery when people are introduced to their local environment on foot is beneficial not only in motivating them to continue walking but in helping engender more of a sense of place and belonging in a particular area. We cannot point to any rigorous research to evidence this, aside from survey data where respondents said they would walk more if they knew good places to walk, but suggest it may be an area for potential future research. See for example TNS 2008, <i>The Market for Strategic Recreational Routes: Final Report</i> (Natural England).	Thank you. This may be an area for future work, however it is not specifically identified in the research recommendations.
The Ramblers	5	38	We thoroughly endorse the need for research to identify differences among groups based on the listed characteristics.	Thank you.
The Ramblers	5	39	Additionally, how much is lack of knowledge of the walking environment a barrier to walking, and how this is best overcome. See our remarks on 3.37 above.	Thank you. The interaction between infrastructure and promotion of changes is included in recommendation 5.2.
The Ramblers	Appendix C,	54-114	There does not appear to be a complete bibliography covering Appendix C	Full bibliographical

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	general		and we also failed to find where the references were given in full in the supporting documents. We trust this will be rectified in the final guidance.	references for included studies are in the evidence reviews available on the NICE website.
The Ramblers	1	6	In the light of the previous comments, the list of cross-cutting benefits of walking and cycling above and beyond their health benefits is particularly welcome.	Thank you.
The Ramblers	1	7	The statement that other measures outside the scope of the current guidance are also necessary to increase walking and cycling is very welcome. The paragraph might include an explicit reference to the Physical Activity and the Environment guidance.	Thank you. Additional links to this guidance have been made in the recommendations.
The Ramblers	1	7	Under “Whose health will benefit?” consider adding that the recommendations should be especially beneficial to those currently least active and at most risk of ill health. There is a correlation too between low levels of physical activity and groups who suffer health inequalities in other ways – such as those on low incomes, in areas of deprivation or from particular BME communities. Interventions to promote physical activity always need to take account of the danger of creating further opportunities for those already active while failing to reach many inactive people, thus creating the potential to cause inadvertent increases in health inequalities.	Thank you. This is the standard format for NICE recommendations. Further discussion of the importance of considering inequalities is found in the guidance generally and within the recommendations.
The Ramblers	1, Recommendation 1	7	The recommendation that a senior member of the public health team is responsible for promoting walking and cycling is a very important one. The multiagency nature and complexity of effective promotion is best managed through support at senior level. In our experience initiatives without senior level support can fail to achieve their true potential as the members of staff involved are not senior enough to secure effective joint working across teams and between partner organisations.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
The Ramblers	1, Recommendation 1	8	We endorse all the remaining bullet points under Recommendation 1. However we are unsure why the fifth bullet has been weakened with "Where possible." In practice all these recommendations will only be implemented "where possible." We suggest "Work to ensure all relevant sectors..."	'Where possible' has been removed from this bullet point.
The Ramblers	1, Recommendation 1	8	The point about treating walking and cycling as separate activities is extremely important and could benefit from being strengthened and moved further up the list, as perhaps the second item. Add "Do not assume that in making provision for one you are necessarily benefitting the other, as walkers and cyclists have many different needs which may even be in conflict."	Thank you. Additional stress on this has been included in the background to the recommendations (see page 8)
The Ramblers	Appendix C, R1.ES21	85	In partnership with Action for Children, the Ramblers also developed a pilot project, Furness Families Walk4Life, adapted from the Get Walking approach but optimised originally for use in Sure Start Children's Centres, targeted at families walking together as families. This was funded by the Department for Health and the evaluation is Milton K, Kelly P, Foster C 2009, <i>Evaluation of the Ramblers Family Walking Programme – Furness Families Walk for Life</i> , Ramblers/BHFNC (as referenced later in the draft guidance). Sets of materials aimed at pre-school and primary school children, developed as a result of this project and branded Trail Tales, have subsequently been used within Get Walking, in both Children's Centres and schools.	Thank you. This study is included in the evidence review
The Ramblers	Appendix C, R1ES21	85	The paragraph reporting on Get Walking Keep Walking appears to have confused two separate Ramblers interventions. The same issue occurs in the separate evidence document. Get Walking Keep Walking is not specifically targeted at children and young people but mainly at adults. The initial phase of the project between 2007 and 2011, which has been thoroughly evaluated, was aimed at those in inner city areas of deprivation and groups most at risk from health inequalities, including	Thank you. This has been amended.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>BME communities.</p> <p>While it is understandable that you have treated Get Walking here as a led walking group intervention, led walks are only one component of the approach. Get Walking differs substantially from traditional led walks models such as Walking for Health and includes a variety of other elements of importance besides led walks. Most importantly, it is time limited, based around a 12-week intensive structured intervention including goal setting, and it has a strong outreach focus, with bespoke programmes delivered in pre-existing community settings. It also utilises step counters (pedometers) and targeted information giving on both walking opportunities and health benefits. The project has been evaluated by CLES Consulting, and since NICE's original call for evidence, a more up to date report has been produced. This is at www.ramblers.org.uk/Walking/Projects/getwalking/getwalkingbig. Among other findings this report calculates a benefit:cost ratio of 3.61:1.</p>	
The Ramblers	1, Recommendation 2	9	The list of actions is also strong, particularly the point about investing sufficient resources and in making links with relevant voluntary and community organisations. Should the PDG wish to include a list of suggested organisations practitioners should be working with, we would be pleased if the Ramblers could be included. The investment point could be strengthened in calling for planned long term investment in achieving sustained increases in walking and cycling, in line with the recommendation made around transport planning on p10 (see below).	Thank you. While we would anticipate that the Ramblers would be included here we have avoided giving specific names as this would then become a potentially very long list with risk of missing important local organisations.
Transport and Health Study Group	3.25		In terms of distance travelled, cycling has an inverted U-shape in relation to age and peaks in the 40-49y age-groups (NTSdata 2007-09 combined	Thank you. This section (now 3.33 on) has been

