

# BLOOMSBURY RESIDENTS' ACTION GROUP

## PROOF OF EVIDENCE 9

### Problems caused for people with impaired mobility

#### SUMMARY

##### 1. EQUALITY IMPACT ASSESSMENT (EIA)

The one-way system has impacted badly on many hundreds of local people, but the group which must cause most concern is people with a disability whose lives have been made even more difficult by the Council's action. This is both callous and not compliant with the Equality Act. It is probably the most shocking of all the adverse outcomes – in its attitude both to a vulnerable group of people, and to the law. When the Equality Impact Statement (EIA) was presented at the February 2017 Cabinet, it seemed from the tone of the presentation that the case was felt to be weak. Closer reading for the EIA certainly supports that.

##### 1.1 Negative impacts for people with disabilities

The Council's EIA list some of the negative impacts of the trial stated by people who have a disability, including increased costs of travel and difficulties of getting to hospital appointments.

##### 1.2 Council's statement that negative impacts on people with disabilities are acceptable in Camden

- a) In spite of having set out the requirements of the Equality Act elsewhere in the paper, the Council states (page 44):

*'The views of the Cabinet Member and senior officers were that although **there were negative impacts on groups of people with protected characteristics** [my highlighting], that the positive impacts of the proposal to retain the trial layout ...outweighed the negative impacts.'*

- b) **So the view of the Cabinet member and senior officers is that they are justified in disadvantaging disabled people** and other legally protected groups because of the 'positive impacts' of the trial. Other Proofs of Evidence make it clear that these supposed positive impacts - safety and air quality - are unproven.
- c) But even if they had been proven, it is in contravention of the Equality Act, to measure the gains of able-bodied groups against the losses for protected groups.
- d) Clause 149 (1) a) of the Equality Act 2010 sets out very simply and clearly that the Council's duty is to 'eliminate discrimination'. **The Council is admitting explicitly that has brought about 'negative impacts on groups of people with protected characteristics' that is, it has caused discrimination, which is simply in contravention of the Act.**

### 1.3 Mitigation

- a) The mitigation proposed in the Council's EIA is in parts risible. It includes 'additional seating'; and 'cleaning the rubber blocks more frequently' - measures so trivial and irrelevant to the main issues that it is difficult to believe the Council takes the testimony of disabled people seriously at all. These superficial and cosmetic so-called mitigations do not even begin to touch the surface of the heart-felt and grave problems expressed by local disabled people.
- b) The Council EIA also includes the ominous statement:

*'Mitigation measures to be considered could include area wide traffic management, or point closures in some locations to limit access by motor vehicle to some affected streets.'*

- c) This looks like the Council is thinking of use the EIA as an pretext to go ahead with some unjustified, unsupported, whimsical pet projects, locally hated and feared – such as setting up more road blocks and thereby exacerbating, with apparent careless disregard, the serious adverse consequences for local people, and particularly disabled people.

### 1.4 EIA outcome and Council's self-assessment

- a) In Stage 5 of the EIA, 'outcome of the EIA', the Council should be acknowledging that it is discriminating, as stated in its own EIA, and so the trial should be stopped, according to the term of the Equality Act.
- b) Instead, it draws the conclusion:

*'The proposal makes significant gains, including for protected groups, such as providing a safer and more attractive street environment, making cycling and walking safer and more attractive ways to get around. The proposal prioritises the majority who do not have access to cars, and who are reliant upon walking, cycling and access to public transport.'*

- c) The above statement says gains are made for protected groups by 'making cycling and walking safer...', (which is unproven) which can only lead one to assume that , even after all the feedback, recorded in the EIA and elsewhere, the Council still is unable to understand, or unwilling to recognise, that many disabled people cannot simply walk and cycle.
- d) The Council admits that it prioritises the majority who can walk, over those who cannot, contravening the Equality Act.
- e) This EIA does not justify the discrimination against people with disabilities caused by the trial; in fact it only serves to highlight (a) the serious day to day problems experienced by this group, whose rights are supposed to be protected under the law, and (b) the Council's recalcitrant attachment to the trial, regardless of the evidence and the impact on vulnerable groups, and it would seem, the law.

