NCS BOARD PAPER

ACTION ON CYCLING IN PRIMARY CARE TRUSTS: RESULTS OF A SURVEY OF DIRECTORS OF PUBLIC HEALTH (DsPH)

English Regions Cycling Development Team/Faculty of Public Health

Key Points

Most PCTs pay little attention to cycling:

- **Only 1 in 3 have someone with responsibility for cycling**
- **Around 40% have facilities for cyclists on PCT premises**
- **Only 5% offer cycle purchase loans to staff**

Strategic commitment appears to be low:

- **Only 3% have a PCT cycling strategy**
- **Cycling is mainly dealt with in physical activity strategies but only around half of PCTs have a physical activity strategy and only half of these cover cycling**

Barriers to strategic planning on cycling are to do with competing pressures rather than resistance to cycling per se

- **Around 6 in 10 say they haven't got around to it or there are competing pressures**
- **Only a very few PCTs say that cycling is too unimportant or dangerous**

Joint working (eg with local authorities) is strong but not notably on cycling

Knowledge of the NCS target is low

There are pockets of good practice and innovation in PCTs

There is high demand for support and assistance from the ERCDT

ENGLISH REGIONS CYCLING DEVELOPMENT TEAM
& FACULTY OF PUBLIC HEALTH

Survey of Directors of Public Health (DsPH) on cycling

Background

1. There is good evidence that increased levels of cycling would benefit public health. While much of the responsibility for improvement of conditions for cycling lies with local authorities, there is clearly great potential for joint working with the NHS to achieve the mutual objectives of improved public health and reduced congestion.

2. There are examples of good practice from across the UK where the NHS has taken the lead in initiatives to promote cycling. However until now there has been no overview of what is being done.

3. This survey was established by the ERCDT (in partnership with the Faculty of Public Health) to provide this overview and to help the NCS Board prioritise its actions on cycling and health.

Aim and objectives of the Survey

4. **Aim**: to establish baseline levels of policy and practice on cycling within the NHS, through a survey of Directors of Public Health (DsPH) in Primary Care Trusts (PCTs).

Objectives

- To establish which PCTs have policies and strategies which make reference to cycling
- To establish the level of PCT engagement with local authority partners on joint planning for cycling
- To establish how many PCTs have programmes or initiatives which directly aim to improve conditions for cycling or increase levels of cycling
- To identify initial examples of good practice on cycling and health

Methods

5. We drafted a questionnaire covering the main issues of interest. This was circulated widely for comments, and piloted among a number of DsPH and other health professionals, and a number of improvements were made. The final questionnaire was published online, in a format which allowed self-completion by respondents, allowing automatic submission of data to a dedicated survey database on an AEA Technology server.

6. The sample was drawn from the Faculty of Public Health's database of PCTs in England. Emails were sent to all Directors of Public Health in England on the Faculty's database. Where there was no DPH in post, we sent the email to the Chief Executive. The Faculty's database included a total of 272 of the total of 308 PCTs in existence at the time of the survey (88% of the total).

7. The email explained the purpose of the survey and was signed by the Faculty President and NCSB Board member responsible for public health (then Sian Griffiths), to maximise response. DsPH and CEOs were invited to complete the questionnaire themselves or to delegate to the most appropriate person. We sent three reminder emails to non-respondents, over a six month period.

Response.

8. 165 responses were received, from the total of 272 PCTs contacted. After removing duplicate entries, we were left with 151 unique responses from PCTs. The 'raw' response rate is thus 56%, but taking into account that at the time of conducting the survey there were 308 PCTs in total, the response rate is 49% of all PCTs.

9. Regional response rates varied from 47% of PCTs contacted in the East Midlands to 80% in the West Midlands. Table 1 shows the response rates by region.

Table 1. Regional response rates

Region	no. of replies	Total PCTs[1]	Response Rate
North West	24	39	62
North East	11	14	79
Yorks	18	31	58
East	20	40	50
East Midlands	17	36	47
West Midlands	8	10	80
London	14	29	48
South East	22	46	48
South West	17	27	63
Total	**151**	**272**	**56**

[1] only 272 of the total of 308 PCTs were on the Faculty database

10. Twenty percent of questionnaires were completed by the PCT's Health Promotion Specialist, 18% by the Director of Public Health, and 12% by the Health Improvement/Health Development manager. The remainder were completed by people with varying job titles, mainly from public health departments

Results

Responsibility for cycling.