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			provided to J Mindell by the DfT).	amended, however please note that it is not possible in this document to provide a comprehensive analysis of data on cycling journeys.
Transport and Health Study Group	3.27		In HSE 2008 and 2003, those who cycled a lot were amongst the most active individuals (unpublished data)	Thank you
Transport and Health Study Group	3.28		It would also be worth re-calculating these figures using 'people who have cycled in the past year' or similar as the denominator, rather than an average across the whole population. Do more of the more affluent NTS participants cycle, or do those who cycle travel further?	Thank you. Unfortunately this is not possible in the context of this guidance.
Transport and Health Study Group	Recommendation 10		Secondary care staff are missing	Thank you. Secondary care staff have been added.
Transport and Health Study Group	Recommendation 9		We welcome these statements but reference should also be made to <ul style="list-style-type: none"> • active signposting of stairs; • designing new buildings so that stairs are more prominent than lifts (• instructing reception and other staff to point out the stairs rather than the lifts as a default; • provision of showers, • secure cycle parking; • payment of a realistic 'cycle rate' for work related cycle journeys– or paying public transport fares regardless of how people choose to travel 	Issues such as stairs are covered in the linked physical activity and environment guidance. Details of site specific needs (such as showers or cycle parking) would be included in a travel plan, recommended in the linked guidance on workplace physical

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				activity.
Transport and Health Study Group	Recommendations 6-8		We welcome these statements	Thank you
Transport and Health Study Group	Section 3		We welcome this summary of many key issues	Thank you
Transport and Health Study Group	General	1	<p>This draft guidance excludes topics covered in other NICE guidance on the changes to the physical environment and cycling. However it should be emphasised that the two are synergistic. Advocating local action without supporting national action not only reduces the effectiveness of local policies and interventions but also demoralises local staff who feel they get the blame without the power to effect change.</p> <p>NICE should also review the evidence for such actions that may be very cost-effective but cannot be initiated or implemented locally, such as national fiscal measures. In the absence of a remit to do this it should draw attention to the gap in its remit in its report on this request. Any such comment could also acknowledge national actions that facilitate local policy interventions, such as the welcome change to regulations that have made it much easier for local authorities to introduce area-wide 20mph zones, are acknowledged.</p>	Thank you. The scope for this guidance is restricted to local (as opposed to national) action
Transport and Health Study Group	Recommendation 3	10 -11	We welcome these statements but feel that planning officers should also be included: so planning decisions (whether for specific developments or general guidance, eg on the maximum or minimum number of car parking spaces 'required' and facilities for walkers and cyclists) enhance and do not impinge adversely on their colleagues' activities.	Thank you. This is included in recommendation 2.
Transport and Health Study Group	Recommendation 4	12	We welcome this recommendation but feel that contacting only those undergoing change will miss many people that TravelSmart has shown are	Thank you. The example is intended to be

