

# **Environment, Food and Rural Affairs Committee inquiry on Defra's responsibilities for air quality**

## **Royal College of Physicians' response**

---

1. The Royal College of Physicians welcomes this opportunity to respond to the Environment, Food and Rural Affairs Committee inquiry on air quality in the UK. This response is based on the experiences of our members and fellows (primarily hospital based doctors). During 2015, the RCP and the Royal College of Paediatrics and Child Health (RCPCH) set up a joint working party to look at air pollution and the effect of this on health across the lifespan. The working party's report will be published in February 2016.

### **Summary**

- The RCP has significant concerns that Defra's proposed air quality plans are insufficient to tackle the scale of the problem with air quality in the UK.
- The RCP believes that Defra should play a greater role in supporting local authorities with the resources and capacity to tackle poor air quality and its deleterious effects on health.
- The RCP believes there is a gap in responsibility for the health impacts of road transport.

### **Evidence**

#### **Defra's role**

#### **Do Defra's proposals for reducing emissions of key pollutants, including NO<sub>2</sub>, go far enough and fast enough to meet EU standards?**

2. As outlined in our response to Defra's consultation on its proposed air quality plans, the RCP has significant concerns that the proposed plans do not go far enough to tackle the scale of the problem of air quality in the UK and therefore meet EU standards. Defra's newly published annual mortality estimates from ambient NO<sub>2</sub> and the associated annual health costs to society are vastly more than the investment proposed by the draft plans to improve air quality. By considering mortality only, these figures are likely to be a gross understatement of the true magnitude of the health problem produced by air pollution. In addition there is growing evidence accumulating from European and US studies that air pollution exposure is affecting children's lung growth and maturation risking life-long functional impairment.

3. Evidence reviewed by the WHO in its REVIHAAP<sup>1</sup> programme highlights that there are health impacts associated with NO<sub>2</sub> even when it is present at levels below current limits and that there is no threshold for adverse health effects. This means that a broader approach is needed to maximise the health gains for the wider population and not one that focuses narrowly on compliance along urban hotspot roads. We urge the government to come forward with a programme that goes beyond the legal aspects of compliance; a plan that makes a major inroad into the public health impacts of NO<sub>2</sub>.
4. Even within the narrow ambitions of meeting legislative limit values, the RCP believes that the draft plan faces significant risks. For example, there is an overreliance on Clean Air Zones (CAZ) with no package of contingency measures. These CAZs are reliant on EURO 6 / VI delivering significant NO<sub>x</sub><sup>2</sup> reductions in real-world driving. The non-attainment of EU Limit Values and the on-going level of urban health impacts have been largely due to the failure of diesel emissions controls but nonetheless, emissions controls continue to form the core of the draft plan. There is also no provision for monitoring and feedback to adjust the policy package to ensure that its targets are achieved in the shortest possible time. We would have liked to see Defra consult on a broader range of measures for consideration and public debate.

**Do Defra and/or other central government departments need to intervene more directly, via regulatory or fiscal incentives to reduce emissions from transport or energy use for example?**

5. There is a serious gap in responsibility for the health impacts of road transport. Although the Department for Transport has responsibility for the exhaust standards relating to individual vehicles and for the transport infrastructure, they are not responsible for the air pollution and public health consequences of the *use* of the road infrastructure. The Highways Agency and other highways authorities need to manage roads to minimise their public health burden. Air quality management therefore needs to be part of the statutory responsibility of these organisations.
6. CAZ will require investment from local transport providers to upgrade their vehicles and might also impact on small businesses. Locally-targeted funding for low emission vehicle retrofits or scrappage would reduce these impacts. It would also avoid the displacement of older, more polluting, vehicles from CAZ into other areas.

**How effectively does Defra collaborate with and co-ordinate action with local authorities, devolved administrations, and other government departments to develop coherent strategies for reducing emissions of key air pollutants?**

7. While local authorities are charged with protecting and improving local air quality, this is extremely patchy. One major issue is the lack of air pollution monitoring around places where

---

<sup>1</sup> Review of evidence on health aspects of air pollution

<sup>2</sup> Nitrogen oxides.

people live, close to urban highways and schools. If air pollution is not measured, it is difficult for the public to know what they are being exposed to.

