



LONDON  
CYCLING  
CAMPAIGN

# Cycling for Health

How the NHS, Health  
professionals and  
Cycle Campaigners can  
work together to make  
London a cycling city

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# CYCLING ON PRESCRIPTION





**Mike McSherry** and **Stewart Dring** look at what this relatively new service involves and how it can be rolled out even further

**S**OCIAL PRESCRIBING is a relatively new concept and one that many people aren't familiar with. The idea behind it is that health and social care professionals can 'prescribe' activities and programmes that are non-medical, but that can help with the management of physical and mental health and long-term conditions. This might be referrals to a gym, an art therapy programme, a gardening project or a walking group.

As well as the physical health benefits of the activity itself, they also seek to address social isolation, depression and anxiety. The right activity with the right group can have a profound impact on a client's wellbeing.

### **Why is cycling a good social prescribing activity?**

Readers of this magazine all know cycling is great. It's great for the heart, it's great for the mind, it's great for the lungs, it's great for talking, it's great for not talking, let's face it, cycling is just great.

Although cycling 'on prescription' is growing as an idea, there are actually relatively few existing cycling projects for NHS staff to prescribe to.

### **WeCycle – Bart's Health**

WeCycle is for cardiology patients from Barts Health NHS Trust. Clients have all had major heart surgery and to qualify you have to be a current or past patient of the department. Typically, patients have had a by-pass, stents, artery blockages, pacemakers. Clients are signed off by a specialist clinical nurse saying they are self-managing their care and sufficient time has passed for their surgery to have healed.

Sessions usually run once a week and are a balance of building strength through riding, building confidence in cycling through skills sessions, building up a repertoire of rides through route planning, and being a social activity, which participants look forward to, prioritise and enjoy.



## CASE STUDY 1: ASIF

Being a non-smoker and non-drinker, relatively young and considering himself healthy, Asif did not think he was a candidate for a heart attack. Less than a month after his heart attack, however, Asif was attending his first cycling session and says the programme was “the single biggest catalyst to get me exercising again. On the first ride my mood and self esteem went up no less than ten-fold”.

Before joining the sessions, Asif admits that he was very worried, not knowing how his body would cope, but the instructors gave him the reassurance to take part and felt looked after. Within about five minutes of being on the bike Asif realised that “I’m faster than these guys, I can do this!”.

For Asif, the social side of the group — sharing information and stories about your health, having a laugh and spending an afternoon together — are important aspects of the sessions. Seeing people in similar, or in some cases far worse, situations than himself, but pushing on regardless, was a key moment back in September and the cycling played a key role in mental wellbeing and recovery.

Asif said: “There’s a great dynamic and I look forward

**Asif and friends:**  
during  
one of the  
weekly  
group rides

to meeting everyone and plan my week around it. The instructors really make you feel safe and looked after. I’m so much more confident now. The group kept me cycling through winter, which is the first time in my life I have done that — I would have laughed at the prospect of us doing a Christmas ride in central London. But that was great. And just yesterday I cycled into a 40mph wind!”

## CASE STUDY 2: ADEBOLA

In 2014 Ade started experiencing chronic back pain and in 2015 discovered his kidneys were failing. After almost five years of dialysis a kidney match was found and the following operation thankfully proved successful. However, in April 2019 he started to go downhill and it was discovered he had an infection — and in treating the infection it was discovered he had some problems with his heart.

After successful heart surgery in December — with his new valve and unblocked arteries — Ade started his rehabilitation, with walking sessions under the care of Brian Coleman. He felt so exhausted he almost collapsed! But once he’d built sufficient strength he was invited to the new cycling group.

“The cycling has done a lot for me, it has made me stronger, it has made me more positive, it has helped me overcome my shyness. Now I feel I can mix and talk with people. Before I was very introverted. Since I’ve been cycling my health has improved a lot and I walk more often. I walk to town and back, I get on my bike at home. My family have seen a big difference in me. I am much more relaxed and I look forward to each session.”

Ade continued: “There is also a big difference in me as a person. I used to be on edge and had very negative thoughts about my health and my life. Now I find it easier to talk to the group about issues they have and everyone opens up and says, “oh I had a triple by-pass, etc...” I learn a lot from these sessions. I’m more adventurous, I like it when we discover a new area, places we didn’t know existed.

“People see me and they comment on my physical appearance too. I check my blood pressure after each session and it is always normal. Before I was very moody, I would think ‘why me?’ and that I couldn’t do something’. Now I am much better.”



