

## **Returning to driving after a stroke**

### **A guide for healthcare professionals in Scotland**

This document was developed by the Scottish Stroke Allied Health Professionals Forum (SSAHPF) and is intended to guide the multi-disciplinary team (MDT) with regards to the process required when supporting a person who wishes to return to driving after a stroke.

The MDT should refer to the Driver and Vehicle Licensing Agency (DVLA) regulations for national guidance on fitness to drive, [Assessing fitness to drive: a guide for medical professionals - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals) as there are different regulations for specific conditions and vehicle classifications. The DVLA medical standards are continually reviewed and updated when indicated in light of recent developments in medicine generally, and traffic medicine in particular. It is therefore important for clinicians to refer to the most up-to-date version of this guide, which is available online at the above weblink.

#### **Driving after stroke**

Driving is an essential aspect of life for many people. It is often the main means by which people travel to work, carry out their activities of daily living and visit family and friends. It can be an important element of a person's work role and may involve Group 1 vehicles (car and motorcycles) or Group 2 vehicles (buses and lorries). Although public transport is available in many areas, the ability to go out without the need to plan the journey may contribute to a feeling of freedom. Inability to drive can affect one's independence and feelings of self-worth. Driving should be addressed as soon as possible to allow people who have had a stroke to plan for the future whether this includes returning to driving or using alternative means of transportation.

#### **Key issues for a person who wishes to return to driving following a stroke:**

(Ref: DVLA: Assessing fitness to drive – a guide for medical professionals – May 2022)

##### **Car or motorcycle (Group 1) drivers:**

- Must not drive for one month following a stroke regardless of recovery. They then may resume driving after this period if the clinical recovery is satisfactory. There is no need to notify DVLA unless there is residual neurological deficit (in particular, visual field defects, cognitive defects and impaired limb function) 1 month after the episode. Minor limb weakness alone will not require notification unless restriction to certain types of vehicle or vehicles with adapted controls is needed. With adaptations, severe physical impairment may not be an obstacle to driving. Seizures occurring at the time of a stroke/TIA or in the ensuing first week may be treated as provoked for licensing purposes provided there is no previous history of unprovoked seizure or cerebral pathology. Such provoked seizures will usually necessitate driving cessation. See Appendix B in the DVLA guide.
- Must notify the DVLA if there are residual impairments after one month. At this point the licence holder can choose to either surrender their licence or give consent for the DVLA Drivers' Medical Group to carry out medical enquiries as required. If there are concerns with regard to driving, they should not drive whilst those enquiries are being made, and should await a licensing decision from DVLA.
- If a licence has been surrendered but an on-road assessment is needed, they can contact DVLA to reapply for a licence with supporting information. Where there is medical support for an assessment to take place, they may have cover to do this under Section 88 of the Road Traffic Act, but will need to receive confirmation of this from DVLA
- Must not drive for 1 month following a single TIA but need not inform DVLA
- Multiple transient ischaemic attacks (TIAs): Must not drive and must notify DVLA. Multiple TIAs over a short period will require no driving for 3 months. Driving may resume after 3 months if there have been no further TIAs.

- Must not drive and must inform DVLA if there is clinically apparent visual inattention. This is debarring for licensing.

**Large lorry and bus (Group 2) drivers:**

- Must not drive following a stroke or TIA and must inform DVLA. Licence is refused or revoked for 1 year. They can be considered for licensing after this period provided that there is no debarring residual impairment likely to affect safe driving and there are no other significant risk factors. Licensing may be subject to satisfactory medical report including exercise ECG testing.
- If the condition is cerebral venous thrombosis or there is imaging evidence of less than 50% carotid artery stenosis and no previous history of cardiovascular disease, Group 2 licensing may be allowed without the need for functional cardiac assessment. However, if there are recurrent TIAs or strokes, functional cardiac testing will still be required.
- Must not drive and must inform DVLA if there is clinically apparent visual inattention. This is debarring for licensing.