**Do Defra's plans correctly identify and support the role of local authorities in reducing air pollution?**

8. Within Defra's plan, national compliance is dependent on additional local measures, but the plan provides no timetable or means of delivering these. For these local measures to succeed, Government needs to support the proposed national framework with meaningful new money to enable local authorities to act without putting at risk other, equally critical areas of local authority expenditure, such as social care and public health programmes.
9. We are seriously concerned that the responsibilities for delivery, and therefore the consequences of failure, are placed almost entirely with local authorities, which do not have the power or resources to address the range of interventions required. Defra should play a greater role in supporting local authorities with the resources and capacity to tackle poor air quality and its deleterious effects on health.
10. The RCP is calling on Defra to confirm whether it will use reserve powers to guarantee local implementation of CAZ and that this will cover sufficient vehicle types.

**Transport emissions**

**Are the correct incentives in place to support consumers and businesses in reducing transport emissions, for example to move away from diesel and petrol vehicles towards low emission options or to promote other forms of transport?**

11. It seems that almost no incentives are in place to discourage use of the internal combustion engine for transport as far as the public are concerned. Previously, for example, diesel powered vehicles were presented as a positive development, but we now understand that the toxicity and particulates of diesel emissions mean that we need to discourage the use of diesel engines if we are to protect air quality.
12. What we need is a step change in promoting active transport and making it easier, cheaper and more appealing for people to use public transport rather than private vehicles. This means investing in measures to address overcrowded, unreliable and uncomfortable trains. It also means investing in buses so that there is consistent use of cleaner power in bus services nationwide. Currently, there remains a prevailing view that the public must take personal responsibility to avoid pollution rather than the inverse – namely the polluter pays. The RCP firmly believe that Defra should lead the charge in making this shift, so that we place the onus on polluters, rather than those who suffer the ill effects of pollution.

**Do recently highlighted disparities between laboratory and real-world emissions from vehicles mean that Defra should remodel the assumptions behind its plans to meet EU requirements?**

13. The RCP has serious concerns about the reliability of laboratory tests, which do not offer an accurate assessment of the real-world pollution generated by vehicles. We strongly endorse evidence-based public policy that is based on accurate data and intelligence. Therefore, the RCP advises that Defra should base its modelling and policy on more reliable data than that which is provided by laboratory emissions tests.

**Industrial emissions**

**How robust is Defra's regulation, via the Environment Agency, for monitoring and reducing air pollution generated by industrial processes?**

14. This question is beyond the scope of RCP's expertise.

**Farming emissions**

**Are Defra's policies for reducing emissions of key pollutants and greenhouse gases from the agricultural sector sufficiently ambitious and robust? What more needs to be done by Defra and/or the agricultural sector?**

15. This has come to the forefront recently with the Lancet article by Bert Brunekreef et al<sup>3</sup>. Ammonia in particular is a key constituent of secondary particles (sulphate and nitrate) by interacting with SO<sub>2</sub> and NO<sub>x</sub>. The RCP advises that this area needs urgent new research to understand the true magnitude of the problem.

**About the RCP**

16. The Royal College of Physicians (RCP) aims to improve patient care and reduce illness, in the UK and across the globe. We are patient centred and clinically led. Our 30,000 members worldwide work in hospitals and the community across 30 different medical specialties, diagnosing and treating millions of patients with a huge range of medical conditions.
17. Involving patients and carers at every step, the RCP works to ensure that physicians are educated and trained to provide high-quality care. We audit and accredit clinical services, and provide resources for our members to assess their own services. We work with other health organisations

---

<sup>3</sup> Bert Brunekreef, et al Reducing the health effect of particles from agriculture. Lancet Respir Med 2015 Published Online October 8, 2015 [http://dx.doi.org/10.1016/S2213-2600\(15\)00413-0/](http://dx.doi.org/10.1016/S2213-2600(15)00413-0/)

to enhance the quality of medical care, and promote research and innovation. We also promote evidence-based policies to government to encourage healthy lifestyles and reduce illness from preventable causes.

18. Working in partnership with our faculties, specialist societies and other medical royal colleges on issues ranging from clinical education and training to health policy, we present a powerful and unified voice to improve health and healthcare.

**Contact**

Methela Haque

public affairs coordinator

Royal College of Physicians

0207 075 1447

[Methela.haque@rcplondon.ac.uk](mailto:Methela.haque@rcplondon.ac.uk)