

Other News

Some local and national news items and information of interest to Pedestrians

Oxford

Congestion Charge for Oxford?

Although the leader of the City Council rejected the idea, 58% of the public responding to an Oxford Times on-line poll were in favour of a congestion charge to provide funds for improvements to Oxford's traffic problems.

Cyclopathic behaviour

Oxford pedestrians injured by law-breaking cyclists. See Oxford Times reports¹.
Top Oxford cyclist condemns reckless pavement cycling. See Oxford Mail feature².

City danger zones

OxPA lists the danger spots³ and what needs to be done about them.

¹ Cancer survivor hurt by hit-and-run cyclist

(Oxford Times Report by Laura Jones: 21st June 2012)

A cancer survivor was left with two hernias after being hit by a cyclist who then sped off.

Barry Gough, who has a colostomy bag as a result of bowel cancer, was crossing the road in Walton Street when the incident happened. The 54-year-old former soldier said: "I was crossing at the zebra crossing. I was nearly across, everything had stopped and then this guy came hurtling through and I turned around. "I took his handlebars full blow where my colostomy is and I fell to the floor. Because of his ignorance of the Highway Code I had to spend time in hospital.

"The builders nearby tried to stop him but he got his way through. They shouted, 'Oi, you've just hurt someone'." The cyclist just swore back, Mr Gough said.

"He wasn't bothered – he came through a pedestrian crossing with pedestrians on it," he said."He was about 21 or 22 years old and he was in full Lycra riding gear. I couldn't really see his face."

The crash took place just after 10am on Tuesday, May 22. Afterwards, Mr Gough picked

himself up and walked back to his home in Nelson Street, Jericho, feeling unwell. He called the police on the non-emergency number to make a complaint about the incident and voice his concern about the danger at the crossing, but was told there was nothing the police could do. Mr Gough said: "They told me there's no way I can trace him and I didn't pursue it any further."

Later that night his wife Janice was forced to dial 999 when he began to cry out in pain. "I was so ill that I was vomiting, I was in absolute agony and I was curled up and crying," he said. After an ambulance took him to the John Radcliffe Hospital Mr Gough spent three days being treated by doctors. He was given morphine and doctors put him on a drip.

Now back at home and on the mend Mr Gough wants to something done to improve safety at the crossing. He said: "Sooner or later they are going to kill someone on the zebra crossing. It's ridiculous." "They come out of Little Clarendon Street and they don't stop on the crossing."

Sushila Dhall, chairman of Oxford Pedestrians Association, said she was not aware of problems for pedestrians on the crossing. She said: "My observation is mostly motorists, but some cyclists too, go through red lights and pedestrian crossings all the time. I'm very sorry for the man who was hit, it's a horrible, shocking experience. But I would stress that more people are hit by vehicles than cyclists to put it in perspective."

Mr Gough's case came to light after 18-year-old Tafari Miller was sentenced at Oxford Magistrates' Court earlier this month for dangerous cycling. His victim, Barbara Sandford, 71, was left with internal bleeding, a broken wrist, chipped teeth and bruising after the crash, in Oxford's High Street on March 22.

² On yer bike: Cyclist came close to demolishing Bob the builder

(Oxford Mail report by James Styring: 26th June 2012)

Although we have finally moved back into our house, Bob (his real name) the builder is still sawing and planing and sanding our house. He's working around us, or we're working around him. It's hard to tell sometimes which is the greater labour: building a house or raising a toddler.

Reducing four Victorian-scale ground-floor rooms to two larger open-plan areas has been a longer-than-anticipated process. The originally mooted six to eight weeks has extended to 11. The decorators and the floor sanders and the industrial cleaners have come and gone, but Bob builds on like a builder in a Duracell advert. In fact, he may never have finished the job if a cyclist had had her way.

Bob had gone out to his van to get more tools. He slammed the back door of the van shut

and turned to cross the pavement. Milliseconds before his foot hit the kerb, a bike whooshed past his nose. We live on a hill and the girl on the bike was going at some lick.

Bob was shaken and stirred. He was certainly stirred, more like stirring, when he described the incident to me in the kitchen. I think he was taken aback by my whole-hearted condemnation of the cyclist. There seems to be this weird expectation that if you are bike-mad that you will defend to the hilt all things cycling, whether or not they are right and proper.

I told Bob he should have stuck a spanner in her wheel. It sounds extreme and I guess I never would, but there's something about wantonly stupid behaviour that really gets my goat. She could have killed or seriously injured poor old Bob, and for what? What is the point of riding at 20mph along a narrow pavement down a steep hill when there is an empty road right next to you?