**Informing the DVLA.**

- The medical licensing system is based on a 'self-notification' process and all drivers and licence applicants have a legal duty to notify DVLA of a medical condition that may affect safe driving. HCPs should ensure that patients are aware of their legal responsibilities.
- In some cases, DVLA will be able to make a licensing decision from the information received from the driver or applicant. However, in many cases, further information may be required.
- Legislative reform in 2022 to the 'Road Traffic Act 1988 (Provision of Information Relating to Disabilities) Order 2022 resulted in an amendment to allow registered HCPs, as well as registered medical practitioners, to provide the DVLA with information to assess fitness to drive.
- Section 94(6)(b) now allows drivers to authorise 'any registered healthcare professional' who may at any time have given medical advice or attention to the applicant or licence holder concerned to release to the Secretary of State any information which he may have, or which may be available to him, with respect to the question whether, and if so to what extent, the applicant or licence holder concerned may be suffering, or may at any time have suffered, from a relevant or prospective disability.'
- This allows any registered HCP including those regulated by the Health and Care Professions Council; the Nursing and Midwifery Council; the General Medical Council; the General Optical Council; the General Osteopathic Council and the General Chiropractic Council to provide the DVLA with information necessary to assess a person's fitness to drive.
- Clinical practice has informed this change because doctors often refer medical questionnaires to colleagues if they are deemed to have more pertinent information regarding a patient's fitness to drive. This change allows the relevant HCP to provide the information directly to DVLA and thus relieve the burden of only medics being able to provide this information.
- Many insurance agencies ask to be advised if a person has had a stroke or TIA. Once a person is passed as medically fit to drive it should not adversely affect their premium. Not advising an insurance agent of any medical events such as stroke may affect subsequent claims so each person should check their policy and ensure they are complying with their insurance protocol.
- DVLA and the insurance company must also be informed of any special controls / vehicle modifications required for safe driving.

### **Voluntary surrender of a driving licence**

- If someone is not ready to consider driving they **may** voluntarily surrender their licence until such time as they have made sufficient recovery and can reapply for it. Once a valid reapplication has been logged with the DVLA, the person is usually (although not always) given cover to drive under section 88 of the Road Traffic Act whilst medical enquiries are commenced, and with their own doctor's agreement. The guidance leaflet INF188/6 provides a summary of the criteria within Section 88, and drivers should be directed to this if they have any queries: [www.gov.uk/government/publications/inf1886-can-i-drive-while-my-application-is-with-dvla](http://www.gov.uk/government/publications/inf1886-can-i-drive-while-my-application-is-with-dvla).

### **The stroke pathway**

- The person or team responsible for any patient who wishes to drive should consult current guidance from the DVLA regulations.
- People who have had a stroke should be asked if they drive and if they wish to resume driving. They should be advised of the legal requirements with regards to return to driving. They should be provided with DVLA information sheet [www.gov.uk](http://www.gov.uk) [Standards for drivers who have had a stroke or transient ischaemic attack \(TIA\) \(INF188/3\) - GOV.UK \(www.gov.uk\)](http://www.gov.uk) driving information and a record of the date of their stroke.
- Drivers should be informed that they cannot drive for 1 month post stroke or TIA, or for 3 months if they have had multiple TIA's.
- Drivers with a Group 2 licence should be informed that they cannot drive for one year.
- Clinicians should also consider any other *relevant* (including *prescribed* in regulations) or *prospective* medical condition(s) their patient has, and advise accordingly as set out in the DVLA guide (see Appendix A) or seek advice from the doctors at the Drivers' Medical Group.
- Assessments of physical status, cognition and vision should commence in order to identify any deficits which may limit ability to drive.
- At one month post stroke, group 1 license holders should be reminded about their responsibility to inform DVLA if they have any residual disability that may affect their fitness as a driver.
- If there is a visual deficit drivers should be informed that they should not return to driving until seen by an approved eye care specialist. (Refer to section on visual disorders below).
- If impairments persist for over a month then it may be advisable to defer any decision re ongoing referral to the Scottish Driving Assessment Service (SDAS) or Driveability, as the person still may be in recovery. Waiting a period for assessment may offer a more realistic performance.
- The person's ability related to driving can be assessed using a standardised cognitive screening assessment in combination with other functional assessments. This is not in itself a driving assessment and any uncertainty regarding a person's fitness to drive should prompt a referral to the specialist driving assessment service provided at the SDAS which is based at the SMART Centre in Astley Ainslie Hospital in Edinburgh. Assessment is free under the NHS, although a referral from a doctor is required.
- There are also private providers of specialist driving assessments. See [www.drivingmobility.org.uk](http://www.drivingmobility.org.uk) for further information)
- Other forms of community access and transportation may be explored. This should include signposting them to *Access to Work* if they need to travel support for work. [Access to Work: get support if you have a disability or health condition: What Access to Work is - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- If an HCP has ongoing concerns about an individual who has resumed driving, they should discuss these concerns with the individual and explain that they are required to inform the DVLA of these concerns. The HCP should provide them with the following leaflet [INF188X3\\_160216.pdf \(publishing.service.gov.uk\)](http://www.publishing.service.gov.uk), and make a record of any communication and agreed actions.