## CASE STUDY 3: PHILIP

Philip describes the day he had a heart attack as the “luckiest day in his life”. He’d gone to hospital because he had chest pain, which he assumed was heartburn but was going on a bit long. A 999 call saw him taken to A&E where an initial check found that he was basically fine, but he should wait for blood tests. While waiting he had his heart attack. So it was lucky he’d found himself at Whipps Cross!



Philip met specialist clinical nurse Brian doing the exercise group for cardiac patients; the latter had put a message out about the cycling and that’s how he got interested. Confidence on the roads, keeping the heart beating and being with people who’ve done the same sort of thing, is what Philip gets out of the sessions.

Now mostly retired except for the odd day labouring for a friend, Philip used to drive a black cab. He reflects on how this probably contributed to his heart attack: “In the winter we’d be sitting in our taxis freezing cold, we’d be on the ranks keeping our engines running to get heat. In the older taxis there are so many holes that fumes from the engine would come into the cab and you’d be sitting there breathing it in. On top of that you’d be sitting in traffic all day long, behind buses and lorries. It’s got to be bad for you and one reason for the heart attack”.

Philip describes how a high percentage of taxi drivers have heart attacks and this is partly down to the lifestyle. But Philip was quite fit: “I’d go to the gym, I didn’t eat greasy food, I didn’t smoke. But I did sit 19 hours a day in pollution. A few years ago you could smell the diesel and petrol from the vehicles in front”.

Since joining the cycling group Philip has become a member of the Brompton hire club too — prior to signing up he hadn’t been cycling for 50 years.

“I look forward to our Wednesdays. It’s given me confidence to get out more and more. I like it when we’re off-road and on the cycle paths learning new routes, like when we went to Broadway market and went through three parks from Leyton. I’m a taxi driver so know my way around, but didn’t know these routes at all.”

“One of my best friends is fuming at me though. ‘You’re one of them now,’ he says. So I wind him up regularly. I don’t have a car, sold my taxi and that’s it.”

## Where do we go from here?

For health professionals, efficacy — the ability to produce a desired or intended result — is important and activities for which you cannot show efficacy will not be taken seriously. LCC believes that for cycling on prescription to be a successful intervention, those organisations delivering projects need to demonstrate the efficacy of the activity. This will give NHS clinicians the confidence to make the referrals.

To produce a body of evidence large enough, different delivery organisations need to collaborate together to show which types of project work and which don’t. And we need to communicate this impact to the people doing the prescribing, to drive more prescribing — the potential savings to be made by the NHS and society are huge, so we need to show the investment is worthwhile.

■ To find out how LCC can help with pilot schemes (where funding is available), making the case to senior clinicians, linking up with our community cycling activities and cycle buddies, or designing a project, contact our community cycling officer Michael McSherry ([mike.mcsherry@lcc.org.uk](mailto:mike.mcsherry@lcc.org.uk)).

Exploring the river: and sharing stories



# PLANNING FOR A GREENER NHS





**Mike McSherry and Stewart Dring** look at how the country's biggest employer is encouraging more people to try cycling and walking

**I**N OCTOBER 2020, the NHS published its report *Delivering a Net Zero National Health Service*. Given that this document was written and published during the first year of the pandemic, it is remarkably ambitious.

Sir Simon Stevens writes in the foreword: “The burden of coronavirus has been exacerbated and amplified by wider, deep-seated social, economic and health concerns. The right response is therefore not to duck or defer action on these longer-term challenges even as we continue to respond to immediate pressures. It is to confront them head on.

“One of the most significant is the climate emergency, which is also a health emergency. Unabated it will disrupt care, and affect patients and the public at every stage of our lives. With poor environmental health contributing to major diseases, including cardiac problems, asthma and cancer, our efforts must be accelerated.”

The report is the foundation document of the Greener NHS plan, aiming for it to be the first carbon neutral national health service in the world. Specifically, two clear and feasible targets are outlined:

- For the emissions the NHS control directly, net zero by 2040,
- For the emissions the NHS can influence, net zero by 2045.

According to the report, the NHS is responsible for 4% of the nation's carbon output and 7% of the economy's output.