I remember (distantly) that with youth comes a strong sense of invulnerability. But on the pavement outside my house, I can't understand how anyone could ride at speed without being in fear for their life, which would surely cause them to slow, or even to use the road.

Until the 1960s it was (I have it on good authority) unheard of to cycle on the pavement. People seemed to know the rules and stuck to them. By the 1970s no one cycled anymore and the collective memories of cycling etiquette were apparently lost. I am sure that many (though not all) pavement cyclists have no idea that it is wrong. This is partly because the police rarely bother to censure pavement cyclists.

Also, when the going gets tough you'll often see a cycle lane marked on the pavement. A mixed message is sent to cyclists when the council permits on-pavement cycling. This is where the rules begin to get eroded.

It would be better if cycle facilities were never confusable with pedestrian ones. And if the police were more rigorous about controlling cycling on pavements.

There's an octogenarian who lives four doors up from me. He glides at walking pace down the pavement, crosses Cowley Road pushing his bike, and then he pootles on to the James Street Conservative Club.

I have never begrudged him cycling on the pavement. He is an old gent and always pauses for the pedestrians to overtake. I turn a blind eye to the peaceable way in which he gets about, but if we make an exception for him, can we be surprised when people a quarter his age ride on the pavement too?

³ Pressure group wants action on city danger zones for pedestrians

(Oxford Mail report by Andrew Ffrench: 31st January 2010)



Pedestrians' Association chairman Paul Cullen and secretary Corinne Grimley Evans on Hythe Bridge Street, one of 10 city centre hotspots they want improved

PEDESTRIANS in Oxford have drawn up a top 10 list of trouble spots in the city.

Oxford Pedestrians' Association put forward the list of where people face danger from passing traffic as part of public consultation for the Local Transport Plan, covering the period 2011 to 2016.

Pedestrians' Association chairman Paul Cullen said there was no reason why the county council couldn't start working on improvements before 2011.

He said: "The council has expressed a desire to improve conditions for pedestrians with its Transform Oxford

scheme. We believe the council's proposals do not go far enough and ignore high traffic volumes in locations like Hythe Bridge Street and Worcester Street. Oxford is the right size to be turned into the most walkable city in the UK but a lot of work needs to be done before it could win that title.

"I have written to the Department for Transport to suggest that cities should compete to become Britain's first walkable city. That would certainly help to spur on the county council when it comes to addressing where the trouble spots are for pedestrians in Oxford".

"The Conservative-led administration on the county council has promised to do more for pedestrians in Oxford as part of their Transform Oxford proposals and we would like to see them start working on them as soon as possible. Oxford is a city where you can walk home on foot after the last bus has gone, but there are some serious traffic issues for pedestrians which still need to be resolved".

"I think there is cross-party support on the council to make Oxford more pedestrian-friendly."

Association secretary Corinne Grimley Evans said Hythe Bridge Street was one of the worst pedestrian routes in the city centre.

She added: "It's the main route from the railway station into the city centre and pedestrians are often forced to step into the road because the pavements are too narrow. This is not a

civilised way for a city to welcome its visitors and I am sure there are near-misses every day because pedestrians are forced to step into the road.”

In 2008, the county council announced its Transform Oxford proposals to pedestrianise parts of the city centre, including Queen Street, Magdalen Street and part of George Street by 2011, with the number of buses in the city centre reduced.

Work started last year to resurface George Street and reduce the number of buses using the route.

County council spokesman Owen Morton said: “In November and December last year we asked stakeholders, including Oxford Pedestrians’ Association, to give us their suggestions for possible schemes for us to include in the programme for our next Local Transport Plan, which will run from April 2011.

“We are happy to receive any suggestions that OxPA have and will assess these, along with the others we have received, over the next few months. Our aim is to include a prioritised list of schemes in a draft Local Transport Plan, which is due to be published for full public consultation in the summer.”

The Association's top 10 pedestrian troublespots are:-

Hythe Bridge Street. Solution: change traffic patterns in Hythe Bridge Street and Park End Street.

Frideswide Square. Solution: redesign to improve pedestrian routes.

Cornmarket Street - Carfax end. Solution: create a single surface so pedestrians can cross the St Aldate's/High Street junction more easily.

Cornmarket Street - George Street end. Solution: create a single surface and remove the traffic lights.

Turl Street. Solution: create a single surface to replace narrow footways.

Worcester Street. Solution: enlarge signalling area at Beaumont Street junction to help pedestrians avoid narrow pavement.

Longwall Street. Solution: widen narrow footways and reduce traffic volume.

Walton Street. Solution: widen narrow footways north of junction with Beaumont Street as far as Phoenix cinema.

The Plain. Solution: bring pedestrian crossings closer to the junction.

