

Submission to the Scottish Parliament (Edited Version)
Public Petitions Committee - Petition PE840
Submitted by Judith McCrorie May 2005

Consideration of Petition PE840 :- That the Scottish Parliament urge the Scottish Executive to review its policy in relation to traffic calming measures, such as road humps and road cushions, in order that the impact on disabled users and the elderly is adequately addressed.

Although the aim behind the implementation of road humps, cushions, humped zebra crossings and pads is laudable, these structures present unforeseen consequences for those with medical conditions, the elderly and the disabled. The enforced jolting, independent of speed, not only causes pain, discomfort and potential deterioration of condition but has wider repercussions for the health of the general public and those involved with the emergency services.

I have five principle submissions:-

1. That speed humps and cushions force the aforementioned groups to be selective in their journeys, eliminating the possibility of certain routes and destinations. This discrimination was established in a submission by The Disability Rights Commission to the cabinet office on 19/3/2005:

“There have been recent initiatives to reduce traffic speed through the installation of traffic calming humps. Positive though this is, the uninformed design of the humps can cause pain for disabled drivers and passengers as jolting occurs when driving over them.” Over 18 % of Scots are believed to suffer from chronic pain according to The Pain in Europe Study, 2004.

2. That humps and speed cushions are being overused as gateways in the desire to turn residential streets into 20 mph zones. Furthermore, that the use of humps and cushions creates a barrier for disabled motorists, pedestrians, wheelchair and electric scooter users. Frequently pavements are too narrow for passage and bus shelters and street furniture can further reduce pavement width forcing the disabled person onto the road, where a lack of dropped kerbs and parked cars on kerbs cause new problems. Gateways do not have to be humps. (DETR).

3. In conversing with Janet Kennedy, author of the DETR's Report TRL614 Impact of road humps on vehicles and their occupants, I was informed that “common sense should be employed in the selection of humps and cushions over other forms of traffic calming”, especially on accident free streets. That the recommendation that “vehicles should be prevented from parking near to speed cushions to allow buses and

ambulances to straddle the cushions (since discomfort is greater when such vehicles are forced to mount the cushion) should certainly not be ignored”. But contractors for one Scottish region state that “as humps/cushions are being installed on residential streets, people cannot be prevented from parking by or on humps”.

Also in the same report it was stated “As pain is subjective” the researchers were “unable to include the disabled in their research and the reports findings are only applicable to healthy persons”. The humps and cushions tested were made of flawless concrete to a tolerance of ± 3 mm since “quite small deviations can adversely affect the comfort of vehicle occupants.” Clearly the practical aspects of implementing hump schemes that are acceptable to disabled people are being ignored.

4. A lack of standardisation of design means that some materials being used in Scotland in the construction of humps, cushions, dropped kerbs, ramps and crossings, such as granite sets and concrete bricks, increase the severity of pain experienced. Granite sets and aggregate are problematic for people with walking difficulties, wheelchair and scooter users, e.g. George Street, Edinburgh/Dysart. Lips on humps, cushions and pedestrian crossings cause discomfort/difficulty and tactile slabs, although beneficial to the blind, are problematic for wheelchair and scooter users. Wheelchair and scooter users cannot cope with lips as high as 2 inches or inclines greater than 8.5%.

5. The London Ambulance Service has requested that proper research into traffic calming schemes be initiated as, out of 7,500-8000 accidental deaths a year, at least 5,500 are due to heart attacks/cardiac arrest. Road deaths, in comparison, account for 280-300 persons. It is claimed that a one minute reduction in response times could possibly cost 500 lives a year and that response times, chances of survival, treatment and discomfort levels en route to hospital are all affected. The Fire Service also experiences delays. How will the explosive growth of traffic calming measures affect future emergency statistics in Scotland?

In conclusion, there is a distinct lack of research regarding the impact of traffic calming methods on the emergency services and the health and well being of the elderly, frail and disabled. Road humps and cushions do discriminate against this section of Scottish society and greater consultation with disabled persons should be a prerequisite in all future transportation issues. The Disability Discrimination Act 2005 places a duty of care on public authorities (Part 5A, 49A (1)) to eliminate unlawful discrimination and the harassment of disabled persons, to promote positive attitudes and to encourage participation in public life and these duties should be honoured.

Issues raised by disabled persons in regard to new traffic calming systems, problems with accessibility etc

It should be noted that:

Disabled drivers may use steering knobs on their steering wheels

Wheelchair users cannot always use/do not have safety belts in some vehicles.

Electric scooters have larger turning circles than wheelchairs.

'Gateways" to streets can be built out features and do not need to be humps.