The report sets out a number of areas where Trusts should look to make changes – it also specifically rules out carbon

offsetting as an option for the next few years. Every hospital trust is required to produce its own 'green plan' and appoint a board member with responsibility for it. Integrated Care Systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

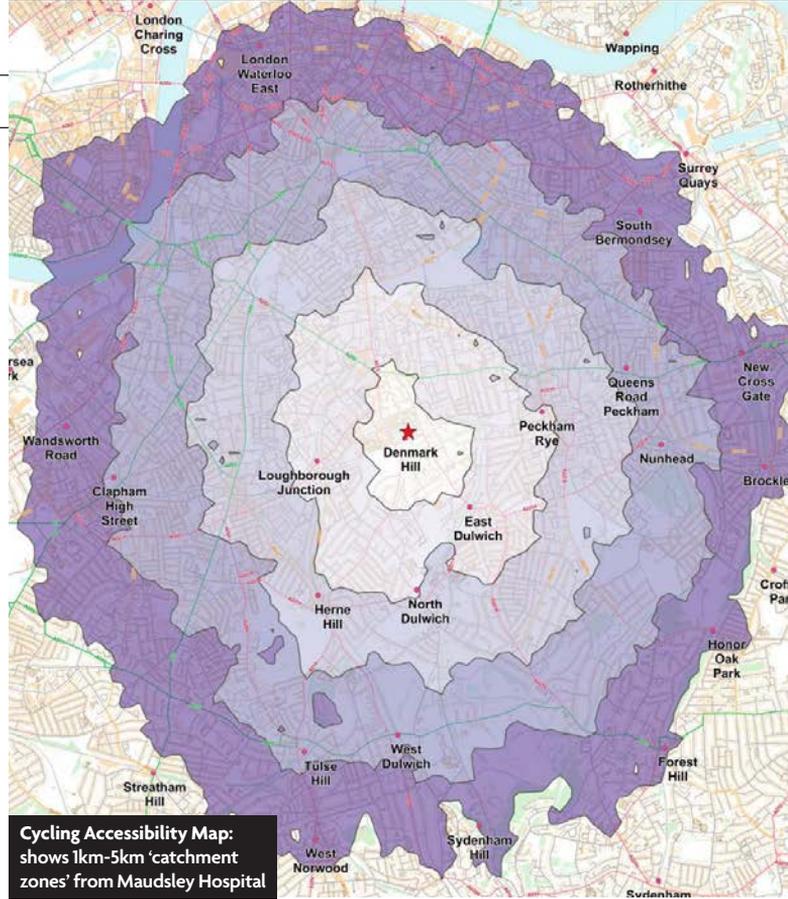
### Becoming advocates

We need to be a healthier society and health professionals can be advocates for this through their own active travel regime and through the prescribing of active travel to their patients. However, without first-hand knowledge and experience, cycling can be seen as a dangerous activity. This is understandable for a workforce that deals first hand – and all too frequently – with the physical traumas of road accidents.

But the same staff are also aware of the much greater risks associated with driving, pollution and the risks of sedentary lifestyles. Health professionals who cycle are much more likely to recommend cycling to their patients and support cycling programmes. Cycling staff also become role models for other staff and patients, so it is good to see these aspects stressed in the Greener NHS plan.

### How big an opportunity is this for London?

Not including GPs and their practice staff, the NHS employs 224,387 people in London. One in



**Cycling Accessibility Map:** shows 1km-5km 'catchment zones' from Maudsley Hospital

every 26 commuters is heading to an NHS site to work (and, of course, more again to receive treatment).

In addition, there are huge numbers of staff that need to travel as part of their role, either between sites or visits to patients at home, respite and care settings. Jonathan Burns is travel and transport manager at South London and Maudsley NHS Trust and he argues that this workforce and its concentration of work settings, represents a huge opportunity for modal shift. He believes it is possible to get a clear understanding of how many and which staff to target, write a travel plan to achieve it and identify the barriers that need addressing.

On a local level these numbers can be quite concentrated. Taking the Denmark Hill cluster of hospital sites as an example, there are more than 10,000 NHS staff working at King's College and Maudsley hospitals.

This is repeated across the city with large hospitals or clusters of hospitals in many of London's boroughs. 22,000 staff work at Guy's and St Thomas', 8,000 at UCLH and 17,000 for Barts Health's five east London hospitals.

Using Citymapper, or TfL's journey-planning websites, NHS active travel groups can create templates showing the distance from a hospital site that employees might be willing to walk or cycle. Anonymised employee postcode prefix data can be obtained from a Trust's human resources department and analysed to learn how many staff live within a reasonable distance to consider walking or cycling to work.

Using this method at Great Ormond Street Hospital for Children NHS FT, a project manager discovered that 480 staff live within a 25-minute walk and a further 1,373 staff live within a 45-minute cycle commute.



