



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 DVLA regulations for national guidance on fitness to drive, <https://www.gov.uk/government/publications/at-a-glance> as there are different regulations for specific conditions and vehicle classifications.

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 class I or II vehicles i.e. Cars, motorbikes or 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 ones 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: copied on 23.12.15 from page19 – At a glance guide - DVLA)

- Car or motorbike drivers (group 1) must not drive for one month following a stroke and/or single TIA 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 1 month after the episode; in particular, visual field defects, cognitive defects and impaired limb function. Minor limb weakness alone will not require notification unless restriction to certain types of vehicle or vehicles with adapted controls is needed. Adaptations may be able to overcome severe physical impairment. Seizures occurring at the

time of a stroke/TIA or in the ensuing 24 hours may be treated as provoked for licensing purposes in the absence of any previous seizure history or previous cerebral pathology.

- Multiple TIAs over a short period will require 3 months free from further attacks before resuming driving and DVLA should be notified.
- For those who drive group 2 vehicles (large lorries or buses), licence is refused or revoked for 1 year following a stroke or TIA. 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.
- Where 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.
- 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.

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 application 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 stroke pathway

Acute stroke phase:

- People who have had a stroke should be asked if they drive and advised of the legal requirements with regards to return to driving. They should be provided with Chest Heart & Stroke Scotland (CHSS) and/or the Stroke Association driving information and a record of the date of their stroke.
- They should be advised of the process that may be required prior to returning to driving
- Assessments of physical status, cognition and vision commence and identify any deficits which may limit ability to drive.

- Acute rehabilitation commences, aimed at improving functional ability.
- The person or team responsible for any patient who wishes to drive should consult current guidance from the Driver and Vehicle Licensing Agency (DVLA) regulations
- 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 Scottish Driving Assessment Service at Astley Ainslie Hospital in Edinburgh.

Rehabilitation phase:

- Driver status and intention to return to driving should be ascertained.
- At one month post stroke, patients should be reminded about their responsibility to inform DVLA if they have any residual disability that may affect their fitness as a driver.
- Abilities related to driving can be assessed using standardised cognitive screening assessments and a variety of other visual and functional assessments. Refer to the '*Guidelines for occupational therapists when assessing a patient's ability in relation to driving following a stroke*', for more detailed information. Available online on the SSAHPF webpage : <http://www.SSAHPF.scot>
- Recovery and response to rehabilitation may act as a guide to the optimal timing of referral to the Scottish Driving Assessment Service.
- Referral for formal driving assessment at the national Scottish Driving Assessment Service can be made by a medical doctor. The person can be supplied with a leaflet about the service.

Community team support:

- Driving status and intention to drive should be ascertained if not already done.
- Ongoing monitoring of stroke recovery to inform when is appropriate to advise on return to driving
- Other forms of community access and transportation may be explored
- Abilities related to driving can be assessed using a standardised cognitive screening assessment in combination with other visual and functional assessments.
- Referral for formal driving assessment at the Scottish Driving Assessment Service can be made by a medical doctor and the patient should be supplied with a leaflet about the service.

Post community team support / CHSS nurses / vascular clinic / GP surgery:

- Driving status and intention to drive should be ascertained if not already done.
- In uncertain situations, e.g. the person appears to have made a good physical and cognitive recovery but there is uncertainty over higher order cognition, referral can be made to occupational therapy for a standardised cognitive screening assessment. Other functional assessments may be necessary to build up a more comprehensive picture of the person's fitness to safely return to driving.
- Referral for formal driving assessment at the Scottish Driving Assessment Service can be made by a medical doctor and the person should be supplied with a leaflet about the service.

Who to refer to:-

If a person has residual limb weakness and/or sensory impairment

- If this persists 3 months or more post stroke and the person wishes to resume driving a referral should be made to the Scottish Driving Assessment Service. Many physical disabilities can be accommodated for with vehicle adaptations. Occupational Therapists and Physiotherapists can highlight the deficits but assessment of fitness to drive & decisions about which people need lessons should be made by the specialised driving assessment service.

If a person has cognitive difficulties:

- The occupational therapist 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 either to take driving lessons or be referred by medical staff to the Scottish Driving Assessment Service if driving adaptations may be required.

If an individual has visual difficulties:

- The Driving Assessment Service will be unable to carry out an assessment until it can be established that the person meets the legal visual standards for driving.
- 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>.
- Check when the person last had an eye test from an optician. Recommend making an appointment for an eye test if it has been over a year since their last. This should include a visual field test. The occupational therapist or other trained professional may carry out a basic visual screen and where deficits are noted; refer to an orthoptist or optician for specialised assessment.

- Orthoptists and ophthalmologists can provide specialist assessments with regards to vision, including visual fields, eye movements and perception.
- 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". If they feel it appropriate, the DVLA Medical Advisers will then seek reports from the person's own doctors 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 SDAS for an on-road assessment".

If an individual has communication difficulties:

- The Speech and Language Therapist 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 would be of benefit e.g. following certain commands or instructions.
- If the person is returning to driving and has expressive language difficulties or severe dysarthria, ask if they would benefit from a card explaining this, in case they are stopped while driving.
- If the person is referred to the Scottish Driving Assessment Service, 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 dyspraxia 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

SMART Centre, Astley Ainslie Hospital
13 Grange Loan, Edinburgh EH9 2HL
Tel: 0131 537 9192

This 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 doctor. 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 to attend the driving assessment service. Contact your local health board to find out how to access this resource.

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

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>

Information about local services should be made available by each health board

Local Resources including:- In-patient services; Community rehabilitation services; Occupational therapy; Driving instructors; Vision services; Physiotherapy; Speech and language therapy; Transportation services.

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