11. 32% of respondents said there was someone in the PCT with specific responsibility for cycling. Of those who identified a postholder, the main post was the health promotion specialist (39%) or the DPH (21%).

12. The regional distribution is shown in fig 1. The North East and South West regions have the lowest numbers of PCTs who can identify someone with responsibility for cycling.

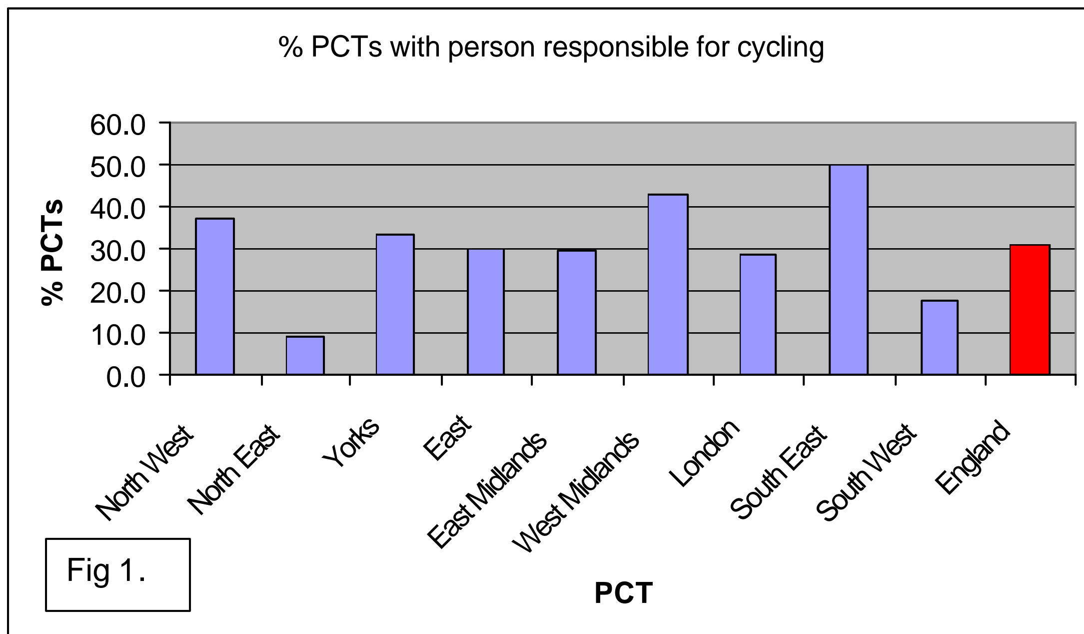


Figure 1. % PCTs with person responsible for cycling in each region

Facilities for cycling.

13. Less than half of PCTs have the basic facilities to encourage staff (or patients) to cycle to their premises:

- 44% of respondents said the PCT had secure cycle storage.
- 44% of respondents said the PCT had changing facilities.
- 48% have showers

14. Even fewer PCTs had facilities such as lockers for people who cycle to work (17%) or pool bikes for staff to use as part of their work (8%).

15. Of the pro-cycling policies for staff, offering staff a mileage allowance for cycling as part of PCT work was the most common: 37% of PCTs pay staff a cycle mileage allowance. Again, more ‘advanced’ policies were less common:

- 9% employ a travel plan co-ordinator
- 5% offer cycle purchase loans
- 5% host a bike users’ group