Currently around 200 staff are known to cycle to this hospital each day, so there is significant potential to encourage further modal shift, possibly by a factor of 2.5 which would equate to 500 staff (9% of the workforce).

A further opportunity group are employees part-commuting by train. Hire cycle services provided by Santander, Lime, Tier and HumanForest could be attractive to this staff group should there be appropriate cycling infrastructure to support safe journeys.

One way NHS green targets are being achieved is through electrification of its vehicle fleets, but active travel still has a very big part to play. Progress varies between trusts, as do initiatives. Staff describe an ebb and flow of



resources and funding, but there's great stuff going on.

### **Estates & infrastructure**

The NHS is constantly renewing its estate, and this represents an important opportunity as retrofitting infrastructure is more expensive than planning-in the required cycle facilities to a new-build project. However, because cycle parking, for example, is often the last physical thing to be built, on projects running over time and budget it can be lost. Furthermore, where new-build projects intersect with local council infrastructure, the latter's cost-benefit analysis might not include health benefits as part of its assessment.

There are a number of models that can be used to apply a health benefit as a financial figure (such as Adrian Davis), but it's not clear that any of the councils are using these models, nor that the NHS trusts are insisting that they do.

Notwithstanding these obstacles, there are a number of interesting initiatives happening at trusts in London (see case studies).

### **Role for LCC**

The NHS is a bewilderingly complex organism of seemingly ever-changing parts. This article is not intended to be a definitive critique of what the NHS is or isn't

doing. Rather it is a first attempt to get an understanding of what is going on and what is possible and how LCC can contribute. It's clear the NHS is committed to active travel, the environment and the climate crises. It is tightly focused on delivering to the needs of the communities it serves and has many workers who are committed to making change.

LCC feels three things are needed: the various pilot projects and programmes need to be scaled up quickly; the councils need to collaborate in the broader infrastructure needs of the NHS plans; Trusts and Integrated Care Partnerships need to be held accountable to the quality and ambition of their green plans and their success in delivering them.

Staff are personally invested and there is important progress at Trust level. But there is the sense that it's too piecemeal and to deliver the ambition in the Greener NHS plan there needs to be strategy, consistency of funding and resourcing, and senior support for colleagues.

The LCC wants to be part of this conversation and we can help by: working with Trust leadership to support calls for safer infrastructure around hospitals; supporting NHS staff to be effective campaigners holding their employers to their commitments; and supporting all of these groups to be cycling champions and role models for staff and patients alike.

We have at the very heart of our city and our communities lots of people doing great work — both in the NHS and cycling groups — and that's not a bad place to start.

## **CASE STUDY 1**

### **SUSSEX COMMUNITY NHS FOUNDATION TRUST**

The Trust has three e-bikes dedicated to specific clinical teams as a pool e-bike, and they've covered around 8,000 miles in total, saving around 2 tonnes of CO<sub>2</sub>. A 'travel bureau' to coordinate bookings for the pool bikes, and to help staff plan routes for their visits, has been created.

Polly Conway, a health visitor in the Healthy Child Programme, is a huge advocate of her team's e-bike which she uses on her home visits to new parents. She said: "The parents think it's great. They're concerned about the environment being good for the baby they've just brought into the world. So they're pleased to see us out on bikes."

Active travel brings with it wellbeing and health benefits for staff, patients and the community and is a good, low carbon option for staff to get to patient visits where practical.

## CASE STUDY 2

### JONATHAN KELLY, BARTS HEALTH NHS TRUST

Barts Health NHS Trust and Barts Charity have been hugely supportive of projects and responsive to an increasing ask from colleagues for better active travel provision and from groups such as 'Green at Barts' who have been raising the profile of sustainable healthcare.

#### ONGOING PROJECTS INCLUDE:

##### A successful partnership with Brompton Bicycle

- Free hire bikes during the pandemic to NHS colleagues,
- Brompton crowdfunded 1,000 Wheels for Heroes bicycles that have enabled over 1,500 at Barts Health to start cycling,
- Many have since bought their own bikes using the Cycle2Work scheme, or continued to hire using Brompton and Santander offers for NHS staff.

##### E-bikes for cardiac rehab

- Barts Charity and British Cycling funded 20 e-brompton bicycles to start cycle rehab for cardiac patients,
- During the pandemic, rehab services were suspended and the bicycles were offered to colleagues who either lived over 8 miles away or those who would benefit from e-assistance,
- Cycle rehab started in 2021 supported by mayoral funding for cycle instructors working with Barts' clinical teams (see Social Prescribing feature, page 22).