Pembroke Street. Solution: create a single surface. Pavements are sometimes cluttered with parked bicycles

National

Commuting by walking or cycling may be good for your health

A national study finds that commuting to work on foot was associated with a lower risk of cardiovascular disease. Cycling was associated in addition with lower cancer risk and all-cause mortality. See abstract¹ from the British Medical Journal.

Government initiatives on shared space

Proposals for the redesign of Frideswide Square have included some sharing of space between pedestrians and cyclists. See Department for Transport [webpage](#) for access to reports of research and design guidance for local authorities considering shared space.

Pavement parking ban call by Guide Dogs charity

Motorists should be banned from parking on pavements because the practice forces vulnerable pedestrians to walk in the road, campaigners have said. See [BBC report](#).

"Perhaps urban speeding will become as scorned as drink driving"

An article in [The Economist](#) takes an optimistic view of trends in car speeds.

Pedestrian crossings need retiming

Most older people in England cannot cross the road in the time allowed on pedestrian crossings. See summary of report².

20 mph zones reduce deaths and injuries!

See the summary report³ from the British Medical Journal.

Making the case for investment in the walking environment. A review of the evidence

[Living Streets](#) commissioned this important [study](#) by the University of the West of England.

Department of Health:

Walking is good for you! See the evidence and [DoH guidance](#)

Department for Transport:

[Delete as link broken] Guidance to local [councils to consider 20mph limits](#)
Encouragement to stopping [pavement parking](#).

National Audit Office:

[Report on Improving Road Safety for Pedestrians and Cyclists in Great Britain](#) (2009).

¹ Association between active commuting and incident cardiovascular disease, cancer, and mortality: prospective cohort study

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Abstract

Objective To investigate the association between active commuting and incident cardiovascular disease (CVD), cancer, and all cause mortality.

Design Prospective population based study.

Setting UK Biobank.

Participants 263 450 participants (106 674 (52%) women; mean age 52.6), recruited from 22 sites across the UK. The exposure variable was the mode of transport used (walking, cycling, mixed mode v non-active (car or public transport)) to commute to and from work on a typical day.

Main outcome measures Incident (fatal and non-fatal) CVD and cancer, and deaths from CVD, cancer, or any causes.

Results 2430 participants died (496 were related to CVD and 1126 to cancer) over a median of 5.0 years (interquartile range 4.3-5.5) follow-up. There were 3748 cancer and 1110 CVD events. In maximally adjusted models, commuting by cycle and by mixed mode including cycling were associated with lower risk of all cause mortality (cycling hazard ratio 0.59, 95% confidence interval 0.42 to 0.83, P=0.002; mixed mode cycling 0.76, 0.58 to 1.00, P<0.05), cancer incidence (cycling 0.55, 0.44 to 0.69, P<0.001; mixed mode cycling 0.64, 0.45 to 0.91, P=0.01), and cancer mortality (cycling 0.60, 0.40 to 0.90, P=0.01; mixed mode cycling 0.68, 0.57 to 0.81, P<0.001). Commuting by cycling and walking were associated with a lower risk of CVD incidence (cycling 0.54, 0.33 to 0.88, P=0.01; walking 0.73, 0.54 to 0.99, P=0.04) and CVD mortality (cycling 0.48, 0.25 to 0.92, P=0.03; walking 0.64, 0.45 to 0.91, P=0.01). No statistically significant associations were observed for walking commuting and all cause mortality or cancer outcomes. Mixed mode commuting including walking was not noticeably associated with any of the measured outcomes.

Conclusions Cycle commuting was associated with a lower risk of CVD, cancer, and all cause mortality. Walking commuting was associated with a lower risk of CVD independent of

major measured confounding factors. Initiatives to encourage and support active commuting could reduce risk of death and the burden of important chronic conditions.

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² Most older pedestrians are unable to cross the road in time: a cross-sectional study

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Published electronically 13 June 2012, doi: [10.1093/ageing/afs076](https://doi.org/10.1093/ageing/afs076). Cite as: Age and Ageing 2012;41: 690-694

Summary of main findings:

The timing of pedestrian crossings in the UK is based on a minimum walking speed of 1.2 metres per second (m/s). A study of a random sample of 3,145 people aged over 65 in private English households found that 84% of men and 93% of women failed to attain that speed in a short timed walk. Mean walking speeds were 0.9 m/s for men and 0.8 m/s for women.

Older pedestrians are more likely than younger pedestrians to die or be seriously injured in road traffic collisions, and slower walking speed is a contributory factor. The timing of pedestrian crossings should be reconsidered.

(Note: as reported previously by OxPA, pedestrian crossings in some European countries provide two buttons allowing choice of timing for two different walking speeds).