Strategies

16. PCTs were asked whether they had produced the following local strategies or plans

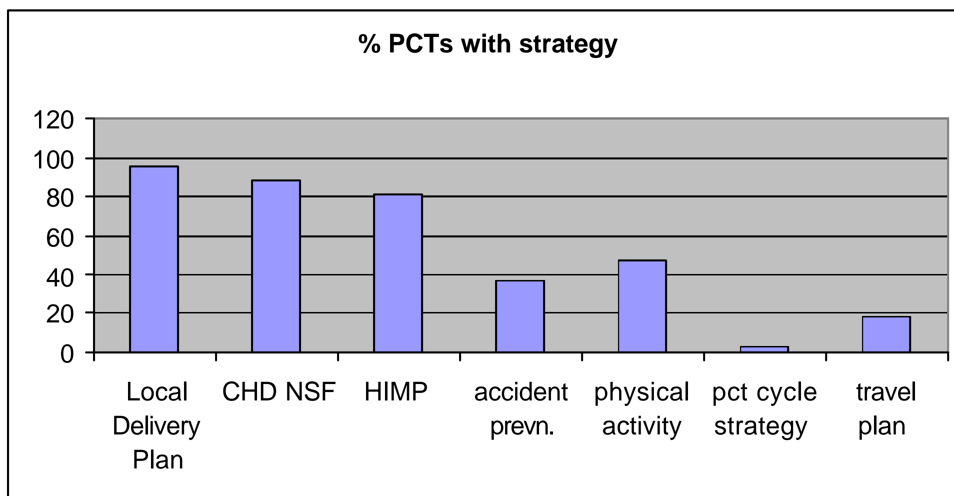


Fig 2. % PCTs producing various strategies.
(CHD NSF = Coronary Heart Disease National Service Framework.
HIMP = Health Improvement and Modernisation Programme)

17. There is high compliance with the main strategies and plans which are required to be completed by the Department of Health (DH): The vast majority (95%) said that they had prepared a local delivery plan; 88% have completed a Coronary Heart Disease National Service Framework Local Plan and 81% a Health Improvement and Modernisation plan. These lower figures are not surprising as HIMPs are now not a requirement from DH.

18. This compares to the areas of policy over which there is more local discretion: 37% have completed an injury or accident prevention strategy, 48% a physical activity strategy and 19% a travel plan for PCT premises. Only 3% (5 PCTs) claim to have a PCT cycling strategy or plan. However, comments showed that many more plans are currently in preparation or waiting approval – including physical activity and cycling strategies.

19. Fig 3 shows the production of physical activity strategies by region. This is lowest in London and the South East where only 7 physical activity strategies were identified by the 35 PCTs which responded. It is of note that the regions with the highest proportion of physical activity strategies were the ones with the lowest number of PCTs with someone responsible for cycling.

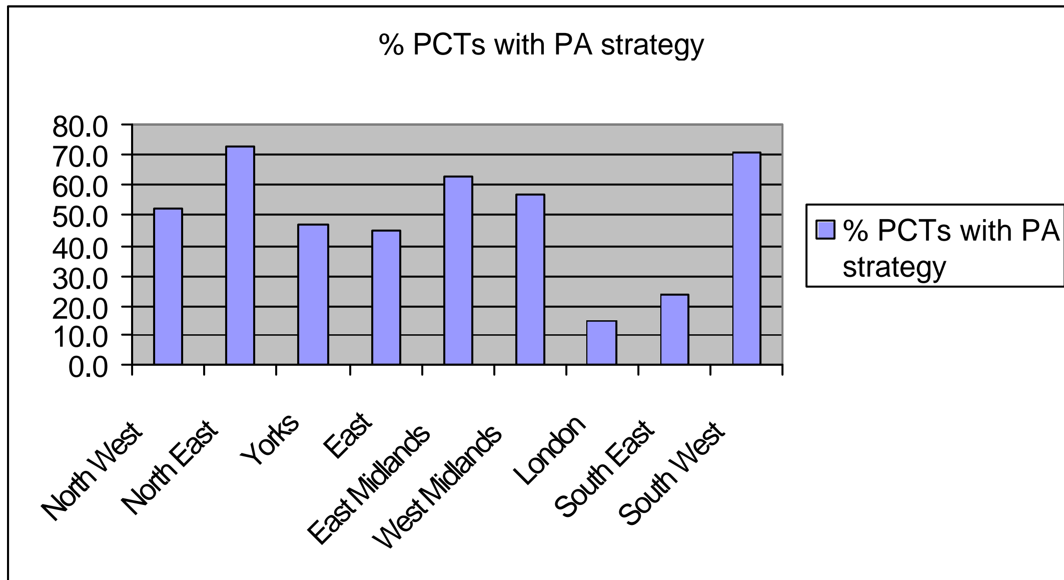


Fig 3. % PCTs with a physical activity strategy

20. In recent years there has been a move away from the production of multiple strategy or planning documents, and towards more integrated planning. We therefore asked whether cycling was contained within any of the strategies or plans mentioned above.