Meanwhile Barts, with support from Barts Charity, has been making efforts to improve facilities across the hospitals including: establishing secure bike storage on all sites and expanding existing capacity; providing more shower room facilities; and regular Dr Bike maintenance sessions across sites, plus police security marking events.

The Trust has also called for important road safety improvements. This need has been highlighted by NHS workers being injured and in some cases sadly killed while cycling. So the plan going forward aims to expand the cycle rehab programme, offering it to more cohorts of patients; install Brompton Hire docks on all five Barts hospital sites available to staff, including e-Bromptons, in time expanding this to patients via social prescribing; and to continue to develop its green plan and sustainable travel plans with more innovative and change-making programmes.

##### What was the catalyst for such positive changes?

The initial projects came about from work that had started just before the pandemic to explore setting up a cycle rehab pilot, but the pandemic was the catalyst for many of the staff projects. As the pandemic unfolded it became apparent that the Trust needed to respond to an initial need and then an increasing enthusiasm from colleagues

who experienced cycling to work with lower levels of traffic.

##### Where has the funding come from?

None of this would have been possible without the partners mentioned already: Barts NHS Trust, Barts Charity, British Cycling, mayoral funding, Brompton Bicycle and Brompton Hire.

##### And how's the future looking?

Very optimistic. Experience has shown how much appetite there is for doing things differently here and there's been recognition of this across NHS organisations — and there are pockets of proactive approaches that it would be great to see across all NHS organisations.

- To read the full Q&A with Jonathan Kelly, visit [lcc.org.uk/news](http://lcc.org.uk/news).





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# MARK HAYDEN

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**Tom Bogdanowicz** speaks with the campaigning paediatric cardiac doctor at Great Ormond Street Hospital (GOSH) who's now an LCC award winner

**You've received an award from LCC for your campaigning on active travel and you engaged in the Climate Safe Streets campaign as champion for Redbridge. What motivates you to take action on climate?**

It was a surprise to receive the award and, in part, some of the work this year is to show that I deserve it. I'm a father and a paediatrician and I feel guilt for the fact that I have sleepwalked through the last 40 years where the climate has almost been utterly destroyed and I didn't do enough about it at the time — so I'm playing catch up.

**You led a well-publicised NHS ride, Ride For Their Lives, to the COP26 climate change conference. What did you want to achieve and how far did you get?**

Climate change in our work lives was once viewed as a political opinion; I noticed that when I started attaching a statement to my email footers and I got a little bit of flak initially. Now, obviously, nobody gives me any flak. What's happening is not a personal opinion and it is a vital part of my job. That was the guts of Ride For Their Lives, to advocate to other healthcare professionals as to what we are doing in the decisions we make at work.

What we achieved? In addition to cycling 800km, we collected (through Strava) a million kilometres from healthcare providers and the general public around the world. We featured

in lots of newspapers, we got on TV, we got in the healthcare journals and that was really my target.

And it's opened up the potential for this year. We got in touch with Dermot Calvert Ledrum who works for the World Health Organisation (WHO) in Geneva. So this year we are launching Ride For Their Lives 2, with WHO hopefully helping to spread the word. There will be a peak around COP27, but because it's in Egypt it will be localised — one-day events within cities linking up to hospitals, or between cities, and we are hoping to do that all over the world.

**The NHS, with 1.3 million staff, is the biggest employer in the UK and accounts, through its staff, suppliers and patients, for 3.5% of all road travel in England — which amounts to 14% of all NHS emissions. What can it do to lead on emissions reduction?**

The NHS has vast purchasing power and employs a vast number of staff who can both, in their decisions outside of work and in work, make a huge impact on the NHS's carbon emissions. The NHS is ahead of other health organisations in the world as far as making a plan and setting targets. I think the (NHS) Green Plan is excellent. Though I think the problem will be engaging with staff at all levels, for everyone to see that sustainability is part of their job. I would hate for the NHS plan, and the one at GOSH, to fail because we set ambitious targets but failed to operationalise them.

Take appraisals. When I arrived in the UK appraisals seemed to want to know how many international conferences you had flown to, which is utterly horrifying, so I would hope that an appraisal would actually mark you down for flying to a conference which you could attend virtually in this day and age.

