

5 February 2016

Submission to IPART Draft Report  
Public Transport Fares in Sydney and Surrounds

Dear IPART Tribunal,

I am writing to you on behalf of the Australian Cyclists Party who believe in a more balanced transport network that better serves the community.

We are here specifically addressing the issue of the substantial fare increases being proposed for senior members of the community by changing or tightening the requirements for the Gold Opal Card (Section 2.8). We believe these increases will serve to dissuade members of the community to use public transport at a time they need to be more active and interactive or it may indeed make many more of them choose to using a motor vehicle instead.

Even among our senior cycling community integrating train travel into their routines is seen as an invaluable piece of their commute or travel through areas with insufficient cycling facilities.

We believe the evidence suggests we should be encouraging more seniors to take to public transport and that keeping the fares at the same level as now – or even making them free at off-peak times – may offer a better health and economic outcome for NSW. We also note that Perth, Adelaide, Melbourne and many other cities offer free times to seniors.

The draft findings in fact concluded: *We found that only a small proportion (around 4%) of morning peak customers travelled on a PET (the Gold Opal paper equivalent), and therefore these passengers are not making a substantial contribution to peak crowding. In addition, we consider that peak time crowding already works as an effective disincentive for Gold Opal users to make their discretionary travel in the peak.*

This of course led to a rather surprising conclusion and recommendation: *However, we consider that tighter eligibility criteria for the Gold Opal, a higher daily cap for all Gold Opal travel, and linking Gold Opal fare changes to other fare changes could all improve the efficiency and fairness of fares.*

### **Mode Shift Should Be a Concern**

While the potential for increased isolation by foregoing as frequent travel is one better supported by medical professionals, we would like to address the unintended but potentially highly significant consequences that may result from more senior members of the community resorting to driving and being passengers in vehicles should the fares rise.

This issue for the potential for mode shift and the resulting impact does not appear to have been dealt with at all in drafting the Committee’s current recommendations yet we believe is an essential element of looking at the overall effect of fare increases. This is not just about people “affording” the price rise, it is about the resultant effect on behaviour and mode choice that should be of real concern.

According to the Transport Accident Commission (Vic):

*While the risk of crashes in young drivers is risky driving behaviour, in older drivers it is increased frailty and issues associated with ageing that create the risk.*

*Many older people are perfectly capable of driving safely, yet physical and mental changes that often come with ageing can affect how well older people drive. This includes:*

- *slower reaction times*
- *loss of clarity in vision and hearing*
- *loss of muscle strength and flexibility*
- *use of prescription drugs which may cause drowsiness*

### **We Need More Not Fewer Older People Choosing Public Transport**

To make our case that the potential significant effects of mode shift back to motor vehicles we will rely on data from the Australian Government’s report *Hospital Separations due to injury and poisoning, Australia 2009-10 prepared by Flinders University*.

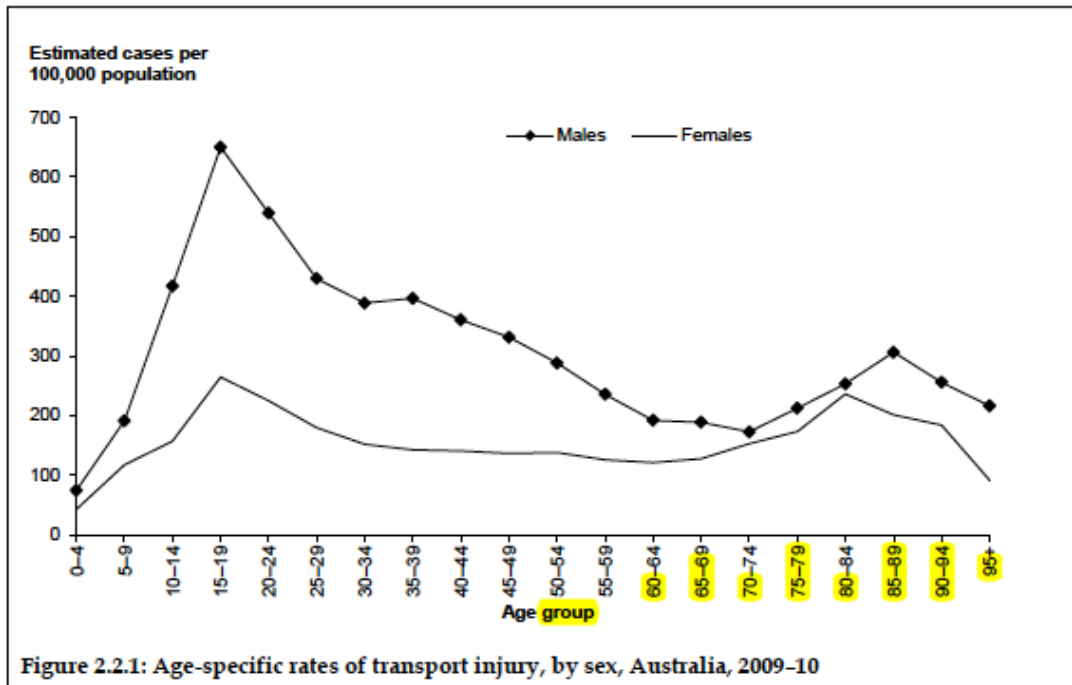
Of all injury classes the following chart indicates that Transport related injuries is the single largest cause of injury after falls.

**Table 2.1.2: Major external cause groups for community injury cases, by age, Australia, 2009-10**

External cause	Age group						All ages
	0-4	5-14	15-24	25-44	45-64	65+	
<b>Unintentional injuries</b>							
Transportation	843	6,193	13,271	17,314	10,979	5,510	54,110
Drowning & near drowning	233	56	66	82	62	41	540
Poisoning, pharmaceuticals	1,322	197	1,041	1,817	1,144	1,083	6,604
Poisoning, other substances	391	117	404	714	463	318	2,407
Falls	8,626	17,748	10,057	16,023	24,925	83,768	161,147
Smoke, fire, heat & hot substances	1,605	615	884	1,393	946	490	5,933
Other unintentional injuries	7,319	12,448	27,738	41,113	28,864	15,583	133,065
<b>Intentional injuries</b>							
Intentional self-harm	n.p.	n.p.	7,301	11,562	5,795	1,067	26,331
Assault	199	476	7,863	10,956	3,192	476	23,162
Undetermined intent	153	215	1,540	2,275	1,086	439	5,708
Other or missing	n.p.	n.p.	141	329	655	863	2,058
<b>Total community injury cases</b>	<b>20,719</b>	<b>38,713</b>	<b>70,306</b>	<b>103,578</b>	<b>78,111</b>	<b>109,638</b>	<b>421,065</b>

n.p. = Not published. Small cell counts have been suppressed to prevent patient identification.

The next graph below indicates that transport related injuries begin to level off and then turn upwards from the age of 60.



Within the transport choices the following charts will indicated that travelling by car for men and women is the leading cause of injury.

Table 2.2.3: Injured person's mode of transport, by age group, Australia, 2009-10

Injured person's mode of transport	0-14	Per cent	15-24	Per cent	25-44	Per cent	45-64	Per cent	65+	Per cent	Total	Per cent
<b>Males</b>												
Pedestrian	410	17.4	504	21.4	620	26.3	417	17.7	408	17.3	2,359	6.4
Pedal cycle	2,219	28.7	1,630	21.1	2,062	26.7	1,466	19.0	356	4.6	7,733	20.9
Motorcycle	1,299	10.2	3,853	30.3	5,008	39.3	2,321	18.2	248	1.9	12,729	34.3
Car	482	5.4	2,627	29.6	2,895	32.6	1,619	18.2	1,266	14.2	8,889	24.0
Pick-up truck or van	21	0.3	84	25.1	125	37.4	80	24.0	24	7.2	334	0.9
Heavy transport	9	1.4	46	7.2	275	43.2	271	42.5	36	5.7	637	1.7
Bus	16	9.3	11	6.4	31	18.0	48	27.9	66	38.4	172	0.5
Animal or animal-driven	93	8.5	212	19.4	374	34.2	302	27.7	111	10.2	1,062	2.9
Special all-terrain or off-road	169	19.4	213	24.5	261	30.0	178	20.4	50	5.7	871	2.3
Other land transport	65	6.4	165	16.2	351	34.4	293	28.7	147	14.4	1,021	2.8
Water transport	60	7.4	149	18.4	311	38.4	240	29.6	50	6.2	810	2.2
Other and unspecified	45	15.2	54	18.2	95	32.1	61	20.6	41	13.9	296	0.8
<b>Total<sup>(a)</sup></b>	<b>4,889</b>	<b>13.2</b>	<b>9,570</b>	<b>25.8</b>	<b>12,467</b>	<b>33.6</b>	<b>7,330</b>	<b>19.8</b>	<b>2,812</b>	<b>7.6</b>	<b>37,068</b>	<b>100.0</b>

(continued)

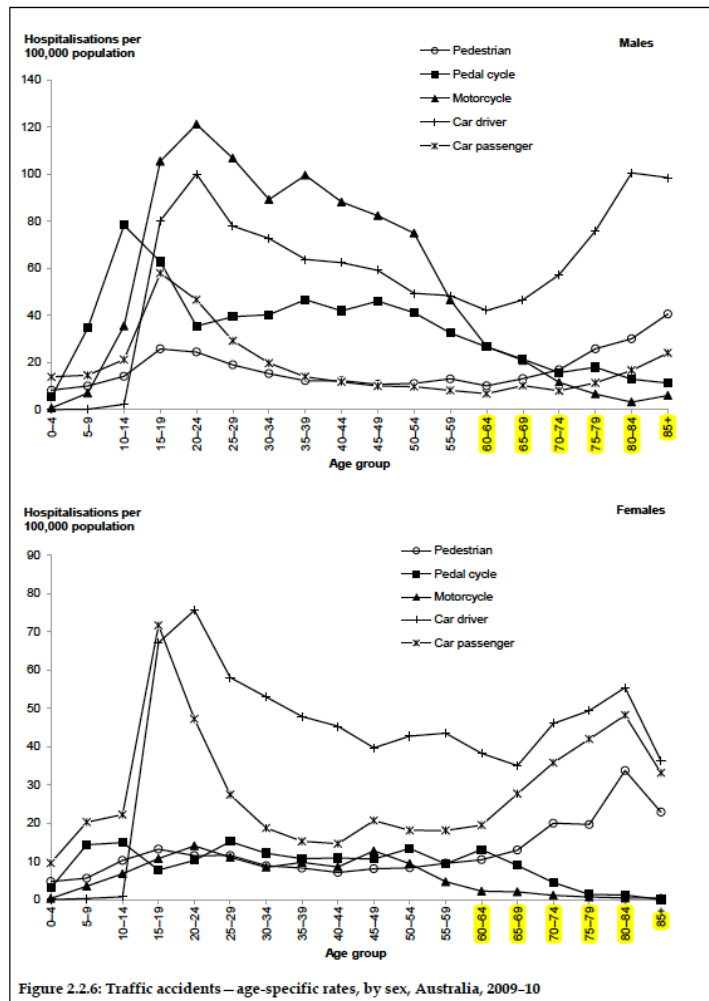
Table 2.2.3 (continued): Injured person's mode of transport, by age group, Australia, 2009-10

Injured person's mode of transport	0-14	Per cent	15-24	Per cent	25-44	Per cent	45-64	Per cent	65+	Per cent	Total	Per cent
<b>Females</b>												
Pedestrian	215	12.9	224	13.4	365	21.9	335	20.1	527	31.6	1,666	9.8
Pedal cycle	549	29	200	11.1	564	29.8	463	24.5	106	5.6	1,891	11.1
Motorcycle	259	18.9	357	26.0	438	31.9	281	20.5	39	2.8	1,374	8.1
Car	424	5.0	2,172	25.4	2,509	29.3	1,857	21.7	1,507	18.7	8,559	50.2
Pick-up truck or van	9	13.0	11	15.9	22	31.9	16	23.2	11	15.9	69	0.4
Heavy transport	n.p.	n.p.	n.p.	n.p.	10	21.3	13	27.7	10	21.3	47	0.3
Bus	n.p.	n.p.	n.p.	n.p.	28	7.9	83	23.4	192	54.1	355	2.1
Animal or animal-driven	462	23.9	493	23.9	660	32.0	392	19.0	24	1.2	2,061	12.1
Special all-terrain or off-road	71	34.6	44	21.5	49	23.9	29	14.1	12	5.9	205	1.2
Other land transport	43	10.6	70	17.2	90	22.1	93	22.9	111	27.3	407	2.4
Water transport	31	11.7	63	23.7	74	27.8	62	23.3	36	13.5	266	1.6
Other and unspecified	23	21.9	18	17.1	22	21.0	16	15.2	26	24.8	105	0.6
<b>Total<sup>(a)</sup></b>	<b>2,147</b>	<b>12.6</b>	<b>3,701</b>	<b>21.7</b>	<b>4,847</b>	<b>28.4</b>	<b>3,649</b>	<b>21.4</b>	<b>2,698</b>	<b>15.8</b>	<b>17,042</b>	<b>100.0</b>

n.p. = Not published. Small cell counts have been suppressed to prevent patient identification.

(a) Includes 160 cases (n = 124 male, n = 36 female) of air and space transport accidents.

The following graphs include the leading motor vehicle classes and depict clearly the elevated risk that appears associated with older drivers and passengers.

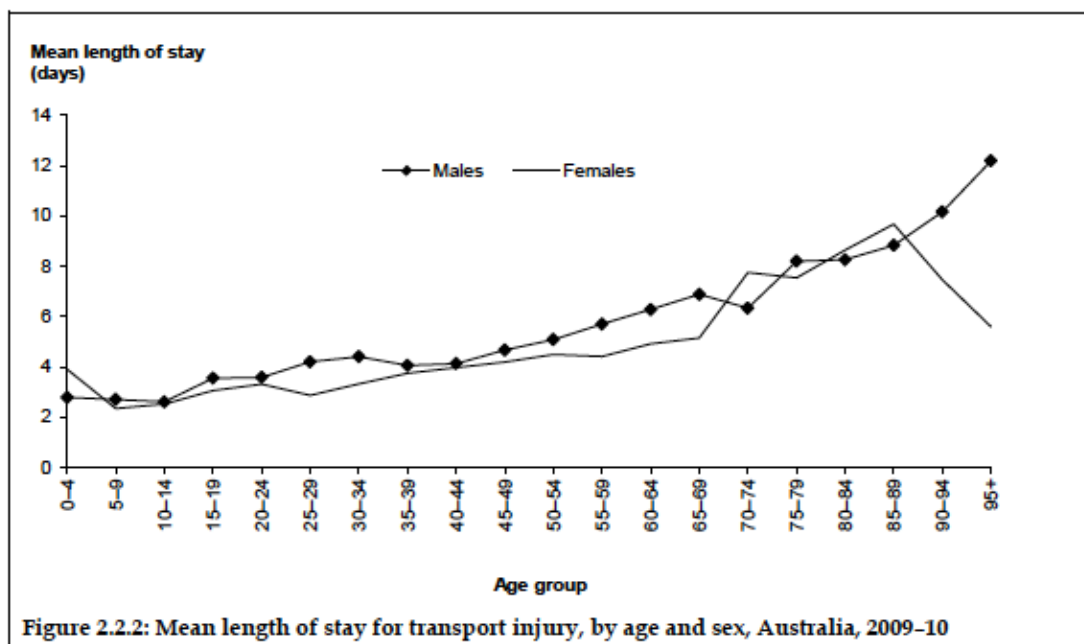


The two may have links as older drivers are likely to have older passengers. The rate of incidence of injury takes a remarkable upward direction from the age of 60 and it becomes as high as for teens even though the relative numbers of seniors in those age groups diminishes.

Finally, the last graph indicates – perhaps unsurprisingly – that if an older person is hospitalised that the length of stay is in fact significantly longer, perhaps 3 time longer. This graph would not capture the rate of death from serious injury which again would be predictably higher. It should be noted that this graph only relates to hospital stay and not the rehabilitation or other costs associated with recuperation and impact to quality of life for the injured and those needing to assist that person from that point.

### Length of stay

Mean length of stay for transportation accidents generally increased with age for both males and females (Figure 2.2.2). Mean length of stay for males ranged from 2.6 days for boys aged 10–14 to 12.2 days for men aged 95 and over. The MLOS for females ranged from 2.3 days for girls aged 5–9 to 9.7 days for women aged 85–89.



We have not done the exhaustive analysis that would provide a more definitive cost justification if more people were to travel by public transport than by car, but we believe such studies would indicate a significant reduction in injury and associated costs.

To summarise, we hope IPART will carefully consider the impact to the number of people who may be put off riding public transport and instead opt for driving a car or being a passenger in one. As more people enter this age group it looks likely that the trends we are



seeing here would only accelerate upwards and any revenues realised from increasing fares would be quickly and easily outpaced by the costs of hospitalisation.

Of course the impacts of these accidents will extend potentially to those who may also be involved in any crash and the lifelong issue that may commence.

All in all, we believe that IPART should carefully consider the overall impact of the Gold Card changes as they may play a part in health and injury rates. We believe IPART should, instead of limiting or raising fares, keep them as they or even reduce the cost (to free) of public transport travel for those 60+ in our community.

This is not only about perceived fairness in a fare table, it is about what delivers the best and most desirable community outcome.

Sincerely,

Omar Khalifa  
President  
Australian Cyclists Party