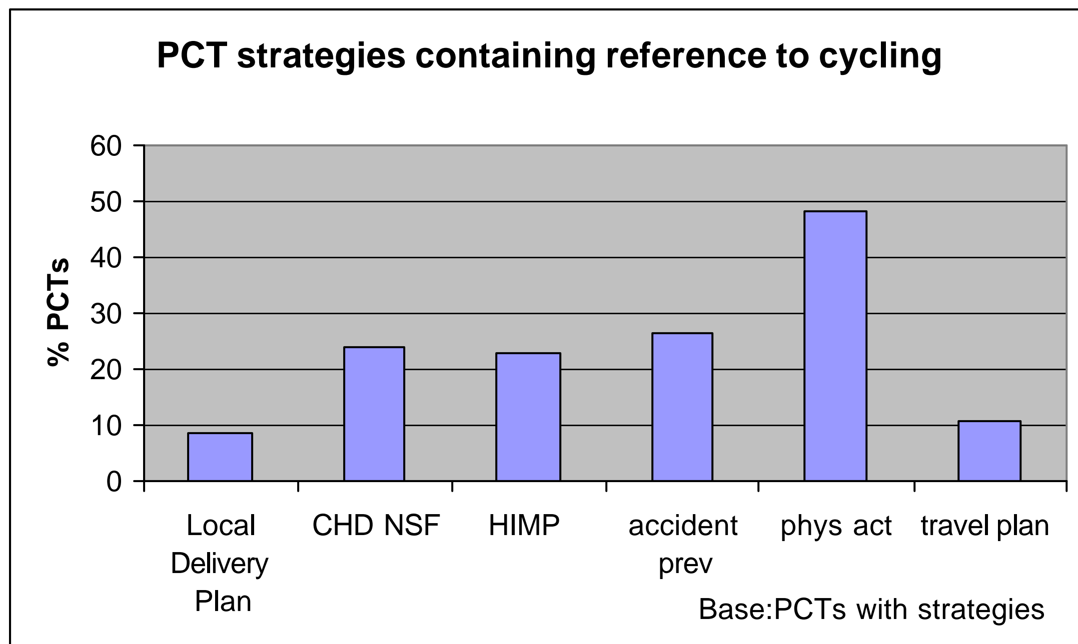


Fig 4. % of PCT strategies containing reference to cycling

21. It is clear that the main place for cycling to be addressed is within the PCT's physical activity strategy. However, it seems surprising that less than half of physical activity strategies contain reference to cycling. This needs further investigation as a basic document analysis of some physical activity strategies shows that the vast majority include reference to cycling.

22. PCTs who had not produced any strategies or plans were asked what the main reasons were. This is shown in Fig 5.

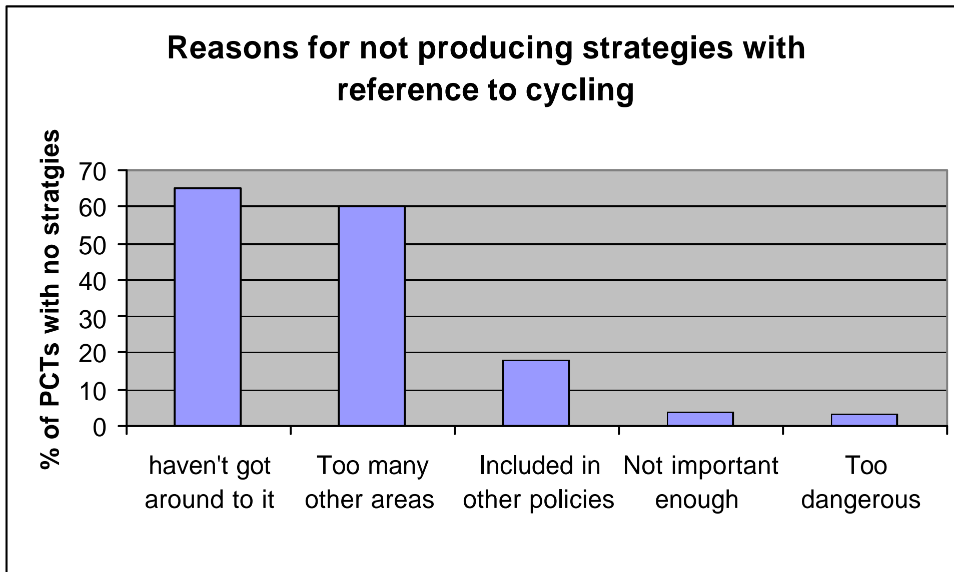


Fig 5. Reasons for not producing strategies

23. It appears that the lack of attention being paid to cycling is not due to specific objections to it (such as it not being important, or being too dangerous) but due to competing pressures on time or having too many other areas to work on.

PCT involvement with other organisations.