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			willing to change when individualised information is provided, even to longstanding residents with fixed travel patterns. Should guidance be expanded on how to identify such people? What is the evidence from TravelSmart evaluations in the UK?	illustrative only and does not exclude longstanding residents. The glossary definition of personalised travel planning notes that they are usually delivered across whole areas (rather than to specific individuals)
Transport and Health Study Group	Recommendation 5	12-14	No mention is made of other policies such as area-wide 20mph limits.	Thank you. The role of issues such as traffic speed has been emphasised and links to other NICE guidance which include recommendations in these areas made.
Transport and Health Study Group		23	Self-report and objective measures of activity record different things. The former records the 'pastime' called that activity (eg 'football') while the latter records the amount of time during that 'activity' that the individual was actually being at least moderately active. The latter will always be a shorter duration. It is important to note that the recommendations for activity levels are based on self-report: objective measures have not yet been in use for long enough in the general population to estimate the duration of objectively measured MVPA that is equivalent regarding health outcomes to the recommended amount of self-reported activity.	Thank you.
Transport and Health Study Group	Section 2	23	'The Information Centre (2006)' and 'the Information Centre (2008)' should be cited and referenced in the same way as Craig et al (2009), namely:	Thank you. This has been corrected.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Sproston K, Mindell J (Eds) (2006). The Health Survey for England 2004. The health of minority ethnic groups. London: The Information Centre. Craig R, Shelton N. (2008) The Health Survey for England 2007. Healthy lifestyles: knowledge, attitudes and behaviour. Leeds: The Information Centre.	
Transport and Health Study Group	Section 2 (also introduction to Review 2)	24	The most recent years have shown a flattening or reversal of the trends in travel by mode. For example, London has seen a decline in car use and an increase in cycling, so comparisons over the past 5y should be added as well as longer term trends. It should also be noted that NTS data is restricted to highways on which motor vehicles are allowed to travel, so walking and cycling data from the Sustrans traffic-free cycle network should be added to NTS data.	Thank you. Unfortunately it is not possible in this document to provide a comprehensive analysis of data on cycling journeys.
Transport and Health Study Group		31	As well as traffic calming reference should be made to slowing traffic without engineering measures. A distinction should be drawn between traffic calming which is simply designed to slow cars down (eg road humps) and the kind of fundamental road reutilisation involved in home zones. The latter is more likely to promote walking and cycling and avoids the adverse effects of road humps.	Thank you. This point has been amended.
Transport and Health Study Group	Section 4	37	Not really sure what the purpose of this short section is. If it's to notify those who might otherwise think NICE guidance is not relevant to them, it needs to go at the very beginning of the document (perhaps with a heading other than 'Implementation' which would logically occur after the guidance, as here)	This is a standard section in all NICE guidance. The section has been amended to include additional information
Transport and Health Study Group	Evidence synthesis review 2	5	Increased injury risk from active travel compared with driving. Most published studies have failed to make like-for-like comparisons (see Wardlaw M, Mindell J. chapter 7 in Health on the Move 2. Policies for health-promoting transport. Stockport: Transport and Health Study Group. www.transportandhealth.org.uk) Recent work (currently unpublished) shows they vary within similar levels for fatalities and vary more by age and sex than	Thank you. It is not the intention of the guidance to make cycling appear more dangerous than it is (see for instance para 3.28)