- All drivers are legally responsible for informing the DVLA about a medical condition which affects their ability to drive. However, not all drivers notify the DVLA when there is cause for concern. This may be due to a lack of insight into the effects of their medical condition; concerns re losing their license and therefore their independence, or they may not realise that they need to. HCPs who identify that someone may be unsafe to drive have a duty of care to them to ensure that they understand that it is their (the driver's) legal obligation to inform the DVLA.
- The HCP should also advise of the drivers responsibility to notify their insurance provider, and that the driver's insurance may be invalidated in event of an accident if person has an underlying condition that should have been disclosed to the DVLA and the insurer.
- If the person concerned does not inform DVLA, HCPs have a duty of care to other road users & the general public to notify the DVLA. Concerns should be discussed with the service user and seek to obtain consent to disclose relevant information to the DVLA. If consent is not given and the HCP is unable to persuade the person to stop driving and to contact the DVLA, they should inform the person that they are contacting the DVLA. This may mean sharing confidential information with DVLA without the persons consent.
- Advice can also be sought about an individual, or fitness to drive in general by contacting the DVLA doctors by email: [medadviser@dvla.gov.uk](mailto:medadviser@dvla.gov.uk)
- When possible, the HCP should seek the consent of the individual first before contacting the DVLA. Please refer to pages 10-15 [Assessing fitness to drive – a guide for medical professionals \(publishing.service.gov.uk\)](#) as this provides guidance on the steps to take when there are concerns about an individual's ability to drive.
- Many physical disabilities can be accommodated for with vehicle adaptations. Occupational therapists and physiotherapists can highlight the deficits but assessment of fitness to drive and decisions about which people need lessons should be made by the specialised driving assessment service.

**If a person has cognitive difficulties:**

- The occupational therapist or neuropsychologist may assess the person using behavioural observations and standardised assessments. These assessments are only part of the process to support the DVLA decision as to whether the person is ready to return to driving.
- Where there is no residual limb weakness or sensory impairment and where cognition is intact but confidence is an issue the person may be advised to take driving lessons.

**If an individual has visual difficulties:**

- The law requires that all licensed drivers meet the minimum eyesight standards (see Chapter 6 in the DVLA guidelines)
- If the minimum visual acuity standards are not met, the driver should be informed that they should not return to driving until seen by an eye care specialist and their vision is corrected to the required standards.
- Visual difficulties following a stroke may include visual field loss, visual inattention/neglect or eye movement problems (with/without the presence of diplopia). The HCP should check if they have had an eye test from an optometrist with in the previous year.
- Clinically apparent visual inattention is debarring for licensing for all drivers.
- An occupational therapist or other trained professional may carry out a basic visual screen and where deficits are noted; refer to an orthoptist or optometrist for specialised assessment.
- Orthoptists and ophthalmologists can provide specialist assessments with regards to vision, including visual fields, eye movements and perception.
- If a person wishes to drive following their stroke, a face to face visual field assessment should be carried out.

- Orthoptic stroke staff should analyse the visual field outcomes, compare them to DVLA guidelines and advise patients of the outcome. If there is a visual field defect, DVLA must be notified and licensing would only be considered if the national recommendations for visual fields are met.
- Ongoing visual inattention is debarring for licensing for all drivers and the patient must inform the DVLA.
- If the central visual acuity and binocular visual fields fulfil DVLA guidelines, patients should be informed that with regards to vision, they can drive after their 1 month post stroke period has elapsed.
- If the minimum eyesight standards for driving are not fulfilled, the person being assessed should be advised not to drive, and an orthoptic review and visual field appointment should be planned after approximately 3 months (to allow a reasonable period for recovery). The GP/hospital consultant should be informed of the assessment and the results and advice given. If the person is at any point 'borderline' they should be advised to contact the DVLA, who will advise a visual assessment at the named national provider.
- If at review they have improved/resolved to such a degree that they fulfil the driving criteria, they should be deemed suitable to drive and informed of this but it is essential that they tell their car insurer before resuming driving. A small number of people may require further review, as they may be reporting and demonstrating slow improvement.
- The DVLA will advise on local opticians who can provide visual assessments to determine whether the person meets the DVLA vision standard for driving. DVLA visual requirements for driving can be found at <https://www.gov.uk/driving-eyesight-rules>.
- After a year post-stroke, if an individual has a static visual field defect such as hemianopia which does not meet the legal standard for driving, they can apply to DVLA to be considered as an "exceptional case". Exceptional cases are only considered under strict criteria, as detailed in Chapter 6 of the DVLA guidelines. If they feel it appropriate, the DVLA medical advisers will then seek reports from the person's own HCP as to whether they can functionally adapt to the defect in everyday activities. DVLA will then (again if appropriate) issue licence cover (usually a Provisional Disability Assessment Licence) and refer the person to the SDAS for an on-road assessment". If the DVLA **requires** assessment at a driving assessment centre they will make the referral themselves.
- If a patient reports diplopia following a stroke, orthoptists should advise on suitable prisms or occlusion. Patients should be informed that they are not permitted to drive until adaptation to diplopia treatment has occurred (typically 1 month) or until diplopia completely resolves. However, prior to resuming driving after either adaptation or resolution, the patient must inform the DVLA.