24. Clearly one of the main ways a PCT can work on cycling is in partnership with others, notably the local authority. We asked whether the PCT had been involved in partnerships with other agencies on the development of key local strategies or plans. We then asked whether the plans produced in partnership with other agencies contained any reference to cycling. The chart shows the percentage of PCTs which have produced each kind of plan and the percentage of each plan type which refers to cycling

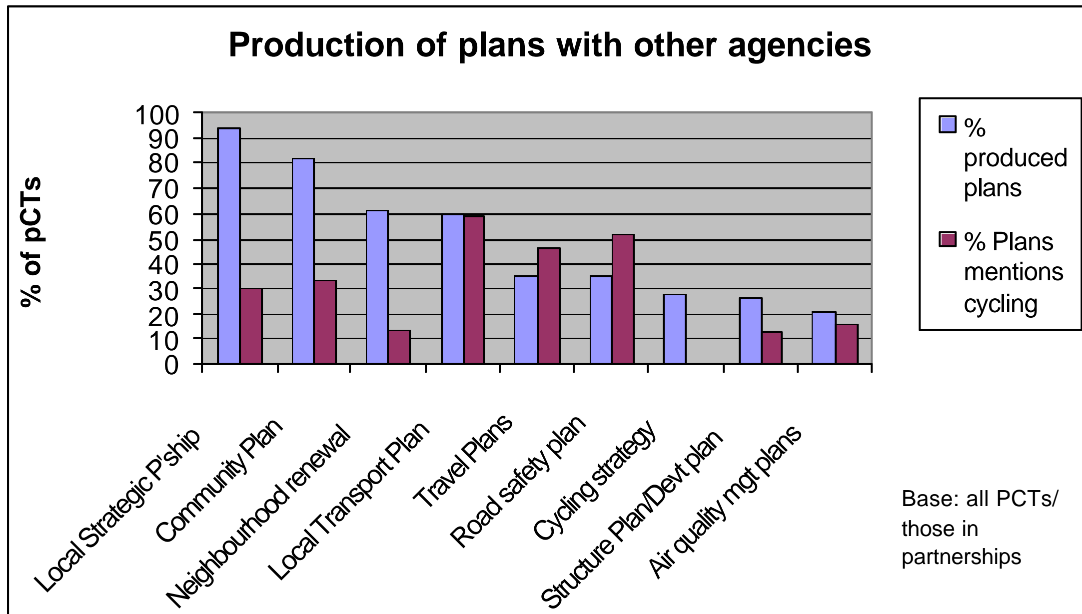


Fig 6. % Production of plans with other agencies and relevance to cycling

25. Joint working on the local strategic partnership and community plan was extremely common, with 94% and 82% of PCTs respectively saying they had worked with other agencies on these plans. However, few PCTs said that these plans mentioned cycling.

26. The majority of PCTs (60%) had worked on the Local Transport Plan and most of those (59%) included mentions of cycling. Only 28% of PCTs said they had worked with partner agencies on a cycling strategy.

Programmes or Projects on cycling.

27. We asked whether the PCT is involved in providing funds for specific programmes or projects aimed at improving conditions for cycling or increasing rates of cycling. Fig 7shows the proportion of PCTs funding each type of project – either on their own or in partnership with others. Very few PCTs (between 1-3%) provided sole funding for each project or programme type we asked whether the PCT is the sole funder, or whether the PCT funds the programme in partnership with others. However, very few PCTs (between 1-3%) were involved in sole funding of such programmes.