## 2 STATEMENTS FROM LOCAL RESIDENTS WITH MOBILITY PROBLEMS

The Full Version of Proof of Evidence 9 sets out detailed statements, key extracts from which are:

- a) I am a 58 year old disabled man with multiple and complex medical conditions residing on Swinton Street ...On average I have 1 appointment at UCLH per week, although there are weeks during which I have 2 or 3 appointments. As a disabled person, I am granted parking dispensation at UCLH...
- b) Since the unannounced experimental traffic order transforming Tavistock Place from a two-way road into an Eastbound only route, more than 75% of my trips to the UCLH medical buildings around Grafton Way and Gower Street have been delayed by more than 25 minutes from the usual 20 minutes on average it took to travel to the hospital before the change. [Evidenced by a detailed diary]
- a) I have lived in Sandwich Street for 40 years. I am now retired;... After a traffic accident... I was no longer able to cycle or use the tube, so have travelled overground in buses and taxis.
- b) As a disabled resident I have been severely affected by Camden's closing of Tavistock Place. Buses in Southampton Row are frequently barely moving, it has taken 1 hour to travel between Tavistock Place and Holborn. On 3 occasions the bus driver has suggested that passengers get off and walk. I have mobility and balance issues and sometimes can only get home by taxi. Since the Trial started, a taxi ride that used to cost £10 can now cost £40; a ride that used to cost £15 can now be £45. All the additional cost comes from the gridlock on Southampton Row, Guilford Street and Judd Street.
- a) I am a local resident living very close to Tavistock Place. I have a health condition which means I have significant difficulty walking and also with breathing, and I have been badly affected by the Tavistock Place one-way trial.
- b) I have Pulmonary Sarcoidosis - which affects my ability to breath. I am constantly breathless. When pollution is high I suffer breathing problems and often have to stay indoors as I become severely debilitated.
- c) I have to attend medical appointments at least twice a week. The main ways I have been affected are that getting anywhere in a taxi (which is the necessary form of transport for me) is longer and more expensive;... All this, combined with the extra pollution, adds to the stress of coping with a long term health condition.
- d) My journeys for medical (and social) reasons also cost a lot more than they did before the trial. A journey from Euston Road/Judd Street junction to the UCLH (the other end of Euston Road) can now cost up to £8.50 - £9.00 since the trial was implemented, as opposed to £4.50 - £5.00 before the trial.
- e) Combine the excessive pollution in Euston Road, Gray's Inn Road and surrounding main stream high traffic areas - with warm/hot weather, and what you get is people that live with long-term health conditions such as Asthma, Emphysema , Sarcoidosis; and other Chronic Obstructive Pulmonary Diseases (COPD) suffering with breathing problems and other health related issues brought on by these two factors 'excessive heat and highly concentrated pollution'; both of which are known contributors to causing illness and death in vulnerable communities i.e: the elderly, the very young and people with chronic long-term illnesses and disabilities.
- f) I am scared to think how fast the emergency services could get through peak (and often off-peak) traffic congestion during a major catastrophe. I have personally experienced being stuck in a traffic jam on Euston Road whilst in an ambulance. A journey that should have taken five minutes at most, took nearly

20 minutes, because nobody could go anywhere. I ended up in ICU because of this delay.

- g) Meals on wheels and services such as Dial-A-Ride have also suffered the effects of the traffic chaos caused by the trial. .... Visitors refuse to come and see me during the day, during the week because of the traffic issues, and I know I am not alone in being cut off from friends and family!

## **FULL VERSION OF PROOF OF EVIDENCE 9**

### **1. EQUALITY IMPACT ASSESSMENT (EIA)**

The one-way system has impacted badly on many hundreds of local people, but the group which must cause most concern is people with a disability whose lives have been made even more difficult by the Council's action. This is both callous and not compliant with the Equality Act. It is probably the most shocking of all the adverse outcomes – in its attitude both to a vulnerable group of people, and to the law. When the Equality Impact Statement (EIA) was presented at the February 2017 Cabinet, it seemed from the tone of the presentation that the case was felt to be weak. Closer reading for the EIA certainly supports that.