**If an individual has communication difficulties:**

- The speech and language therapist (SLT) can assess and give advice on strategies to support the person's communication during an assessment of cognitive function related to driving. The SLT may consider whether practising communication based elements of an assessment (e.g. following certain commands or instructions) would be of benefit.
- If the person is returning to driving and has expressive language difficulties or severe dysarthria, the HCP should ask if they would benefit from a card explaining this, in case they are stopped while driving. The SDAS also recommend that people with communication difficulties (if possible) should have a dash cam fitted to front and rear of vehicle.
- If the person is referred to the SDAS, practical advice on how to support the person's communication should be forwarded to the assessment centre. This is to ensure that aphasia, dysarthria or apraxia of speech does not negatively impact on their ability to access the assessment. This may be in the form of a report detailing for example: what level of

instructions the person can follow; if they require gestures to support their understanding; if they can give verbal responses or use AAC (Alternative and Augmentative Communication).

### **National services**

#### **Scottish Driving Assessment Service (SDAS)**

SMART Centre

Astley Ainslie Hospital

133 Grange Loan, Edinburgh EH9 2HL

Tel: 0131 537 9192

Web <http://www.smart.scot.nhs.uk/driving-assessment> (Hours 8.30am-4.30pm, Mon-Fri)

This national NHS service offers advice or a driving assessment for people wishing to commence or resume driving after illness or injury. Referral should be made by a hospital doctor or GP. Advice on vehicle modifications for drivers to enable safe driving or passenger travel is also provided. People must travel to Edinburgh to access this service. The person who requires assessment may be eligible for financial support for themselves and a friend or relative to attend the driving assessment service. HCPs should contact their local NHS board to find out how to access this resource. Referrals are accepted from all areas of Scotland.

### **Driveability**

*75 Hawthorn Street, Glasgow, G226HY.*

*Tel 0141 648 8470*

*Web [info@drivabilityscotland.org.uk](mailto:info@drivabilityscotland.org.uk) Hours 9-5pm Monday & Tuesday*

DriveAbility Scotland is one of 20 centres across the UK and is a member of the national charity Driving Mobility. It is an alternative service to SDAS. Driving and mobility assessments, driving tuition, off-road assessment and driving adaptations assessments are provided.

Individuals in receipt of high rate of Disability Living Allowance (DLA) or enhanced Personal Independence Payments (PIP) can ask for a referral through Motability which is free.

The individual can self-refer, or this can be done by an HCP.

There is a charge of £150 if outside Glasgow area.

Driving tuition is currently only available at the centre in Glasgow

### **Blue Badge Scheme**

This scheme is for disabled people with severe mobility problems. It is designed to improve their independence by enabling them to park, either as a vehicle driver or passenger, near to a venue. Applications can be made by individuals to their local authority or on-line at: -

[www.bluebadgescotland.org](http://www.bluebadgescotland.org)

### **The National Entitlement Travel Card**

If a person is over 60, or has a disability, they could be eligible for free or subsidised travel to get around Scotland and their local area. The National Entitlement Card allows people aged 60+ and people with a disability to travel for free on local or Scottish long-distance buses. Further information can be found at: -

<http://www.transportscotland.gov.uk/public-transport/concessionary-travel-people-aged-60-or-disability#disabled>

### **Acknowledgements**

Thank you to the guideline contributors from the SSAHPF and to Dr Tadhg Stapleton, Trinity College, Dublin, and to The Scottish Driving Assessment Service for their comments and guidance in the development of this document.