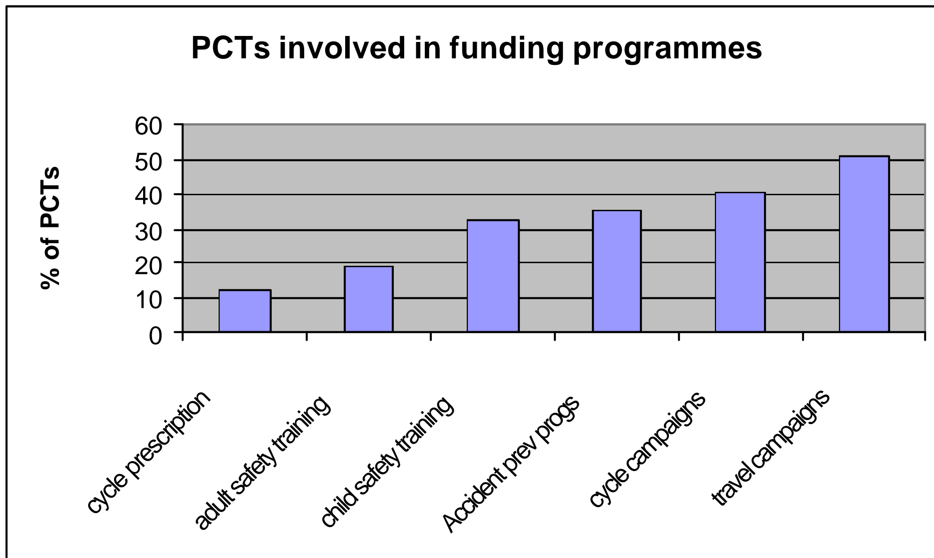
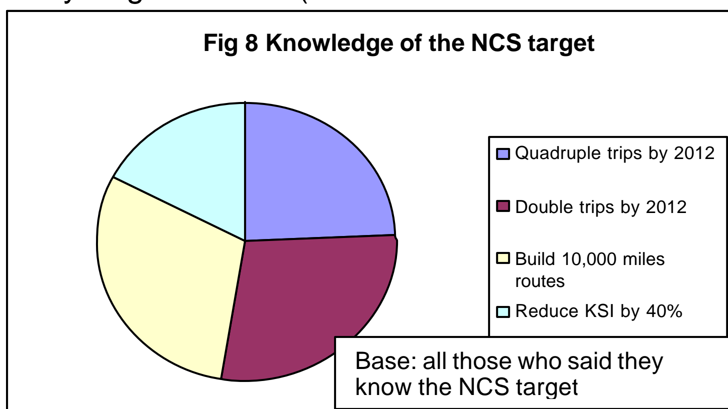


Fig 7. Programmes funded by PCTs

28. The greatest number of 'cycle prescription' schemes were in the North West and South West, where there were 5 and 7 projects respectively, with only 4 other projects in the rest of the country. Other types of projects were more evenly spread across the country

Knowledge

29. We wanted to 'test' the levels of knowledge of PCT staff on key cycling policies. 63% of respondents claimed to have heard of the National Cycling Strategy. Of those, only a quarter could correctly identify the target as to quadruple the number of trips made by bicycle from 1996 levels by 2012. 28% thought it was a doubling in the same timescale, while 30% thought it was to build 10,000 miles of cycling and walking routes throughout the UK by 2005 (Sustrans' target) and 18% thought it was to reduce by 40% the number of people killed or seriously injured in cycling accidents (similar to the Government's road safety target).



Additional resources

30. We asked which resources DsPH would find useful in their work. Results are shown in Table 2

Would you find the following resources useful?

Resource	% agree
cycle referral guidance	82
review of health evidence	79
short benefits leaflet	69
best practice manual	82
template promotions	72

Table 2. demand for selected resources

31. There is very high demand for all the suggested resources. As some of these (review; leaflet) have already been produced there is clearly a need to market them more effectively

32. We asked whether respondents had met or been approached by a member of the ERCDT. 7% of respondents (11 PCTs) said they had met their ERCDT regional representative, but 60% said they would like to

Good Practice

33. Sixteen PCTs offered examples of best practice on cycling and health

Examples:

- Our pool cycle scheme works reasonably well. We were closely involved in the production of the local cycling strategy, which happened in an innovative way. The existence of my post is probably 'best practice' in itself. I hope the adult cycle training scheme we are establishing will also be.

- In partnership with Sefton Council and Seftons PCT a Cycling and Walking post has been developed and is now in its 3rd year. This post is developed to encourage cycling across the different sectors and the local community. A Free Bike Loan Scheme in 7 sites across Sefton, with an additional 2 sites planned for 2004.

- Bought bikes for a local school to carry out safe cycling and allow children that do not have bikes use them, by a free rental system. Hoping to repeat exercise in 3 other schools.

- Lifestyles group currently working on a local cycling project.

- Ridewise Adult Cyclist training Transport & Health Initiatives Group

- Pool bikes to use between our split site (1/2 mile)
- Working with LifeCycle UK - but I am sure you already know about the excellent work they do.
- Very early stages of developing cycling project as part of a Health Living Centre Project. PCT has 20 bikes plus a range of disabled bikes. HLC staff run short cycle rides/tours aimed at specific target groups. Bikes are available for those who do not have their own. Volunteers are being trained.
- Safer Cycling Project developed in partnership with Children's Fund and Capita (Road safety Teams). Full time co-ordinator in place to:- Promote health benefits of cycling Promote wearing of cycle helmets Develop cycle training in schools Promote safer cycle routes
- We have recently developed our staff travel survey in conjunction with improving working lives which we are happy to share.
- Cycling in Sandwell - have already discussed with ERCDT rep
- Secure cycle parking. free cycle training for adults linking with cycling charity Life Cycle UK.
- Cornwall's Mobilise! project is a leader in this field, and has been short-listed for a major Active England grant. While aspects of the county make it a particularly propitious place and time to encourage cycling and walking, the approach adopted by Mobilise! could be readily applied elsewhere
- Sheffield stand cycle parking at all GP surgery, clinic and health centre sites Coordinates a Cyclists' Breakfast event during National Bike Week Has strong links with Bristol Cycling Campaign, works closely with Bristol City Council Cycling Team, with representation at Bristol Bike Forum.
- Excellent secure cycle parking for staff (parks 60 bicycles). Visitor parking at front of building.

CONCLUSIONS

1. There is an enormous potential to improve public health through increased levels of cycling. Despite this, it appears that cycling is not high on PCTs' agendas. Only 1 in 3 have identified someone with responsibility for cycling. Only 3% have a PCT cycling strategy.

2. The NHS is the largest employer in the UK and has a responsibility to improve public health and lead by example. However we found that only around four in ten PCTs have even the basic facilities for cyclists on their premises. A tiny minority offer more progressive pro-cycling benefits such as cycle purchase loans

3. PCTs appear to deal with cycling mainly in their physical activity strategies. However, only around half of PCTs said they had a physical activity strategy, and only half of these included reference to cycling. This seems surprising and needs to be addressed urgently, particularly in the context of the recent DH 'Choosing Activity' consultation on a national strategy for physical activity.

4. However, it is encouraging that the barriers to strategic planning on cycling were not to do with resistance to cycling per se, but to do with conflicting priorities and pressures. Only a very few PCTs say that cycling is too unimportant or dangerous. Around 6 in 10 say they simply 'haven't got around to it' or refer to competing pressures.

5. Joint working (particularly with local authorities) appears to be common but this does not frequently focus on cycling. Input into the Local Transport Plan remains important as this is a common area for collaboration between PCTs and local authorities, and usually includes cycling.

6. We found that specific knowledge of the NCS target is low, and that PCTs would welcome help, advice and assistance from the ERCDT.

RECOMMENDATIONS

1. The NCSB should meet with officials from the Department of Health at the earliest opportunity to explore how cycling can be woven more effectively into key DH policy – especially the forthcoming White Paper on public health and its associated delivery plans.

2. The NCSB should develop a new programme of activity on cycling and health, with a focus on increasing the level and quality of activity on cycling within the NHS, and in Primary Care Trusts in particular.

3. This new programme should exist alongside other efforts to promote the healthy aspects of cycling, undertaken as part of any communications initiatives.

4. The new programme should aim to increase the capacity of PCTs to develop health public policy on cycling; to work in partnership with local authorities and other partners; and to plan and implement cycling projects. This could be through learning sets; training events; and publications.

5. A core aspect of the programme should be to improve communication with PCTs, to meet the high demand for information and guidance on cycling. Activities might include:

    - More proactive marketing of existing NCS publications such as the health review and leaflet
    - Producing and marketing examples of best practice and guidance
    - Convening networks to share best practice – especially on practical solutions and projects
    - Conferences or seminars which focus on how cycling can help to meet existing NHS targets
    - Producing materials which emphasise the high benefit-risk ratio and potential cost savings for the NHS
    - Links to the cycling and health initiative currently being proposed by Lifecycle/CTC.

6. The ERCDT should be tasked with forging strong links with PCTs in their regions, and with the public health teams in the Government Offices. ERCDT tasks related to health could include the following:

    - emphasising the development of pro-cycling policies which are strongly linked to current PCT drivers such as the local delivery plan

    - providing solutions that are easy to implement and do not conflict with PCTs' core activities

- facilitating the sharing of best practice

- focusing on integrating cycling into PCTs' work with local authorities on local transport plans

- addressing issues of including cycling within the work of the local strategic partnership and the community plan

7. This survey should be repeated in the same format in 2006 to assess progress.

Nick Cavill and Dr Alison Hill
13 August 2004