#### **1.1 Negative impacts for people with disabilities**

The Council's EIA list some of the negative impacts of the trial stated by people who have a disability, such as:

- a) *Getting to the UCH is impossible – missed two appointments*
- b) *As a wheelchair user I have twice now in the last six months struggled to get a taxi from the Tavistock hotel.*
- c) *The local hospitals will also be hit as I am a user as well. Patients like myself frequently time our appointments to the hospitals on the same day - for example going to UCH to get blood test which then means going to Queens Square later for scan and then back to UCH to get medication. Patients rely on ambulances/hospital transport and if this is made permanent this will cause more problems for the local trusts.*
- d) *As a disabled person I find it much more expensive if a taxi coming from the east or south, (Queen Square, Rosebery Avenue, Covent Garden or Waterloo Station) to Huntley Street cannot turn left at Bedford Way or Tavistock Square. Taxis only should be allowed to turn left here to drop off at the Tavistock Hotel and go west through to Tottenham Court Road and then to the hospital or to Huntley Street.*
- e) *Camden Council needs to address the needs of the disabled drivers (with no other viable means of transport). How is it ranking those needs within its prioritisation process?*
- f) *Against having pavements at the same level as cycle lanes, as some cyclists ride on the pavement to overtake. It is also difficult for people with visual impairments to orientate themselves if there is inadequate differentiation, making them more anxious about going out.*
- g) *Please consider the needs of elderly or disabled persons with limited mobility, impaired hearing, and impaired vision - bicycles are silent, deadly accidents waiting to happen*

- h) *I am reliant on taxis which are becoming extremely expensive. Disabled residents and visitor are negatively affected by the huge costs of car and taxi travel.*
- i) *Because I am disabled, I receive a generous 'taxi card' allowance from Camden Council. Because of this I can not only attend the Macmillan Cancer Centre (as many as three times a week) but can also get beyond my limited walking ability. This wonderful freedom is now removed by enforced immobility in Euston Road (no alternative) late or missed appointments and no pleasure in the journey.*
- j) *I had to drop someone in a wheelchair who wanted to go to the Tavistock hotel. I had to drop them off with their bags 50 metres away with the luggage.*

## **1.2 Council's statement that negative impacts on people with disabilities are acceptable in Camden**

- a) In spite of having set out the requirements of the Equality Act elsewhere in the paper, the Council states (page 44):

*'The views of the Cabinet Member and senior officers were that although **there were negative impacts on groups of people with protected characteristics** [my highlighting], that the positive impacts of the proposal to retain the trial layout with the potential for further improvements, together with the mitigation strategy proposed and ongoing engagement with groups representing those with protected characteristics outweighed the negative impacts and would address most of the issues raised.'*

- b) **So the view of the Cabinet member and senior officers is that they are justified in disadvantaging disabled people** and other legally protected groups because of the 'positive impacts' of the trial. Other Proofs of Evidence make it clear that these supposed positive impacts - safety and air quality - are unproven.
- c) But even if they had been proven, it is in contravention of the Equality Act, to measure the gains of able-bodied groups against the losses for protected groups. The requirement for the Council to proactively institute access for ALL disabled people is absolute.
- d) Clause 149 (1) a) of the Equality Act 2010 sets out very simply and clearly that the Council's duty is to 'eliminate discrimination'. **The Council is admitting explicitly that has brought about 'negative impacts on groups of people with protected characteristics' that is, it has caused discrimination, which is simply in contravention of the Act.**

## **1.3 Mitigation**

- a) The mitigation proposed in the Council's EIA is in parts risible. It includes 'additional seating'; and 'cleaning the rubber blocks more frequently' - measures so trivial and irrelevant to the main issues that it is difficult to believe the Council takes the

testimony of disabled people seriously at all. These superficial and cosmetic so-called mitigations do not even begin to touch the surface of the heart-felt and grave problems expressed by local disabled people.

b) The Council EIA also includes the ominous statement:

*'Mitigation measures to be considered could include area wide traffic management, or point closures in some locations to limit access by motor vehicle to some affected streets.'*

c) This looks like the Council is thinking of use the EIA as an pretext to go ahead with some unjustified, unsupported, whimsical pet projects, locally hated and feared – such as setting up more road blocks and thereby exacerbating, with apparent careless disregard, the serious adverse consequences for local people, and particularly disabled people.

#### **1.4 EIA outcome and Council's self-assessment**

a) In Stage 5 of the EIA, 'outcome of the EIA', the Council lists four possible options available under the Act, two of which two:

*i) Outcome of analysis:*

*Description:*

*Change the activity*

*The EIA identified the need to make changes to the activity to ensure it does not discriminate and/ or that all appropriate opportunities to advance equality and /or foster good relations have been taken. These changes are included in the planning for improvement section of this form*

*And:*

*ii) Outcome of analysis*

*Description*

*Stop the activity*

*The EIA shows unlawful discrimination*

b) The Council judges itself to be in the first category, whereas what seems to be the case is that the trial falls within the second category; that is, it does discriminate against people, with protected characteristics, and so the activity – ie the trial – should be stopped.

c) Below this self-assessment, the Council writes:

*'The proposal makes [sic] significant gains, including for protected groups, such as providing a safer and more attractive street environment, making cycling and walking safer and more attractive ways to get around. The proposal prioritises the majority who do not have access to cars, and who are reliant upon walking, cycling and access to public transport.'*

- d) The above statement says gains are made for protected groups by '*making cycling and walking safer...*'; (which is unproven) which can only lead one to assume that , even after all the feedback, recorded in the EIA and elsewhere, the Council still is unable to understand, or unwilling to recognise, that many disabled people cannot simply walk and cycle.
- e) The Council admits that it prioritises the majority who can walk, over those who cannot, contravening the Equality Act.
- f) This EIA does not justify the discrimination against people with disabilities caused by the trial; in fact it only serves to highlight (a) the serious day to day problems experienced by this group, whose rights are supposed to be protected under the law, and (b) the Council's recalcitrant attachment to the trial, regardless of the evidence and the impact on vulnerable groups, and it would seem, the law.

## **2. STATEMENTS FROM LOCAL RESIDENTS WITH MOBILITY PROBLEMS**

### **2.1 Statement from disabled resident in Swinton Street**

- a) I am a 58 year old disabled man with multiple and complex medical conditions residing on Swinton Street, in the Kings Cross one-way system. I was diagnosed with a rare ethmoid sinus cancer in December 2007 and received chemotherapy and radiotherapy at UCLH in 2008. Since then I have been under regular surveillance by an oncology team at UCLH, owing to damage to III, V, & VI cranial nerves from radiotherapy. On average I have 1 appointment at UCLH per week, although there are weeks during which I have 2 or 3 appointments. As a disabled person, I am granted parking dispensation at UCLH and park in their car park for my various appointments. This includes parking in the Mortimer Market Centre for my appointments at the Macmillan Cancer Centre.
- b) Since the unannounced experimental traffic order transforming Tavistock Place from a two-way road into an Eastbound only route, more than 75% of my trips to the UCLH medical buildings around Grafton Way and Gower Street have been delayed by more than 25 minutes from the usual 20 minutes on average it took to travel to the hospital before the change. Below I present a short condensation of a personal diary I have kept of the trips I have made to UCH and Macmillan Cancer Centre.
  - i) Monday February 6, 2017 — Orthopaedics clinic 9:10 am. I left Swinton Street at 8:30 am. Euston Road was solidly backed up half way down Swinton Street. It took 20 minutes to pass St. Pancras. There was a further delay of 10 minutes passing through a substantial backlog of traffic attempting to filter into the Westbound lane of Euston Road turning into Gower Street Southbound. I arrived at UCH just after 9:15 am and at the clinic at 9:22 am.
  - ii) Monday February 13, 2017 — Anti-coagulation clinic 11:10 am. Euston Road was packed solidly again; so I tried a different route travelling up Acton Street at 10:13 am. I went Southbound on Grays Inn Road to Guilford Street. Bad Idea! Guilford Street was backed up east of Lamb's Conduit Street. The normal release Northbound on Herbrand Street was closed by constructors working on the Russell Hotel. I turned north of Woburn Place after about a half hour of nearly static traffic and traffic was backed up past the intersection with Russell Square. I turned off Woburn Place onto Russell Square; turned onto Bedford Way. By the time I reached Endsleigh Gardens, it was after 11 am. I tried to access Gower Street by Gower Place, which was also substantially backed up, because traffic on Gower Street was backed up. I arrived at UCH at 11:25 am, a trip of 1:15 hours for less than 2 miles.

iii) Monday February 20, 2017 — MRI Macmillan Centre 9:45 am. OK. I tried to beat the traffic this morning by leaving at 8 am. The Euston Road wasn't too bad by its standards, and I reached the Gower Street filter in a reasonable 20 or so minutes. Gower Street was a mess. There was some sort of work being done in the far West lane of Gower Street, and between the filter and the traffic lights it was a solid 20 minutes before I reached the intersection with Torrington Place. I reached Mortimer Market Centre, where I parked at about 9 am. Trip time 1 hour.