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			mode, particularly when time travelling is used as the denominator. Don't make cycling appear more dangerous than it is. This is especially important given the evidence that exaggerated perceptions of the danger of cycling is a reason many give for not taking up the activity.	
Transport and Health Study Group		6	Not only exposure to air pollution but susceptibility to its effects varies by socio-economic position, with the very young, very old, frail and those with pre-existing cardio-respiratory disease the most susceptible – and often the most exposed as well. So there is a greater impact on reducing inequalities from lowering air pollution than merely due to reducing exposure.	Thank you. This point has been added (para 3.41)
Transport and Health Study Group	Recommendation 1	7-8	We welcome these statements	Thank you.
Transport and Health Study Group	Recommendation 2	8-10	We welcome these statements	Thank you.
World Cancer Research Fund (WCRF UK)	General		In general, World Cancer Research Fund considers that the current Guidance is fit for purpose and that it covers the key areas of evidence in relation to local measures to promote walking and cycling as forms of travel or recreation. We agree with the need for a population-level focus, with scalable community-wide interventions at the macro level as opposed to isolated local initiatives. However, we feel that there could be greater emphasis on the role of physical activity in reducing risk of cancer. Our Second Expert Report (WCRF/AICR, 2007) found that physical activity decreases the risk of colon, breast (postmenopause) and endometrium cancers. We also feel that there is a need to clarify the relationship between implementation of these recommendations and those set out in the Guidance on physical activity and the environment, as they are highly interdependent. The Guidance document would also benefit from a section that addresses the health benefits from increased levels of	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			physical activity, including the impact on the risk of certain cancers. A section on evaluation and monitoring of the measures stated in the Guidance would also be beneficial as there is likely to be a review of the Guidance in the future.	
World Cancer Research Fund (WCRF UK)	General		We feel there is a need to make more explicit recommendations throughout the Guidance to address the specific needs of minority ethnic populations and vulnerable and disadvantaged groups in society. Our Policy Report (WCRF/AICR, 2009) found that personal habits throughout life are influenced by social factors including ethnic background, culture and other values, such as those that come from custom, religion, family and other affinities and associations (p72 – 75). The importance/benefits of physical activity throughout the life course, including among older people, should be also addressed. Our Policy Report found that a life course approach to the promotion of health and well being, as well as control and prevention of disease, including cancer, is likely to prove effective. While factors early in life contribute to susceptibility to later cancer, it is never too late to make a difference. Older people can also help to set an example for younger family members, friends and colleagues (p 104, 27).	Thank you. Additional emphasis on ensuring actions address inequalities in health has been included, as has further reference to the linked NICE guidance on behaviour change
World Cancer Research Fund (WCRF UK)		10	We think the leads on education/schools including directors and managers of nurseries, pre-schools, and primary and secondary schools, should also be included under 'who should take action'. Our Policy Report (WCRF/AICR, 2009) found that after the family, school usually has the greatest influence on children. Schools shape habits and ways of life that often persist into adult life. Sustained physical activity is enhanced when policies and actions of schools and teachers set good examples (p134).	Thank you. Recommendation 8 is aimed at schools.
World Cancer Research Fund (WCRF UK)		11	We believe there should be explicit reference to cancer prevention and NICE Guidance on obesity prevention, in addition to prevention of CVD.	This reference to the CVD guidance is to recommendations about

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				developing local programmes. Specific links to health outcomes such as CVD, cancers and obesity are made in recommendation 1.
World Cancer Research Fund (WCRF UK)		12 & 17	There should be a reference to health care professionals here, particularly those involved in commissioning/referring patients to community services e.g. GPs.	Clinical commissioning groups are included in recommendations 5 and 7. Recommendation 10 includes primary and secondary healthcare professionals.
World Cancer Research Fund (WCRF UK)		15	Should also include NCD and obesity prevention as well as benefits to health by combining physical activity (cycling and walking) and healthy eating. Health professionals should also give this advice as well as information on walking and cycling (p21)	Healthy eating is outside the scope of this guidance.
World Cancer Research Fund (WCRF UK)		15 - 16	Programmes should include alternative walking routes to avoid busy roads and air pollution. A good example of this is the Sustrans London Greenways Project (http://www.sustrans.org.uk/what-we-do/london-greenways).	Thank you.
World Cancer Research Fund (WCRF UK)		17	We feel that people responsible for school/community activities should also be involved, for reasons previously stated (Policy Report, 2009, p134).	Schools are addressed in recommendation 8. Community wide walking events are included in recommendation 6, and individual support in recommendation 7.
World Cancer Research Fund		17	Include school nurses and health visitors in 'who should take action'. These	We anticipate that

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
(WCRF UK)			health professionals have daily interactions with children and parents as well as having unrivalled opportunities to provide information and encouragement in support of healthy ways of life (Policy Report, 2009, p140).	provision of information in schools would be delegated by the head teacher. Provision of information by health professionals is addressed in recommendation 10.
World Cancer Research Fund (WCRF UK)		21	Primary care practitioners should be actively encouraged to identify patients at high risk of developing conditions associated with low levels of physical activity and overweight/obesity, such as certain types of cancer. Our Second Expert Report (WCRF/AICR, 2007) found that physical activity alone, unrelated to weight maintenance, reduces the risk of colon, breast (postmenopause) and endometrium cancers (p199).	Thank you. This is beyond the remit of this guidance. However, please note that NICE is developing guidance on brief advice on physical activity in primary care.
World Cancer Research Fund (WCRF UK)		22	In the introduction paragraph, we think that cancer prevention should be mentioned as one of the benefits of physical activity alongside heart disease, stroke and Type 2 diabetes.	Thank you. This has been added.

