



Department  
of Health &  
Social Care

From Maria Caulfield MP  
Parliamentary Under-Secretary of State for  
Mental Health and Women's Health Strategy

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[REDACTED]

Rachael Griffin  
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For the Coroner Area of Dorset  
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20 May 2024

Dear Mrs Griffin,

Thank you for the Regulation 28 report to prevent future deaths about the death of Mr Richard Andrew Collins. I am replying as Minister with responsibility for Mental Health and Women's Health Strategy.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Collin's death, and I offer my sincere condolences to his family and loved ones. I can only begin to imagine the effect that this will have had on his loved ones and, whilst I know that it will come as little comfort to them, I nevertheless hope they will accept my heartfelt condolences.

Your report raises the concern that there may be missed opportunities nationally within Trusts that could lead to the lack of revocation of driving licences on medical grounds, and that this could put patients and other road users at risk. You raised that you had not been made aware of any national guidance for NHS Trusts on the issue of local Trust guidance or policy which could help raise awareness of and compliance with the legal duties related to the medical revocation of driving licences.

In preparing this response, Departmental officials have made enquiries with NHS England and have been informed that it is not within the remit of NHS England to issue guidance on the revocation of driving licences. As your report states, there is existing national guidance issued by the General Medical Council (GMC) on this issue (Patients' fitness to drive and reporting concerns to the DVLA or DVA) which outlines the following (section 4):

*"The driver is legally responsible for telling the DVLA or DVA about any such condition or treatment [that might mean they are unfit to drive]. Doctors should therefore alert patients to conditions and treatments that might affect their ability to drive and remind them of their*

*duty to tell the appropriate agency. Doctors may, however, need to make a decision about whether to disclose relevant information without consent to the DVLA or DVA in the public interest if a patient is unfit to drive but continues to do so.”*

The General Optical Council also issue similar guidance. The GMC are responsible for setting the standards doctors and those who train them need to meet. It is expected that all doctors use their professional judgement to apply the standards set by the GMC in their day-to-day practice. Trusts are expected to have due regard to existing guidance from organisations such as the GMC and Royal Colleges, and to develop their own local policies. We note that in this case, Dorset Healthcare University NHS Foundation Trust (DHUFT) did not have a local policy in place at the time of Richard’s death.

The GMC guidance refers to the guidance (General information: assessing fitness to drive) also issued by the DVLA, referenced in your Report, which sets out the responsibilities for doctors and other healthcare professionals, as well as how they can get in touch with the DVLA: Medical condition notification: assessing fitness to drive - GOV.UK ([www.gov.uk](https://www.gov.uk)).

As a result of the concerns highlighted in your Report, colleagues from each of the seven NHS regions will be asked to raise awareness of the GMC and DVLA guidance with their systems and providers.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,



**MARIA CAULFIELD MP**