iv) Monday March 13, 2017. Two appointments this morning: 9:45 am PET scan at Macmillan & 11:10 am at Anti-Coagulation clinic UCH. Euston Road was its usual Monday morning mess. Travelling by Euston Road to Gower Street to Torrington Place to Tottenham Court Road to Mortimer Market Centre took about 45 minutes.

v) Wednesday March 15, 2017. Appointment at Macmillan at 12:30 pm. The trip was unremarkable, taking 48 minutes to get to Mortimer Market Centre.

vi) Wednesday April 26, 2017, 2 appointments at UCH – 9:10 am Orthopaedics and 11:10 am at Anti-coagulation. Traffic was filthy. I left Swinton Street at 8 am, and I didn't arrive at UCH until nearly 9:30 am. Traffic was bad all over. There was no part of the trip which was easy, except the last 50 metres on Tottenham Court Rd.

vii) Wednesday May 10, 2017 — Appointment at Macmillan Centre 11:30 am. Things have become ridiculous at the Euston Road filter lane into Gower Street. There are now construction hoardings around UCH facing Gower Street and closing off one lane. Traffic is being squeezed from 3 directions into 2 lanes, which become 1 plus a bus lane. What was the central through lane of Gower Street is now the turning lane for Grafton Way and is backing up down Euston Road past Gordon Street and the Wellcome Trust, as traffic attempts to merge into the 20 metres or so on Euston Road left for non-bus lane traffic to get into the filter. It took something like 25 minutes to traverse the distance of the Euston Road between Upper Woburn Place and Gower Street. Total travel time – just under an hour.

viii) Wednesday June 14, 2017 — Appointment at UCH Nuclear Medicine at 10:45 am. The day I decide to leave more than an hour ahead of my appointment is the day traffic appears to be relatively light. It only took about 25 minutes to get to UCH, leaving me loads of time to find disabled parking.

ix) Wednesday July 26, 2017 — UCH Anti-coagulation clinic at 11:10 am. I was incredibly late (about a half hour) to my appointment today. Despite leaving 45 minutes to get to UCH, the traffic between Upper Woburn Place and Grafton Way was almost static. It took about 1:15 hours to get to the hospital.

- c) This is an honest representation for the diary notes I have made from over 35 visits to University College Hospital and the Macmillan Centre. I know the area very well, and I have attempted every rat-run I can to improve travel times to the hospital. There are none to be had. I earnestly hope that the independent adjudicator will see the common sense in restoring the East-West travel for cars along Tavistock Place & Torrington Place to the Intersection with Gower Street.

Peter Storfer, Swinton Street, London



## **2.2 Statement from disabled resident in Sandwich Street**

a) I have lived in Sandwich Street for 40 years. I am now retired; I worked as a Lecturer in Epidemiology and Medical Statistics and cycled to work to teaching hospitals in Westminster, Whitechapel, Paddington, Barbican and South Kensington. After a traffic accident (waiting for a bus on the pavement), I was no longer able to cycle or use the tube, so have travelled overground in buses and taxis. I think cycling should be encouraged and made as safe as possible, while taking account of local needs for essential motor traffic and the needs of the disabled. The closure of Tavistock Place to westbound traffic is not achieving this.

b) As a disabled resident I have been severely affected by Camden's closing of Tavistock Place. Buses in Southampton Row are frequently barely moving, it has taken 1 hour to travel between Tavistock Place and Holborn. On 3 occasions the bus driver has suggested that passengers get off and walk. I have mobility and balance issues and sometimes can only get home by taxi. Since the Trial started, a taxi ride that used to cost £10 can now cost £40; a ride that used to cost £15 can now be £45. All the additional cost comes from the gridlock on Southampton Row, Guilford Street and Judd Street.

c) Before the new scheme was introduced traffic flowed easily round here. The stop-start traffic is increasing pollution and, for the first time in my life, I now suffer wheezing at night.

d) One aim of the Tavistock Trial was to remove the dangerous two-way cycle lane on the North side. The two-way cycle lane was originally introduced in the face of considerable local opposition. The dangers to pedestrians and cyclists and the hazards for any motor vehicle turning were inevitable. It is an insult to the local community that the only option offered as an alternative to the Trial is a scheme that Camden is aware is not supported locally. The road layout before the introduction of the two-way cycle lane, with one-way cycle lanes on either side of the road, worked well, but was not offered as an option.

e) Closing Tavistock Place to westbound traffic has resulted in the small gain of a slightly faster cycling commute over 0.4 mile, at the expense of residents, particularly those with disabilities. It has increased pollution, made access to the area difficult for both residents and businesses, and disrupted emergency services in this high security risk area.