Document processed	Stakeholder organisation	Number of comments extracted	Comments
20's Plenty for Chichester and ChiCycle.doc	20's Plenty for Chichester and ChiCycle	3	
ACT TravelWise.doc	ACT TravelWise	42	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

APCP.doc	APCP	51	
Centro.doc	Centro	6	
CTC.doc	CTC, the national cycling charity	6	
Cycle East Sussex.doc	Cycle East Sussex	15	
Cycling Instructor Ltd.doc	Cycling Instructor Ltd	4	
Department for Transport.doc	Department for Transport	1	
Department of Health.doc	Department of Health	2	
domUK.doc	Dietitians in Obesity Management UK (domUK; a special interest group of the British Dietetic Association)	29	
East Lancashire NHS.doc	East Lancashire NHS	11	
English National Park Authorities Association.doc	English National Park Authorities Association	11	
Faculty of Public Health.doc	Faculty of Public Health	22	
Implementation Programme, NICE.doc	Implementation Programme, NICE	15	
Keele University.doc	Keele University	9	
Lancashire Care NHS Trust.doc	Lancashire Care NHS Trust	11	
Living Streets.doc	Living Streets	5	
London Cycling Campaign.doc	London Cycling Campaign	8	
Macmillan Cancer Support.doc	Macmillan Cancer Support	7	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Manchester City Council.doc	Manchester City Council – City Policy Unit / MCC Cycling Forum	19	
Merseytravel.doc	Merseytravel	43	
Modeshift.doc	Modeshift	16	
National Heart Forum.doc	National Heart Forum	15	
Newcastle University.docx	Newcastle University, Institute of Health and Society	20	
NHS Blackpool.doc	NHS Blackpool	6	
NHS Bournemouth.doc	NHS Bournemouth, Dorset and Poole PCT cluster	17	
NHS Central Lancashire.doc	NHS Central Lancashire	9	
NHS ELC Tower Hamlets Public Health.doc	NHS ELC Tower Hamlets Public Health	5	
NHS Salford.doc	NHS Salford	10	
NHS Sussex.doc	Public Health Directorate, NHS Sussex (East Sussex Downs and Weald PCT & NHS Hastings and Rother)	11	
NHS Tees.doc	NHS Tees	5	
PPIP - NICE.doc	PPIP, NICE	21	
Preston City Council.doc	Preston City Council	8	
RoadPeace.doc	RoadPeace	14	
rochdale MBC.doc	Rochdale MBC	3	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Royal College of Nursing.doc	Royal College of Nursing	1	
Royal College of Paediatrics and Child Health.doc	Royal College of Paediatrics and Child Health	1	
Royal College of Psychiatrists.doc	Royal College of Psychiatrists	1	
Sandwell PCT.doc	Sandwell PCT Public Health Dept	9	
Slimming World.doc	Slimming World	2	
South Asian Health Foundation.doc	South Asian Health Foundation (SAHF)	10	
Spokes, the Lothian Cycle Campaign.doc	Spokes, the Lothian Cycle Campaign	1	
Spokes..the NHS Cycling Network.doc	Spokes..the NHS Cycling Network	11	
Stockport Council.doc	Stockport Council	6	
Suffolk County Council.doc	Suffolk County Council	5	
TfGM.doc	TfGM	11	
The British Horse Society.doc	The British Horse Society	13	
The Chartered Institute of Logistics & Transport (UK).doc	The Chartered Institute of Logistics & Transport (UK)- Cycling Forum	9	
The College of Occupational Therapists.doc	The College of Occupational Therapists	14	
The Ramblers.docx	The Ramblers	49	
Transport and Health Study Group.doc	Transport and Health Study Group	21	
UKCRC.doc	MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR)	11	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

Public Health Programme Guidance

Walking and Cycling - Consultation on Draft Guidance Stakeholder Comments Table

24th April – 19th June

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

World Cancer Research Fund.doc	World Cancer Research Fund (WCRF UK)	14	
--------------------------------	--------------------------------------	----	--

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees