The Use of Invalid Carriages on Highways Consultation 2010 - Results summary

Overview

1. 239 responses were received from individuals, organisations representing disabled and older people, healthcare professionals, commercial organisations, central and local government and public transport organisations. A list of those who responded is attached at the end of this document, excluding 7 respondents who requested that their personal details and views be treated as confidential. One response was received with no name or address supplied.

2. From the raw data, a majority supported the following changes to legislation:
   - Changing the term 'invalid carriage' (81%)
   - Introducing compulsory insurance (72%)
   - Introducing mandatory assessment of suitability to drive (69%) and training (64%)
   - Making vehicles and users more conspicuous (62%)

3. The views of different groups of respondents were as follows:

   - The general public favoured improving conspicuousness and introducing mandatory training, assessment and third party insurance.

   - Users of invalid carriages supported changing terminology and classification, allowing people to carry infants and improving conspicuousness. They were against a registration scheme.

   - Disability and age representative organisations favoured changing terminology and classification, improving conspicuousness and requiring compulsory insurance. They were against increasing the speed of Class 3 vehicles.

   - Industry/manufacturers supported mandatory insurance, training and assessment and also favour changing terminology, increasing the unladen weight, improving conspicuousness. They were against increasing the permitted speed, enabling people to carry infants, requiring additional safety technology.

   - The healthcare sector favoured changing the terminology and classification, increasing the unladen weight, allowing people to carry infants, improving conspicuousness, requiring training, assessment, registration and insurance. It was against increasing the speed.

   - Local authority organisations supported changing the terminology and classification, improving conspicuousness, requiring training, assessment, registration and insurance. They were against increasing the speed and allowing people to carry infants.

   - The public transport sector supported changing terminology and classification, requiring training, assessment, vehicle registration, personal licensing and insurance.

Detailed Summary

Introduction

1. The Department for Transport (DfT) undertook public consultation on whether to make changes to the laws governing the use of mobility vehicles (known as "invalid carriages" in law) on the highways. The consultation ran from 3rd March until 28th May 2010.

2. This summary outlines responses received to the consultation. It provides the raw data and highlights the comments given in response to the questions asked. It does not give the Department's views on the consultation.

3. The consultation sought views on:
   - the legal classification of mobility vehicles
   - technical requirements of mobility vehicles
   - training and assessment of users
   - registration and insurance of mobility vehicles
   - data collection

4. Two other public consultations, on electrically assisted pedal cycles (EAPCs) and electric personal vehicles (EPVs) were also undertaken in 2010. All three shared issues in some fields (e.g. insurance, registration or licence requirements).

Responses received

5. 239 responses were received from a variety of organisations and individuals as shown:

Members of the Public who do not use mobility vehicles	42
Members of the Public who use mobility vehicles	34
Small or Medium Enterprises (up to 50 employees)	14
Large Companies	8
Representative Organizations	42
Interest Groups	16
Local Government	21
Central Government	1
Police	3
Others	58

Results

Section A - Legal Classification of Mobility Vehicles

6. This section considered the terminology and classification of wheelchairs and mobility scooters as used on the highway. The following table shows that, looking at raw tick-box data, 81% supported changing the term "invalid carriage", 54% supported changing the classification, and 66% supported differentiating between powered wheelchairs and mobility scooters in law.

Question	Yes	No
Should the term 'invalid carriage' be replaced?	193	11
Should the terms 'Class 2' and 'Class 3' be replaced by more descriptive terms?	130	70
Should a distinction be made between wheelchairs and scooters	158	40

7. A variety of alternatives to the term 'invalid carriage' were given with 'mobility vehicle' or a slight variation of that term being the most supported. There was also a suggestion that the terminology be linked with the ISO 9999 standard – assistive products for persons with disability. This standard uses the terms powered wheelchair and manual wheelchair and mobility scooters are incorporated within the term powered wheelchair.

8. As regards vehicle classification, the main comment was that whatever classification is used, any guidance should make it clear how different classes of vehicles can be used, and this should be included in accompanying literature. Those in favour of maintaining the current classification, but with clearer guidance felt it was well understood and established; it relates to a set of guidelines that include a variety of characteristics so a descriptive term would be insufficient; it is line with traffic laws and other categories of vehicle and there is no perceived benefit in changing the term.

9. The consultation document suggested the terms slower mobility vehicle and faster mobility vehicle. A small number of people supported this, but many felt that this term was too vague, did not make the definition any clearer, did not describe the intended purpose of the vehicle, and was not particularly helpful as there are characteristics other than speed that are important in defining the vehicles. A variety of alternatives were suggested although there was no clear preferred classification.

10. Some people felt a distinction should be made to show the different weight and design requirements between wheelchairs and scooters, and that would demonstrate the different user needs.

11. Those who thought a distinction should be made in law stated that wheelchairs are more critical to the needs of disabled people and should therefore have greater flexibility; scooters are perceived to be a greater risk but changes to improve their safety should not have a negative impact on wheelchair users.

12. Those that did not support a distinction being made in law stated some people use both scooters and wheelchairs, depending on their circumstances, and the differentiation could disadvantage disabled people; differentiation would limit innovation and cross fertilisation of vehicle features; scooters and wheelchairs perform the same function for disabled people.

Section B – design standards for mobility vehicles

13. This section considered the technical aspects of mobility vehicles. Currently, Class 2 vehicles must have a maximum speed capability of 4mph, a maximum unladen weight of 113.4kg, must meet prescribed braking requirements and must meet certain lighting requirements only when used on the road between the hours of sunset and sunrise. Class 3 vehicles must have a maximum speed capability of 8mph, a maximum unladen weight of 150kg, a maximum width of 0.85m, and meeting certain requirements in relation to braking, lighting, speed indicators, horns and mirrors.

14. The table below shows tick-box responses to questions 5 – 14 on the prescribed technical requirements for mobility vehicles that can be used on the highway.

Question	Yes	No
Should Class 3 vehicles be designed to be capable of travelling at speeds higher than 8mph?	63	123
Is the unladen weight for Class 2 vehicles appropriate?	101	58
Is the unladen weight for Class 3 vehicles appropriate?	89	71
Should mobility vehicles permit the carriage of a baby or small child as a passenger?	93	90
Is technology available to reduce the likelihood or severity of injury caused by a collision with a mobility vehicle?	136	33
Should any increase in weight be permitted only if such technology is used?	70	72
Do you think additional requirements should be imposed to make mobility vehicles more conspicuous?	149	40

Speed
15. 26% were in favour of and 51% were against increasing the speed from 8mph when used on the roads.

16. Comments in favour of increasing the speed included:
- Reducing congestion and hold-ups
- Enabling users to take evasive action and cross junctions more easily
- Bring the speed of these vehicles in line with others such as cyclists
- Reducing danger in traffic.

17. Most thought a speed of between 12 and 15mph was appropriate with a few suggesting higher speeds although with an acknowledgement that this would

require different vehicle design and possibly more rigorous training, testing and insurance requirements.

18. Comments against increasing the speed were:
    - Stability of the vehicle would be negatively affected
    - Vehicles would need to be redesigned for greater speeds
    - Assessment and insurance would be required
    - The speed should be analogous to walking and cycling
    - There is no evidence of the need to increase speed
    - It would be unsafe

19. A few thought mobility vehicles should not be used on the carriageway at all, unless there was no safer alternative available. There were also suggestions for a new class of slightly higher speed vehicles, designed appropriately and with different conditions of use.

Unladen weight

20. When asked if the maximum unladen weight was appropriate, 42% thought the weight of Class 2 vehicles was appropriate and 37% for Class 3. Only 24% of people thought the Class 2 weight and 30% the Class 3 weight was inappropriate. These were mainly within the groups representing healthcare professionals and the industry. The need to increase the unladen weight was so that wheelchairs could accommodate complex medical needs, to cope with the increasing number of bariatric customers (those classed as clinically obese) and to accommodate improved safety features and stability. There was no clear recommendation for what the revised weight should be.

21. The main concerns about increasing unladen weight limits were around access to public transport because of limitations on loading ramps, platform space and carriage vestibules; and the possibility of increased injury in the event of a collision with a pedestrian. It was also suggested that the current weight limits should be maintained and manufacturers encouraged to use modern, stronger, lightweight materials.

Carrying a baby/young child as a passenger

22. The majority of people, including those who thought people should be allowed to carry children, stated that further research and trialling would be needed before a decision was taken in this area.

23. Many of those who did not tick a yes/no box felt that in principle disabled parents should be allowed to carry their young children and babies, but that this should be done safely and that further research and trialling of equipment should be carried out before any decision is made to make changes to legislation.

24. There were also requests from a few respondents to reconsider whether two adults should be able to travel together on a suitable mobility vehicle as is currently allowed in the USA.

Technology

25. Some respondents felt that aspects other than technology should be addressed to improve safety. Three people felt that a better built environment and better street

design would facilitate safe use of mobility vehicle. Five suggested training would be more effective than technology, and three thought that having a 2mph speed limiter for use in heavily pedestrianised areas would contribute more to safety. One stated that it was the driver who generally caused the collision so technology was not the answer. Other suggestions were for better enforcement of legislation and for a road safety advertising campaign.

26. Some respondents suggested the use of sensor technology, improved braking systems, making the vehicles more conspicuous or more audible, and improving stability. Other suggestions that might help to avoid accidents were: automatic cut-off should the user forget to turn the key to off; better steering controls; a more logical fail safe control; mirrors; speed control indicators and speed limiters; smart kerb climbers; and car safety technology.

27. To reduce the risk of injury to pedestrians or other road users people suggested changes to the design of the front bumper, reduced protrusions and safe-breaking of components and the use of lightweight materials.

28. To reduce the risk of injury to the users of mobility vehicles people suggested better seat belts, safety clothing, and roll bars.

 Conspicuousness
29. There was strong support for increasing the conspicuousness of vehicles through better lights, use of warning lights, beacons and indicators, use of reflectors and reflective markings, using fluorescent markings or bright colours, users wearing reflective clothing, using a rear rotating beacon or flag and increasing auditory warnings.

30. Some people suggested that the vehicles were sufficiently conspicuousness but that safety could be better improved through better training of users, through making the general public more aware of mobility vehicles and through greater enforcement of the Highway Code, through better design of the road and pedestrian environments for wheelchairs and mobility scooters, and through users purchasing vehicles that are better suited to the environments in which they will be used.

31. There were suggestions that imposing additional requirements may be regarded as discriminatory and that the Department should consider reducing discrimination and promote inclusion. However, optional guidance could be given as is provided for cyclists.

Section C – users of mobility vehicles

32. This section looked at the minimum age for users of mobility vehicles, the information and advice available to people who want to use mobility vehicles, training, and fitness to drive assessments.

33. Currently Class 3 vehicles cannot be used by children under the age of 14 years. There is no requirement to have undertaken training and there are no specific

fitness to drive requirements.

34. The tables below show the tick-box responses to questions 15 – 21 on user issues.

Question	Kept the same	Removed	Lowered
Should the minimum age of 14 for a Class 3 vehicle be kept the same, removed or lowered?	118	17	37

Question	Yes	No
Should all mobility vehicle users be required to undergo compulsory training?	152	49
Should all users be required to undergo an assessment of their suitability to drive a mobility vehicle?	165	35

Minimum age

35. There was little support for changing the minimum age. Those who wanted it abolished or lowered felt that the use of these vehicles should be based on ability, not on age and felt it was discriminatory as there were no age limits on the use of bicycles.

36. Eight respondents wanted the current limit increased, mostly in line with the ages required for driving various types of motor vehicles.

Improving information and advice

37. Respondents gave views on who should produce information, who should provide it, and in what format it should be given.

38. Respondents suggested that leaflets, DVDs, logbooks, safety handbooks and booklets on driver instruction should be developed by:

- Government/the Department for Transport
- Manufacturers/retailers
- Shopmobility/mobility centres/other charities
- The British Healthcare Trades Association – BHTA
- Local authorities
- An independent agency set up for the purpose

39. They suggested that the information should be available from suppliers, disabled living centre/mobility centres/wheelchair services, at GP surgeries and at other commonly used locations such as libraries and post offices, as well as on the DfT website.

40. 68 respondents suggested that information be linked to compulsory training; all the information needed by potential users would then be provided during the training and assessment sessions. This suggestion was made by a range of respondent groups including: the public (both users and non users) disability organisations,

manufacturers, therapists, local authorities, local Shopmobility and some key stakeholders.

Training for mobility vehicle users

41. The majority of respondents (64%), including mobility vehicle users, supported the introduction of mandatory training for people using mobility scooters.

42. The most popular suggestions for training providers were:
   - Retailers at point of sale, although some acknowledged this would not work for second-hand sales and sales via the Internet.
   - Shopmobility, Disabled Living Centres, mobility centres and other voluntary organisations
   - Local authorities, local road safety programmes and local police
   - Occupational therapists and NHS accredited training providers

43. A few people provided suggestions as to how this could be carried out, including;
   - Lessons, followed by a test, in line with the current requirements of motor vehicle and/or motorbike testing, although 2 people thought this should be for Class 3 vehicles only
   - Training via DVD
   - Use of registered instructors

44. 105 respondents made suggestions about how training could be funded with the majority saying that users should pay for their own tuition via fees or a licence fee, and other suggesting it should be included in the price of a vehicle, funded by retailers, by DfT, the NHS or by charities.

45. Other points raised by respondents included:
   - training should be available, but not compulsory
   - the cost of training is a potential barrier to vehicle use
   - there should be no need for training if vehicles were restricted to 4mph and for pavement use only
   - training might be complex/costly and not meet all needs

Assessment of suitability to drive a mobility vehicle

46. 69% of respondents supported and 15% were against the introduction of mandatory assessment.

47. Respondents thought the following people could assess the suitability of person to drive:
   - retailers at the point of sale although one questioned their impartiality
   - healthcare professionals such as GPs, Occupational Therapists or NHS wheelchair services
   - Shopmobility, mobility centres, disabled living centres
   - local authorities and the police

48. The following suggestions were made for aspects to be included:
   - in line with the driving test for other motor vehicles, or cycling proficiency
   - assessment of visual ability
   - assessment of vehicle control

- assessment of hazard perception
- hearing and upper limb strength

49. Respondents suggested funding by the user, by retailers as part of the cost of buying a vehicle, or by the NHS, Government or through vehicle taxation.

50. Some respondents expressed concern about assessments; 8 respondents said they might be difficult/expensive/impractical to introduce, with one raising the issue of proportionality.

Section D – registration, insurance and offences

51. The table below shows the tick-box answers to Q22-33, on issues around registration, insurance and offences

Question	Yes	No
Is a registration scheme needed?	126	64
Should the current DVLA scheme be improved?	117	44
Should users be registered rather than vehicles?	88	77
Should registration be required for Class 2 vehicles?	100	74
Should third party insurance be compulsory?	173	29
Is the current legislation on offences adequate?	54	93
Should Class 3 vehicles be permitted to travel faster than 8mph on the carriageway?	65	119
When the speed limiter is switched off, should mobility vehicles display a sign indicating that they must not be used on the footway?	101	65

Registration

52. 53% supported a registration scheme with 50% maintaining a national scheme rather than a local scheme. There were mixed views about whether people should be licensed instead of vehicles (36% in favour, 32% against).

53. The main views supporting a registration scheme were that it would help identify the number of vehicles in use and trace vehicles involved in an accident or stolen.

54. In addition, people felt that it could be used to promote other changes:
- linked to a requirement for mandatory insurance
- help to ensure vehicle users are more responsible, have undertaken training/assessment and are fit to drive
- link in with an 'MOT' type test to ensure vehicles are properly maintained
- help to emphasise to other road users that they have to share space with mobility vehicles
- prevent those who were not disabled from using mobility vehicles

55. Views against having a registration scheme were that it is too bureaucratic and costly; it demonstrates no real benefit; it is an unfair burden on a vulnerable section of the population who rely on these vehicles as an aid to walking; there is no evidence that the use of mobility vehicles is a significant safety problem; and that it

could be seen as discriminatory as cycles, electric cycles etc. do not have to be registered.

56. 42% of respondents to the consultation felt it should be extended to Class 2 vehicles. In addition to providing data, and enabling the tracking of stolen vehicles or those involved in an accident, the main reason was because they are equally likely to cause injuries. Some, however, felt that NHS prescribed wheelchairs should be exempt from the need for registration.

57. Those who were against people having to register Class 2 vehicles felt that it was unfair to register vehicles which were to compensate for an inability to walk.

58. When asked about improvements to the current scheme, respondents made the following suggestions:
- Better enforcement of the scheme
- Raising awareness of the need to register mobility vehicles
- Making the seller of the vehicle, whether a retailer or a private individual, responsible for making sure the registration documentation was completed and sent to DVLA at the point of sale, although this would be difficult for second hand vehicles.

59. There was stronger support for improving the national scheme than for changing to locally run schemes. Views against a local scheme included:
- lack of consistency across the country
- lack of resources within local authorities to take on this new role
- linking registration with the Blue Badge Scheme would not work because they have different purposes; the Blue Badge scheme varied between areas and is subject to abuse and misuse.

Licensing users rather than vehicles
60. 36% of respondents thought that vehicle users should be registered/licensed rather than vehicles, 32% thought users should not be licensed, and a small number thought both users and vehicles should be licensed.

61. Comments supporting user licensing included:
- it could ensure the ability of an individual to use a vehicle safely, with regular reassessment if necessary
- as people use more than one mobility vehicle, this may make registration easier

62. Those against registering/licensing the user said:
- Mobility vehicles should be treated as medical devices rather than transport modes
- it would not prevent accidents, and would not provide the same level of traceability that vehicle registration could bring

Third party insurance
63. 72% of respondents thought third party insurance should be mandatory, although some felt this should only be for Class 3 vehicles for use on the road, and there was a question about whether it should be required for wheelchair users.

64. The reasons given in favour of this included:

- insurance was affordable, and a more cost effective means of addressing concerns than a registration scheme
- it could improve safety through linking to an 'MOT' style vehicle safety check
- training, registration and insurance could address the safety issues if an awareness of the need for them was raised.

65. Of those that did not agree, some considered that:
- mandatory insurance unfairly penalised older or disabled people
- it could be seen as discriminatory as it is not required for cyclists who are perceived to be involved in more accidents.

66. A few, including the Disabled Persons' Transport Advisory Committee (DPTAC) supported a campaign to encourage voluntary take up of insurance to avoid the need for mandatory scheme.

67. The Association of British Insurers (ABI) stated that more evidence was needed to measure the scale of the problem and to justify any changes in policy or legislation, and that any statutory framework should be clear and proportionate as there would be substantial costs involved in compulsory insurance, and that consideration would have to be given to issues around fitness, licensing, data, compliance and enforcement.

Offences
68. 72 respondents thought mobility vehicle users should be subject to at least some of the enforcement legislation that applies to drivers of motor vehicles. In particular, they thought the following offences should apply:
- careless, inconsiderate, reckless or dangerous driving and driving without due care and attention
- driving while under the influence of drink or drugs (including being impaired by prescription medication)
- driver distraction offences such as driving and using a mobile phone.

69. 3 respondents thought road traffic offences should apply only to Class 3 vehicles which are used on the road. It would be unfair to users of Class 2 (pavement vehicles) as such offences do not apply to pedestrians.

70. A few other suggestions to changes to the law were made:
- inappropriate or dangerous speeds on the pavement should be addressed
- all mobility vehicles should be prohibited from using the road (carriageway) where a pavement (footway) is available

71. Respondents who considered that current legislation was adequate put forward the following views:
- there was little evidence to support the need for new offences
- it could be unfair to impose legislation aimed at modifying driver behaviour on disabled drivers for whom mobility vehicles were essential
- it would be unfair to penalise mobility vehicle users if no similar penalties applied to pedestrians
- existing legislation should be more consistently applied before consideration is given to changing it.

72. There was also a comment that there was a need for the law to be better understood, that more account should be taken of the needs of disabled people, and that any new legislation should not deprive some mobility vehicle users of their only means of getting around.

Maximum permitted speed

73. Speed is discussed in some depth in section B. The perceived benefits of increasing the speed for vehicles on the carriageway were quicker journey times, reduced traffic congestion and safer crossing of junctions.

74. The perceived risks of increasing the speed limit would be:
   - more danger and risk of injuries to mobility vehicle users due to lack of stability and appropriate design for greater speeds, and shorter reaction times and less control at greater speeds
   - greater risk of injury to pedestrians as some people would abuse the increase on the roadway and drive at higher speeds on pavements.

Section E – data collection

75. At present no data is routinely collected. A few people felt that there was no need to collect data. The majority felt that some data should be gathered to identify vehicle numbers, to identify the safety risk, to identify users, and for insurance and law enforcement purposes.

Conclusion

76. The results of the consultation will be carefully considered. Ministers will decide what further action is required in the light of information received through this consultation.

List of those who responded to the consultation

Commercial Organisations
All Mobility Ltd
Allardyce Healthcare Ltd
Amlin UK Ltd
The AA
Barnet Homes
c2c Rail Ltd
Capitol Mobility Services Ltd
Collins Care Ltd
Cotswold Mobility Ltd
Go Mobility
The Heckington Show
Optimum Mobility Ltd
RBS Insurance
Southern Health & Social Services Trust
Unwin Safety Systems
Van Os Medical UK Ltd
Vision North Somerset
Wilcott Consulting

Disabled organisations & charities
Age UK
Anchor
Guide Dogs for the Blind & Joint Committee on Mobility for Blind & Partially Sighted People.
Cambridge Shopmobility
Choices & Rights Disability Coalition
Cottsway Housing Association Ltd
Disability Essex
Disabled Living Foundation
Disabled Motoring UK
Disabilities Living Centre, Nottingham
ECAS Edinburgh
Exeter Mobility Centre
Hitchin Shopmobility
Hunt's Shomobility
Living dlc (formerly the Disabled Living Centre)
Motability
National Federation of Shopmobility
Northallerton Shopmobility
Portsmouth Shopmobility
Queen Elizabeth Foundation Mobility Centre
Ricability
Shopmobility Basingstoke
Southampton Shopmobility

Shopmobility Stockport
Staines Shopmobility
Swansea Shopmobility
William Merritt Disabled Living Centre & Mobility Service.
Wokingham Town Mobility (Shopmobility)

Government Departments, Devolved administrations and agencies

Disabled Persons Transport Advisory Committee
Merseytravel
The Scottish Government - Mobility & Access Committee for Scotland
South Yorkshire Passenger Transport Executive
Transport for Greater Manchester

Healthcare sector

Airdale General Hospital
The Bath Institute of Medical Engineering
Belfast Health & Social Care Trust.
West Berkshire Wheelchair Service,
Bradford & Airdale Community Health Services
Brighton Wheelchair Service
Chesterfield Community Occupational Therapists
Doncaster Community Healthcare, NHS
Doncaster Primary Care Trust
East Lancashire. Primary Care Trust
East Surrey NHS Wheelchair Services
James Cook University Hospital, Middlesbrough (Regional Rehabilitation Engineering Mobility Service)
Kings College Hospital (Rehab Engineering)
Lynne Brady (Occupational Therapist)
NHS North Yorkshire & York,
NHS Northamptonshire - Provider Services
NHS Wales, Posture & Mobility Services (Wrexham)
Ninewells Hospital
Northamptonshire Primary Care Trust, Wheelchair Service
North Staffs Wheelchair Service, NHS
Northumberland Care Trust (NHS Trust)
The Royal Marsden Hospital (Occupational Therapy)
St Ann's Hospital, Tottenham , Posture and Mobility Group
Scottish Rehabilitation Technology NHS Service Providers Forum
South Downs Health NHS Trust
Southampton Community Healthcare NHS (Wheelchair Service)
Spinal Injuries Association
Susan Hanson (Occupational therapist)
Torbay Care Trust (Occupational Therapy)
Wakefield District Primary Care Trust, Wheelchair Service
West Sussex Health (NHS)

Individuals

Ailsa

Liz Ball
Caroline Barr
Charlotte Bailey
Hugh Bayley MP
Anne Bethell
Marion Bidmead
Penny Brace
Alan Bullimore
Mrs I Chapman
Mr & Mrs RE & B Chivers
Tim Clare
Jamie Cole
Robert Cowe
Norman Davies
Joan Denyer
Chris J Dixon
George Dyer
Sheila Dyer
Helena Edwards
Eileen Ellis
Graeme Ellis
Robert S Fage
Julian Fiorentini
Kay Forryan
Colin Forsyth
Michael Grace
Dr Caroline Gould
Norman Hart
Mark Hickling
Fran Hibbert
Geoff Jelly
Howard Jones
Michael Johnson
John Lindley
Debbie Luke
Sharon Lynch
Nora MacKenzie
Martin McGowan
Margaret MacLagan
Mike Moxey
Ann Norman
Geraint Owen
Sarah Panter
Julie Penn
Ted Pottage
Mr T P Potter
Simon Pugsley
Mr R A Quantock
Beatrice Rogers
Sarah Rollitt
Nicola Rust
Elizabeth Shellington

Karen Schwartz
Karen Sinclair (Welsh Assembly Member)
Richard Smith
Mrs A D Steenberg
Gabriel Stocks
Helen Taundry
E Taylor
Jackie Topp
Patricia Watson
Ray Watson
David Wayne
Helen Weber
Janet White
Graham Wilford
Steve Williams
Elaine Williamson
Dr John Yeadon
Miss T Young

Local Authorities and LA organisations

Cheshire West and Chester Borough Council
Disablement Services Centre, North Bristol NHS Trust
Essex County Council
Essex County Council (Community Assessment Team),
Fife Council
Gloucestershire County Council (Road Safety Partnership Gloucestershire)
Hampshire County Council, Road Safety Team
Havant Borough Council, Disability Access Group
Royal Borough of Kensington & Chelsea
Kent County Council
City of London, (Department of Community & Children's Services),
Middlesbrough Intermediate Care Centre
Newcastle City Council
Norfolk County Council
Plymouth City Council
Oxfordshire County Council (Healthcare)
South Physical Disability Team (Sheffield)
Stockton Borough Council, Independent Living Team
Surrey County Council. (Adult Social Care Management Team)
Warrington Borough Council (Neighbourhood Independent Living Services)
West Sussex County Council (Sensory Service)

Others

Loughborough University
University of Nottingham

Police

Norfolk Constabulary

Tayside Police

Representative organisations & Interest Groups
Acorns Physical Disability Unit
Arthritis Care
Aspire and the Back-Up Trust
Capability Scotland
Chelmsford Area Access Group
College of Occupational Therapists
Community Support Service Forum (Sheffield)
Disability Awareness Advice
Disability, Pregnancy & Parenthood International
Doncaster Access Group
Experts by Experience
Expert Elders Coordinators
Fife Independent Disability Network
Gosport Access Group & Disability Forum
Hampshire RoamAbility
Living Streets
Manchester Disabled People's Action Group
North East Lincolnshire Disability Access
Options for Independent Living Transport Group
Pembroke Access Group
Portsmouth Association for the Blind
RAC Foundation
Royal Borough of Windsor & Maidenhead Access Advisory Forum
Scarborough Blind and Partly Sighted Society
Standing Conference of Women's organisations
Skegness & District Seniors Forum
South Lancashire Physical Disability Partnership
Tandridge Access Group
Transport for All
West Riding Blind Association
Wheelchair Users Group, Folkestone
Wrexham Over 50's Forum,

Road safety organisations
Royal Society for the Prevention of Accidents (RoSPA)

Trade Associations & Professional bodies
Association of British Insurers.
Association of Optometrists
British Healthcare Trades Association
Communication Workers Union - North West Safety Forum
Motor Insurers' Bureau

Tranport Operators

Arriva UK Bus
The Confederation of Passenger Transport UK
Transport Scotland (Rail Regulation & Standards)

Seven respondents requested that their views were not made public and one response did not contain a name or address