Elizabeth Paul, Sandwich Street, London.

## **2.3 Statement for resident in Judd Street with disabling health condition**

a) I am a local resident living very close to Tavistock Place. I have a health condition which means I have significant difficulty walking and also with breathing, and I have been badly affected by the Tavistock Place one-way trial.

b) I have Pulmonary Sarcoidosis - which affects my ability to breathe. I am constantly breathless. When pollution is high I suffer breathing problems and often have to stay indoors as I become severely debilitated.

c) Having two complex blood conditions, Antiphospholipid Syndrome and Polycythaemia add to my breathing difficulties. I am on life-long warfarin - which in its self poses complexities as my INR can change not only in by slight change of consumables but also environmental changes.

- d) My ability to walk is severely affected by my breathing issues and also by the fact that I have Osteoarthritis which impacts all of my joints, especially my toes, knees, hips, hands and wrists. I need a walking stick for balancing or I fall over constantly. I cannot walk long distances without feeling breathless and/or extreme pain. I rely on painkillers daily, which renders me unable to make most journeys without some sort of transport - usually car or taxi. Hence, the changes in the local traffic Trial at TP/TP have severely impacted my daily life in most levels including, higher pollution rates, more expensive journeys by taxi, longer travelling times to hospital (including in an ambulance) and much less of a social life!
- e) I still find the junctions difficult to navigate along the TP/TP Trial route. I have nearly been knocked over twice by cyclists who have run the red lights.
- f) The medical conditions mentioned above are a snap shot of some of conditions with which I have been diagnosed. I have a very complex medical history and I have more conditions including diabetes, a benign brain tumour and heart condition. I can provide medical evidence if need be. I attend the UCHL, NHNN, St. Pancras, and Barts hospitals on a regular basis. I attend the UCHL at least twice a week. GP and other appointments in between.
- g) I have to attend medical appointments at least twice a week. The main ways I have been affected are that getting anywhere in a taxi (which is the necessary form of transport for me) is longer and more expensive; and I have been delayed, worryingly, in an emergency ambulance. All this, combined with the extra pollution, adds to the stress of coping with a long term health condition.
- h) There are many disabled and elderly people in the local communities that have illnesses and disabilities both visible and invisible, and this trial has had a detrimental effect on these groups of residents in particular. It now takes much longer to get to and from doctor and/or hospital appointments because of the traffic congestion that has been created by the trial.
- i) My journeys for medical (and social) reasons also cost a lot more than they did before the trial. A journey from Euston Road/Judd Street junction to the UCLH (the other end of Euston Road) can now cost up to £8.50 - £9.00 since the trial was implemented, as opposed to £4.50 - £5.00 before the trial.
- j) Combine the excessive pollution in Euston Road, Gray's Inn Road and surrounding main stream high traffic areas - with warm/hot weather, and what you get is people that live with long-term health conditions such as Asthma, Emphysema , Sarcoidosis; and other Chronic Obstructive Pulmonary Diseases (COPD) suffering with breathing problems and other health related issues brought on by these two factors 'excessive heat and highly concentrated pollution'; both of which are known contributors to causing illness and death in vulnerable communities i.e: the elderly, the very young and people with chronic long-term illnesses and disabilities.
- k) This brings about an extra cost and strain upon the NHS - because residents in these vulnerable groups seek medical attention when the above mentioned, contributing factors, cause them to become unwell.
- l) The trial pushes a pre-existing problem of traffic pollution, elsewhere – making a problem for another street, and/or area. Hence where one or two streets may benefit from a lower pollution rate, LOTS more other streets are actually experiencing higher pollution rates. The pollution is not being evenly distributed over a wider area; instead there are pockets of higher, more toxic, levels of pollution in the surrounding areas where traffic is constantly being streamed. In these areas the elderly, disabled

and chronically ill residents are suffering the consequences of this re-filtered and dense pollution. The very young generations are also put at high risk.