It (climate change) is part of our job. It is as important as patient safety — one of our pillars at GOSH is that we're not looking after our patients if we are not protecting the planet. >



**Role models influence behaviour but, regrettably, many celebrities are associated with fast cars rather than cycling or walking. Doctors are considered hugely influential with a million GP consultations every day — what can the medical profession do to influence people’s choice of transport?**

The Royal College of Paediatrics guidelines state that paediatricians should be role models in how they live their lives. So, for me, if you are talking about transport and London, it means all paediatricians should be cycling and, if not, using public transport. All NHS staff should be setting an example.

One of the biggest impacts we can have is around social prescribing — and GPs and clinicians will soon be able to prescribe cycling to work as a hugely influential healthcare intervention in terms of both cost and cardiovascular health. However for both of those, and for me telling other paediatricians to cycle to work in London, we need safe streets and that is fundamentally the problem.

Dangerous junctions are the issue in central London and outside of central London the infrastructure is woefully inadequate. The inequality in cycle infrastructure in London is startling. Waltham Forest is one of the best councils on cycling infrastructure, while Redbridge right next door is one of the worst. And that is, at least in part, due to political will.

**Great Ormond Street Hospital has achieved gold standard as a Cycle Friendly Employer (CFE). What did it take to get there and have new facilities, like more cycle parking and showers, influenced behaviour?**

**Launch of Ride For Their Lives at King’s Cross: with five geodesic ‘Pollution Pods’ by Michael Pinsky**

We had installed the correct number of cycle spaces, but often those spaces were very hard to get to — luckily to change that cost us very little. The basic infrastructure was there too, what it needed was to look at it using the framework the CFE scheme provides and look at the barriers. And the barrier wasn’t insufficient spaces but that people’s swipecards didn’t let them into the secure parking or they simply didn’t know where it was. So we looked at spaces and showers, but we also looked at communication and we looked at support groups — linking up individuals like the Cycle Buddies scheme that LCC runs.

**According to websites you now have 300 cycle parking spaces at GOSH, enough for about 7.5% of the 4,000 staff. Are they well used and do you think you can exceed more than 7.5% of staff cycling into work?**

**GPs and clinicians will soon be able to prescribe cycling as a healthcare intervention**

We think our numbers are about 5% and we think they are going up. The miles logged on the Love to Ride app are going up spectacularly. Looking at the cycle spaces in the morning, certainly a lot more people are cycling to work. The pandemic has probably had more influence >

than CFE status, but the two occurred at the same time.

**GOSH hospital has a target of achieving net zero for those emissions it can influence by 2045. What will it take?**

Transport only makes up a small section – staff transport only accounts for 5% of emissions – but there’s also patient transport and transport of good and services. We’ve already changed our supplier for electricity, that’s now 100% green. But the target will take a lot of work and it’s going to need to be embedded in specific people’s jobs: purchasing, procurement and supply are the major ones. We will need the suppliers to give us the information so that we can purchase not just on cost, not just on safety, but also on sustainability.

**GOSH in central London has no car park, but hospitals in outer London earn money from large car parks. Is this a barrier to encouraging patients and staff to consider active travel?**

Absolutely. Whipps Cross is my local hospital and it’s basically a hospital built around car parking. Now I know they are rebuilding and they will definitely be reducing car parking, but they will need to improve public transport and cycling around there. Obviously hospital trusts shouldn’t be subsidising car parking, they shouldn’t be making money from parking. There will always be some staff and some patients who need to drive, but we should be pushing things in the other direction. As the CFE scheme says, parking a bike should be easier than parking a car.

**You spoke out at council meetings over a cycle lane scheme in Camden which ultimately resulted in the cycle lane being installed. Why did you get involved and what can doctors contribute to better infrastructure for cycling and walking.**

Often there’s lots of noisy opposition to cycle safety schemes and I think NHS staff have a responsibility to speak the truth and support councils when they are trying to do the right thing, because the impact of active travel on the health of our patients is huge.

**You are a paediatrician and we know that obesity is an increasing issue for children. What can the NHS do to**

As the CFE scheme says, parking a bike should be easier than parking a car

**motivate children and their parents to cycle?**

Covid has created a massive increase in childhood obesity which is miserable for the children who are affected by it and may also have significant impact on their health in the future. What the NHS can do about it is limited by the safety of the streets on which the children ride. We can certainly advocate for it, we can prescribe it where appropriate, but where I see the missing link is in supporting the infrastructure that makes it possible for children to cycle.

Since I’ve left school the number of people walking and cycling to school has gone down at the same rate as the numbers being driven to school has gone up. So we need to push for changes. I think School Streets are a huge opportunity and we need to have them on every street where it is possible and to mix that with cycle training. We, as healthcare clinicians, need to be telling parents, schools, councils that this is important and supporting it locally. We can’t expect children to cycle if we put them in harm’s way.

**Parked up: spaces at GOSH are filling up quickly**





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# good for the mind

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LCC Trustee **Sarah Strong** speaks from first-hand experience on how cycling can promote mental wellbeing as well as physical health

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**I** STARTED CYCLING in London nearly 20 years ago. I had what I thought was a crappy old mountain bike, which I later discovered to be a classic steel hardtail frameset. This rugged Kona weathered pretty much all the lumps and bumps of the city roads. My regular commuting journey from Wood Green to South Kensington was a round trip of about 20 miles and, not being confident to pick my way through the backstreets, I navigated by following the main roads and the bus routes I had long been familiar with.

I look back, rather aghast, at throwing myself into the traffic on the Camden Road in among the buses, cars and lorries. I had a couple of minor incidents – left-hooked by a driver (who had just overtaken me), knocked off by another who undertook a car turning right. I don't remember noticing much, if any,

cycling infrastructure. Perhaps a few cycle symbols painted on the road here and there, maybe even a bit of green paint.

At the time I was not concerned with such matters. I was emerging from a period of severe depression and was in the process of making some significant life changes during my recovery period. This was when I 'discovered' cycling. It was hard going at first. I was not a particularly fit or adventurous person; riding four or five miles was an achievement. I fell into biking a bit by accident after being asked to help marshal a ride in east London.

## **Linking the physical and mental**

My confidence began to increase, my physical fitness too. What I didn't appreciate until a bit later on was the contribution made to my mental health. Of course, treating the two as not being intertwined is a mistake. Health services have followed this divided model for such a long time that it can be a challenge to approach health in a truly holistic way. Something I've been reminded of very acutely during my recent work within the NHS on a psychiatric ward. The approach to care is very much medically driven and it often felt as though therapeutic input was considered the lesser contribution to a person's recovery process rather than the two being linked.

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I started as a commuter rider, then tentatively embarked on the occasional leisure ride. I had continued to provide race marshalling support and allowed myself to be persuaded to actually enter a race one evening. Possibly the most exhaustingly scary and exhilarating thing I had done in my life up until that point. I later joined a club, started going out on longer rides with friends. Bought a second bike. Acquired a variety of cycling gear and accessories. Everything snowballed from there.

To begin with, the bike introduced me into a new social circle and one of the most important factors of my weekly club ride was catching up with my friends while we pootled around the lanes of Kent, appreciating the change of seasons, noticing the views, spotting the wildlife. I became to realise that the Saturdays on the bike also helped to release the stress and anxiety that built up during the working week.

### Following the 'Five Ways'

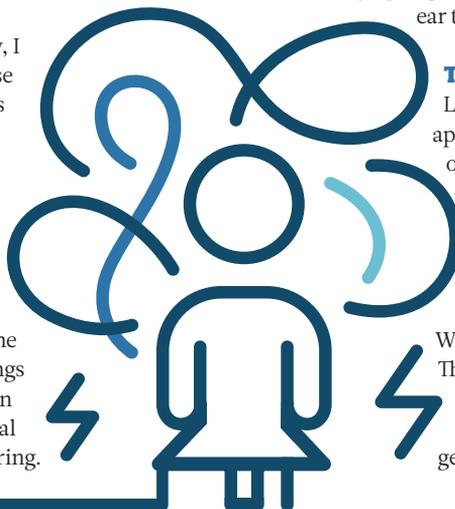
Many psychology services and mental health charities will reference the 'Five Ways to Wellbeing' somewhere along the line. This evidence-based framework was developed by the New Economics Foundation about 15 years ago and identified actions that a person could take to sustain wellbeing – Connect, Be Active, Take Notice, Keep Learning, Give. Retrospectively, I realise that I was following these without knowing. Cycling ticks all of these boxes for me. It's brought me a whole new social circle, it's added a substantial amount of new physical activity into my life, it's initiated a much more mindful observation of the world around me, it's inspired me to expand my knowledge of things bike-related, and it's given me an opportunity to contribute to local organisations through volunteering.

My own depression seems to be at bay for the time being, but my anxiety is something that I continue to negotiate. It's only in recent years that I've learnt how present it is across all areas of my life. Cycling is still my main and most significant management tool for stress, worry, low mood, and anxiety. And the results can be immediate; an evening HIIT turbo-training session will seem to exorcise the weight of the day very crudely through intense physical action. On other occasions it's much more mindful. Cycling in the countryside brings me the headspace from concerns or provides psychological space to consider what I might do about them. Even a city pedal can turn my mood around; in recent years I have persuaded myself to move away from trying to get to work as quickly as possible and to instead get there as less stressed as possible.

