



Dr Emma E Carlyon Senior Coroner for County of Cornwall The New Lodge Newquay Road Penmount Truro TR4 9AA From the Parliamentary under Secretary of State Jesse Norman MP

Great Minster House 33 Horseferry Road London SW1P 4DR

Tel: 0300 330 3000 Email: jesse.norman@dft.gsi.gov.uk

Web site: www.gov.uk/dft

Our Ref: Inv/206274 Your Ref: EEC/LJB

15 JAN 2018

Dear Dr Carlyn

Thank you for your letter and report of 7 September following the inquest you conducted into the death of Mr Henry Prow. I was sorry to read of the circumstances of Mr Prow's death and I can assure you that I have considered your report and its recommendations very carefully.

Your report suggests that the process for issuing and surrendering driving licences on health grounds and the criteria used for assessing fitness to drive for those with health conditions should be reviewed. The current driver licensing process is underpinned by a legal requirement that all drivers must inform the DVLA at any time of a medical condition that affects safe driving. The required health standards for driving are based on the views of medical experts from across Europe and are provided for in law. The detail of these standards is informed by the opinion of eminent experts on a number of honorary medical advisory panels which consider health and driving.

All drivers must meet the appropriate health standards for driving and the DVLA will investigate those who notify a medical condition. Such investigations usually involve obtaining information from the driver and possibly their doctor or specialist. The DVLA will only issue a licence to those who meet the required standards.

Your reports suggests that when deciding whether someone is medically fit to drive, consideration should be given to using independent medical assessment. I can confirm that in more complex cases, the DVLA already uses independent medical or driving assessments before deciding whether to issue a driving licence.

The DVLA can also issue a licence of limited duration when required, as in Mr Prow's case, to allow someone's fitness to drive to be closely monitored on a regular basis. The length of the licence issued is based on the advice of medical experts and will depend on the medical condition concerned.

After reviewing Mr Prow's records, officials have confirmed that he had been in regular contact with the DVLA about his medical conditions. Mr Prow's driving licence had been regularly reviewed since 2001. Mr Prow had also notified the DVLA outside of the driving licence renewal process when he suffered a stroke in 2011 and when he had laser treatment on his eyes in 2013. In January 2014, the DVLA arranged for Mr Prow's visual acuity and field to be tested. Mr Prow's health met the appropriate standards and a driving licence, valid for three years, was issued on 18 February 2014. Mr Prow also had a driving assessment following a discussion with Motability Operations Ltd regarding the possible termination of the lease of his vehicle due to a lack of mobility following the stroke. The assessment recommended that Mr Prow should drive a car with automatic transmission and modified steering.

The current process focuses on those drivers who have a medical condition. It is designed to be fair and proportionate without penalising those drivers with disabilities who continue to drive safely. There is little evidence to suggest that introducing a stricter regime which includes mandatory medical or practical driving assessments would improve road safety. To impose such a requirement without the appropriate evidence would be overly bureaucratic and potentially very costly. Britain's roads are some of the safest in the world and our road safety record compares favourably with other countries with stricter and more intrusive driver licensing regimes.

You have also suggested that there should be mechanisms in place to ensure that any required modifications to a vehicle are still relevant and are fitted and used appropriately. By law, drivers must ensure that they are able to control a vehicle safely and be able to meet any conditions or restrictions on their licence. Drivers who require adaptations to their vehicle and whose licence is noted with the appropriate code can only legally drive a vehicle fitted with the specified adaptations. The police are responsible for enforcing compliance with the requirements of any restricted driving licence.

There are a number of businesses and charitable organisations that provide advice on vehicle adaptation solutions for people with limited mobility. Driving Assessment Centres can also be a first point of contact to offer advice to drivers on driving aids and adaptations. Vehicle dealerships will also be aware of accredited manufacturers and installers and can offer advice about available vehicles and suitable adaptations.

Every time a driver renews their entitlement they are asked to confirm whether they require special controls to be able to safely control a vehicle and what these are. These would be checked and recorded on any subsequent driving licences issued. However, I can confirm that the DVLA is currently reviewing how restrictions imposed on driving licences as a result of a medical condition or disability are communicated to drivers, particularly when they change their cars.

I note the concern you have expressed that GPs may have a conflict of interest in notifying the DVLA of their patient's medical condition. Medical professionals, and GPs in particular, play an important role in the driver licensing process by advising their patients of the implications of their condition on driving, the effect of any treatment or medication and whether they should notify the DVLA.

As I have outlined, drivers are legally responsible for notifying the DVLA if they have a medical condition. However, the General Medical Council (GMC) has revised its guidance to doctors on reporting concerns to the DVLA. The revised guidance states that doctors do not need to seek a patient's consent to contact the DVLA if they do not feel it is safe and practical to do so. The GMC advises doctors to alert patients to conditions and treatments that might affect their ability to drive and remind them of their duty to tell the DVLA. Doctors may, however, decide to disclose relevant information without consent to the DVLA, in the public interest, if a patient is unfit to drive but continues to do. This can be done via a dedicated "doctor to doctor" telephone line or by email to one of the DVLA's gualified doctors.

I am grateful to you for bringing this case to my attention and for the recommendations you have made. I hope the information in this letter reassures you that the appropriate processes in place for addressing the issues you have raised. However, I can assure you that these processes are kept under review and where improvements are identified, these are put in place.

JESSE NORMAN

Your march