- m) While I appreciate that there is a drive to push cycling as a way of keeping fit there are two factors that had not been considered before imposing the trial on local residents:
- i) Not all elderly, disabled, and/or chronically ill people can cycle.
  - ii) For many, (residents and transients included) the trial has meant that people are having to leave a bigger global foot print while journeying; this is because now everyone has to go the long way around to get to where they want to go. Alas, the point of keeping fit becomes redundant for cyclists, because the levels of pollution created through motorists driving around in circles, and from being stationary (as the traffic stand-stills don't allow traffic through at acceptable rates) just makes the air being breathed in by everyone, including cyclists, more toxic and therefore - less healthy.
- n) Emergency services have been affected. I have witnessed police and ambulances struggling to go about their duties locally - because of the trial. I am scared to think how fast the emergency services could get through peak (and often off-peak) traffic congestion during a major catastrophe. I have personally experienced being stuck in a traffic jam on Euston Road whilst in an ambulance. A journey that should have taken five minutes at most, took nearly 20 minutes, because nobody could go anywhere. I ended up in ICU because of this delay.
- o) Meals on wheels and services such as Dial-A-Ride have also suffered the effects of the traffic chaos caused by the trial. Some services apparently will not even come into central London anymore. The elderly and disabled have very long wait times for taxis. Visitors refuse to come and see me during the day, during the week because of the traffic issues, and I know I am not alone in being cut off from friends and family! I am only taken shopping during the evenings now too because of the traffic issues, nobody wants to sit in traffic waiting to get from A to B - this has had a very detrimental effect on my everyday life.
- p) London residents would not cope without services such as taxis, buses, deliveries, hospitals, and doctors – these being just some of the services that are vital to London's transport system and the local communities within London. We need transport systems, and we need roads, and we need traffic to flow, not stop-start every few meters and sitting stationary for prolonged periods. Everyone, no matter the method of transport chosen by an individual, should be allowed to use the road system equally. Tavistock and Torrington Place has enough space for two-way traffic and two-way cyclists.
- q) There are times when the cycling lane is barely used: off-peak, (mornings/mid-afternoons/evenings and ALL WEEKEND) at these times especially there is absolutely no reason why traffic should be one-way.
- r) My final note is that residents were not adequately informed about the trial. There should be some kind of local vote when, the impact is so severe, as to whether this trial should stay or go. Residents and local businesses have right to be involved in the overall decision making of what is good for them and the local area.

Miss Evans, Judd Street, London

## 2.4 Statement from Tavistock Place resident, with disabled neighbour

- a) Whatever the strict legal position about east-bound vehicles entering the west-bound cycle track to pick up or drop off on the south side of Tavistock Place, taxi drivers generally will not do this because of the response from cyclists. Ambulances will park in the cycle track and they are tolerated. But generally, picking up and dropping off is now impossible on the south side.
- b) One of the residents of Tamar House is 91 and has frequent hospital out-patient appointments. He has to walk to the corner of Woburn Place to pick up a taxi to the hospital. His balance is too poor to let him do the walk on his own so his independence is reduced. When he could pick up a taxi on the doorstep he could manage the journey to UCLH without help.
- c) When he returns from a hospital appointment he is dropped off in Herbrand Street and has to walk back to his front door. This is a shorter distance than to Woburn Place but still difficult, given his mobility problems.
- d) People arriving in wheelchairs have to be dropped off in the same way and need to be accompanied. In the past, they could be dropped outside Tamar House by a car or taxi travelling west so that the ramp unloaded onto the pavement. They could make the journey independently, with help from a taxi driver. They cannot now do that.

### Pick-ups and drop-offs on Tavistock Place – north side

- e) The difficulty is worse on the north side because cars and other vehicles cannot get to the kerb at all, in an emergency. This photo shows an ambulance blocking cars on May 24, while attending to someone on the north side of the road. Cars can be seen trying to use the cycle track on the south side to get round the obstruction. Dropping off on the north side was a problem before the trial, of course, but at least traffic was not completely blocked when a vehicle parked to deliver or pick-up.



- f) Another drop-off difficulty on the north side can be seen at the Camden Chinese Community Centre, used largely by old people. If they arrive by minibus or other transport they have to reach the centre by crossing the cycle track. This is also not a problem linked to the trial but the blockage while dropping off takes place is new.

Whatever decisions are taken about Tavistock Place traffic it should be possible to drop off old people beside the kerb, on both sides of the road.

Diana Scarrott, Tavistock Place