What I hadn't realised is just how much anxiety I experienced when riding outside of town. On the bike during the first months of lockdown, when there were so few drivers on the roads, I felt a joyous calm I hadn't experienced before. The stress from surrounding traffic – wondering whether drivers were going to pass you safely, shout abuse or not – had melted away. All of us out on the roads that sunny Spring were beaming from ear to ear.

### Taste of the future

Lockdown gave me a new appreciation for the pressures of cycling in built-up areas. I, like many others, took the chance to ride across inner London and enjoy the sights... unassailed by petrol fumes, engine noise, or close passes. We knew it wouldn't last. The opposition to any tangible work to improve the roads for anyone not using a car to get around is – to understate



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considerably – disappointing and frustrating. Many riders reported more negative interactions from drivers once lockdown safeguards were rolled back.

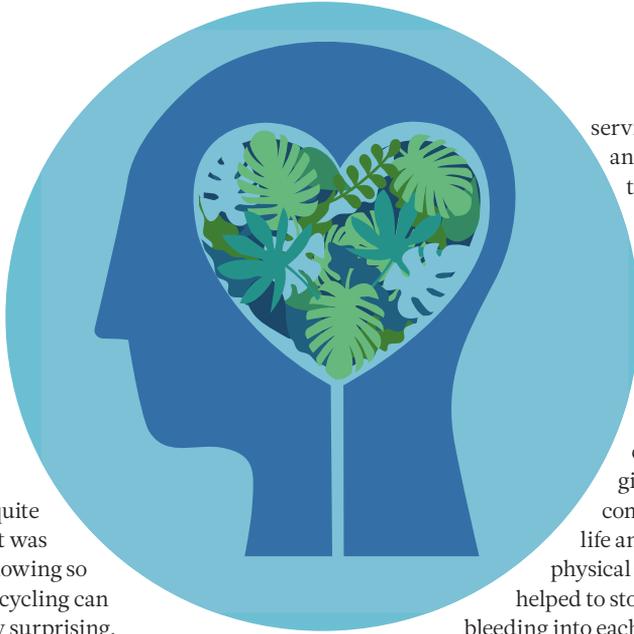
The opposition to the LTNs that had been installed during the early stages of the pandemic was often quite hysterical in nature. It was saddening to hear, knowing so well the benefits that cycling can bring, but not entirely surprising.

### **Cycling as a coping mechanism**

When, a decade and more ago, I started talking and writing about my experience of depression and how cycling had helped me I was pleasantly surprised at the number of my friends and clubmates who communicated to me that they too went through similar issues and that cycling had played an active part in helping them cope. There's a lot of us about. More recently I've been working with people who have more serious and often enduring mental health challenges.

I do use the Five Ways quite a lot with the service users I interact with during my peer work, using my own lived experience of mental health at the core of my work practice, though most are definitely much more than a mere bike ride away from a good mood. Most have been sectioned and, for some, the road to recovery will be as potholed as the London roads I habitually ride.

Yet, even so, clients do sometimes express the desire to cycle but with familiar fears around safety being the main barrier to them doing so. My colleagues echo the same thoughts and I do my best to communicate the



services, infrastructure, and organisations there to help them.

At present, I am in the unusual situation of being able to walk to work. Not only have I lost a bit of fitness, I've also lost the 'reset' button that the bike commute used to give me, to be able to compartmentalise work life and home life. The physical action of pedalling helped to stop work and home bleeding into each other too much.

I do, however, still go out into the countryside, and use the bike for general A to B journeys across town. I visited a friend in north London recently, in an area I hadn't been to for several years. A buddy and I threaded through the backstreets, through old quietways, Superhighways and LTNs. It allowed time to look around and really notice the surroundings with traffic only a minor concern.

### **The biggest benefit**

Culture change is often a very slow process, and there's always plenty of opposition who will try to stymie development. When I started cycling, I couldn't even imagine that we would have the separated cycle lanes in London that we do today. They are a prime example of 'if you build it, they will come' and the numbers I see during rush hour always lifts my spirits.

The bike makes sense on so many levels, bringing benefits in money-saving, fitness, environment, transport, wellbeing. One element that we do not focus quite enough on is the sense of agency that cycling can bring a person. It offers freedom, independence and empowerment. I wonder if this is, perhaps, the biggest mental health benefit of all.