- 1) Pain and discomfort going over humps/speed cushions and platform crossings designed for wheelchair users.
- 2) Difficulty driving through new, poorly designed and lit chicanes and nibs.
- 3) Difficulty driving round numerous, new, raised roundabouts inserted into narrow, pre-existing roads. These are usually painted white and the surface can be slippery.
- 4) Difficulty with lips at the sides of disabled crossings.
- 5) The provision of dropped kerbs with a gradient greater than 8.5%. The provision of dropped kerbs with lips of 4 cms or more that can prevent wheelchair and electric scooter access. The trend for higher pavements.
- 6) The lack of dropped kerbs and the refusal of roads departments to paint no parking lines on dropped kerbs in order to prevent parking on them.
- 7) The provision of limited space regarding turning circles on pedestrian crossings with various dropped kerbs
- 8) The use of inappropriate materials in surfacing cushions, parking areas, walking areas and crossings - for example granite sets, concrete bricks, gravel.
- 9) The lack of provision of suitable ramps for wheelchairs and electric scooters. Hotels, shops and tourist board listed attractions are stating that they are wheelchair friendly when in fact ramps with lips and planks of wood placed at impossible angles are being used that allow wheelchair users to tumble off them.
- 10) The approach to traffic calming varies within Councils and hence is neither standardised nor fair.
- 11) Local authority buildings that claim to be wheelchair friendly but are not, having access routes and doors that are impossible for lone disabled persons to cope with.
- 12) Lack of maintenance of traffic calming surfaces and structures.

Traffic-calming measures in London

THE Chairman of the London Ambulance Service has welcomed the move by some local authorities to review their existing traffic-calming measures.

Sigurd Reinton, who called for a review of traffic-calming policies in London earlier this year, said: "We remain concerned about the extent of traffic-calming measures in the capital and the knock-on effect of delayed ambulance response times to emergency calls. It is therefore encouraging that some local authorities are reviewing their current policies.

"We feel that the focus on reducing road deaths by cutting traffic speeds through the introduction of traffic-calming measures is well-intentioned but misplaced. Despite a reduction in average road speeds between 1995 and 2002, the number of road deaths in the capital actually increased from 217 to 280 a

year during this period.

He added: "We believe the focus on reducing road deaths alone through the implementation of traffic-calming is too narrow. We should be focusing on all avoidable death or, at the very least on accidental death - including medical accidents such as heart attacks or cardiac arrests. Road deaths are only the tip of the iceberg."

Last year there were 280 road deaths in London but approximately 8,000 cardiac arrests. It is estimated that a reduction of one minute in average ambulance response times could save in the region of 500 lives a year.

Discussions continue to take place between the Service and other key agencies.

LAS Policy With Regard to Traffic Calming

Background

The LAS is concerned that, in pursuing the laudable objective of reducing death and injury on London's roads, local authorities may not have focused sufficiently on the larger issue of avoidable death and injury of which road casualties are but a part - and that traffic calming measures have therefore been introduced on a scale and in such a way that more lives may be lost due to their effect on ambulance response times than are saved by the schemes.

There are around 7,500 accidental deaths a year in London, of which around 2,000 from external causes and 5,500 from medical accidents, such as myocardial infarction (5,100) or strokes (360). Road deaths (around 280-300 a year) are included among the 2,000 deaths from external causes, as are suicides and other accidents (falls, fires, poisonings, drowning, etc.).

The LAS takes around one million calls a year, of which around ten percent (100,000) turn out to concern immediately life threatening conditions. For these patients, there is a clear (albeit hard to quantify) link between response time and their chances of survival. In the case of cardiac arrest victims there exists a generally accepted quantified link between survival chances and time to defibrillation. There is no doubt, however, that faster response can save lives among all these patients. Conversely, anything that slows down ambulance responses could cost lives.

In addition, some types of traffic calming schemes cause, by virtue of their design, difficulties for ambulance crews in treating patients while enroute to hospital and discomfort or pain to patients, many of whom are seriously ill or injured. Against this background, the LAS have adopted the following policy with regard to traffic calming:

1. Any new traffic calming scheme¹ being considered by a highways authority in London should meet the requirement that the intended local benefits clearly outweigh the costs and wider effects, including the effect on the wider road network, ambulance service response times and clinical care.
2. There should be early and meaningful consultation with the LAS at the appropriate level for each scheme² where further traffic calming schemes are felt to be needed. The LAS will engage in those consultations in a constructive spirit (e.g. by suggesting modifications that will reduce the impact on ambulance response times) wherever possible.
3. Existing schemes should be reviewed periodically to ensure that the benefits continue to outweigh the costs. The LAS will, when appropriate, identify schemes that cause the service particular concern and will propose such reviews to the relevant highways authority. Page 2 of 2

The Need for Proper Research

The public debate around these issues has generated a certain amount of heat but not much light. The LAS would like to see proper research carried out into the full range of benefits and costs of traffic calming schemes, and will participate in any such research.

The Importance of Reliable Information on Serious Injuries

The LAS is concerned that the measure of 'serious injury' appearing in statistics which are used for decision making in this area is not a clinical one. The service would like to see a review of the criteria for 'minor injury' and 'serious injury', and a move to collect statistics from a source where a clinical assessment can be made — such as A&E departments.

¹ Including road humps, pads, chicanes, width restrictions, barriers, closure of minor roads, one way systems and pedestrian zones.

² As most schemes are introduced by London's local authorities, this will typically be the relevant Ambulance Operations Manager, but schemes that have wider implications might need to be dealt with by the LAS centrally.