



London Ambulance Service NHS Trust
LAS Policy With Regard to Traffic Calming.

For Use by All Staff.

Introduction

The LAS is concerned that, in pursuing the laudable objective of reducing death and injury on London's roads, local authorities may not have focussed 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.

Objectives

1. To ensure any new traffic calming schemes are fully considered against the widest possible local effects including ambulance response times and clinical care.
2. To ensure meaningful consultation with LAS, engaged at the appropriate level for each scheme, where further traffic calming schemes are felt to be needed.
3. That the LAS will, when appropriate, identify schemes that cause the service particular concern and will propose such reviews to the relevant highways authority.

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Policy

Against this background, the LAS has adopted the following policy with regard to traffic calming:

1. Any new traffic calming scheme, e.g., road humps, pads, chicanes, width restrictions, barriers, closure of minor roads, one way systems and pedestrian zones 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 scheme where further traffic calming schemes are felt to be needed. 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. 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.

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.

Signature:



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Chief Executive Officer

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