³ Effect of 20 mph traffic speed zones on road injuries in London, 1986-2006: controlled interrupted time series analysis

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Objective: To quantify the effect of the introduction of 20 mph (32 km an hour) traffic speed zones on road collisions, injuries, and fatalities in London.

Design: Observational study based on analysis of geographically coded police data on road casualties, 1986-2006. Analyses were made of longitudinal changes in counts of road injuries within each of 119 029 road segments with at least one casualty with conditional fixed effects Poisson models. Estimates of the effect of introducing 20 mph zones on casualties within those zones and in adjacent areas were adjusted for the underlying downward trend in traffic casualties.

Setting: London.

Main outcome measures: All casualties from road collisions; those killed and seriously injured (KSI).

Results: The introduction of 20 mph zones was associated with a 41.9% (95% confidence interval 36.0% to 47.8%) reduction in road casualties, after adjustment for underlying time trends. The percentage reduction was greatest in younger children and greater for the category of killed or seriously injured casualties than for minor injuries. There was no evidence of casualty migration to areas adjacent to 20 mph zones, where casualties also fell slightly by an average of 8.0% (4.4% to 11.5%).

Conclusions: 20 mph zones are effective measures for reducing road injuries and deaths.

Published 10 December 2009, doi: 10.1136/bmj.b4469. Cite this as: BMJ 2009; 339:b4469

International

How the car industry outlawed crossing the road

"Streets are for cars and children need to stay out of them". How the American car industry created the "crime" of jaywalking. [BBC Magazine report](#).

Pedestrian Safety, Urban Space and Health

The 2012 research report¹ from the OECD International Transport Forum sets the agenda for national governments to improve city environments for everyone.

¹ OECD International Transport Forum

Research Report

Key messages:

Walking has great potential to contribute to high level government agendas for more sustainable development and should therefore take a central position in urban transport policies. Ensuring that walking is an attractive alternative and complement to motorised transport is a core response to the challenges of climate change, fossil fuel dependence, pollution, maintaining mobility for an ageing population, health and managing the explosion in motorisation expected in low-income and middle-income countries. Because trends established today will determine the future of cities for many decades, actions are needed now for the sustainable cities of tomorrow.

1. Walking is the most fundamental form of mobility. It is inexpensive, emission-free, uses human power rather than fossil fuel, offers important health benefits, is equally accessible for all – except those with substantially impaired mobility – regardless of income, and for many citizens is a source of great pleasure. Yet walking presents challenges to society's least robust individuals.
2. The vitality of a city is closely linked to people being out and about on foot for many purposes. Beyond walking for access to goods and services, these other activities in the urban space are collectively termed “sojourning”. Walking and sojourning are at the heart of urban life and contribute to liveable, attractive, prosperous and sustainable cities.
3. Walking is, however, the neglected transport mode and, despite being at the start and end of all trips, is rarely captured in government statistics on mobility and is often neglected in planning and policy development.
4. Public institutions representing specifically the interests of pedestrians – including the socially disadvantaged members of society who rely heavily on walking – are rare.
5. Walking and public transport are interdependent elements of sustainable urban mobility. Walking is facilitated by a well-connected network with pedestrian-friendly infrastructure and well-designed urban space.
6. Pedestrians are amongst the road users most vulnerable to traffic injury. It has become highly challenging, especially for older and young people, to cope with the complex, sometimes hostile, traffic conditions that characterise today's cities and towns.
7. Pedestrians suffer severe trauma from falls in public spaces and in traffic collisions while crossing streets. The magnitude of the consequences of falls is known to be underestimated. Older people have an elevated risk of severe injury and death from both falls and traffic collisions.

8. Lowering motorised traffic speeds reduces the frequency and severity of crashes, especially those involving pedestrians. Reducing speed also contributes to smoother traffic flow and enhances in many ways the liveability and sustainability of cities.

9. Motorisation has contributed to urban sprawl, and cities have evolved to accommodate car use, with many negative impacts on life and social cohesion. Changes are required now to manage the preponderant role of motorised traffic in industrialised countries. This is also urgent in low- and middle-income countries, which are now moving rapidly towards much higher levels of motorisation.

History

20 mph in Texas

Thanks to OxPA member Bess Mullard for this inspiring postcard from the Lone Star State [Delete?].

"Murder most foul"

JS Dean, President of the Pedestrians Association (now Living Streets) wrote this wonderful protest against the injustice of the slaughter of pedestrians and cyclists on our roads in 1947.

Many of Dean's arguments are still relevant today - although his linking of the motor car industry to fascism is now, one hopes, of purely historical interest.

Thanks to OxPA Member Tristram Wyatt for finding this interesting item on the Web.

