



SATA Patient Information Sheet

Detailed DVLA Guidance for UK Drivers with Sleep Apnoea

1. DVLA RULES

1.1 Categories of Driver

The DVLA has slightly different rules for drivers of cars and motorcycles (Group 1) than for bus and lorry drivers (Group 2), Taxi drivers, and drivers of emergency vehicles, e.g. police, fire, coastguard, ambulance and health service vehicles may have additional, higher, medical standards set by the relevant tax licensing authority, or their individual force, service, or other relevant body. DVLA guidance recommends to local authorities that taxi drivers should meet the same medical standards as Group 2 bus and lorry drivers,

1.2 Diagnosis

Please note that in all situations where excessive sleepiness is referred to it is defined by the DVLA as "excessive sleepiness having, or likely to have, an adverse effect on driving". Where DVLA guidance refers to "drowsiness" it should be interpreted as excessive sleepiness.

1.2.1 Group 1, Car and Motorcycle Drivers

Mild, moderate or severe Obstructive Sleep Apnoea (OSA) without excessive sleepiness:

You may continue to drive as normal and you do not need to notify the DVLA.

Mild Obstructive Sleep Apnoea Syndrome (OSAS), i.e. Obstructive Sleep Apnoea with the symptom of excessive sleepiness:

*You must **NOT** drive until the excessive sleepiness symptom has been satisfactorily controlled. However, you must inform the DVLA if the symptoms cannot be controlled within three months.*

Moderate or severe Obstructive Sleep Apnoea Syndrome (OSAS) i.e. Obstructive Sleep Apnoea with the symptom of excessive sleepiness:

*You must **NOT** drive and must notify the DVLA. You will continue to be licensed to drive, or can apply for your driving license to be restored if previously revoked, once your OSAS is under control, your sleepiness has improved, and you are adhering to CPAP treatment. The DVLA will require medical confirmation of this.*

Excessive sleepiness due to suspected Obstructive Sleep Apnoea Syndrome (OSAS):

*You must **NOT** drive until the symptom is satisfactorily controlled but need only notify the DVLA if the suspected diagnosis is confirmed as mild OSAS and the symptoms cannot be controlled within three months. If the diagnosis is that the OSAS is moderate or severe, the notification requirements in the previous paragraph apply.*

1.2.2 Group 2, Bus and Lorry (and Taxi) Drivers

Mild, moderate or severe Obstructive Sleep Apnoea (OSA) without excessive sleepiness:

You may continue to drive as normal and you do not need to notify the DVLA.

Mild Obstructive Sleep Apnoea Syndrome (OSAS), i.e. Obstructive Sleep Apnoea with the symptom of excessive sleepiness:

*You must **NOT** drive until the excessive sleepiness symptom has been satisfactorily controlled. However, you must inform the DVLA if the symptoms cannot be controlled within three months.*

Moderate or severe Obstructive Sleep Apnoea Syndrome (OSAS) i.e. Obstructive Sleep Apnoea with the symptom of excessive sleepiness:

*You must **NOT** drive and must notify the DVLA. You will continue to be licensed to drive, or can apply for your driving license to be restored if previously revoked, once your OSAS is under control, your sleepiness has improved, and you are adhering to CPAP treatment. The DVLA will require medical confirmation of this.*

Excessive sleepiness due to suspected Obstructive Sleep Apnoea Syndrome (OSAS):

*You must **NOT** drive until the symptom is satisfactorily controlled but need only notify the DVLA if the suspected diagnosis is confirmed as mild OSAS and the symptoms cannot be controlled within three months. If the diagnosis is that the OSAS is moderate or severe, the notification requirements in the previous paragraph apply.*

1.3 Review of Treatment.

The DVLA guidelines require the driver to confirm that a review of your condition has been undertaken at least every three years for Group 1 drivers, and at least annually for Group 2 drivers. It will be your responsibility as the driver to contact your Sleep Clinic to arrange this review in good time before the end of each three-year or annual period. How this review will be undertaken will be a matter for your Sleep Clinic, and options may range from a simple telephone conversation to a visit to the Sleep Clinic.

1.4 What Should I do?

1.4.1

There is a common element in the revised DVLA Guidelines. This is that you must not drive, when OSAS is suspected or diagnosed, until a diagnosis is confirmed, and the symptoms are controlled.

1.4.2

If you have some of the symptoms described above, particularly excessive sleepiness, do not drive, seek an appointment with your GP, and ask the GP for a referral to a Sleep Clinic. Before seeing your GP, download and complete the Epworth Sleepiness Scale Score Form from this website (click on Leaflets, Forms & Sleep Matters – Leaflets – Epworth Sleepiness Scale).

1.4.3

If you are a professional driver, who relies on your driving licence for your livelihood, mention this to your GP and ask that on your referral letter the GP clearly requests the Sleep Clinic to provide fast tracked treatment within four weeks, as recommended by NICE.

1.4.4

If you are a driver living in a remote rural area with little or no access to public transport, a disabled driver using a Motability adapted car, a driver upon whom the lives of immediate family or others depend upon your providing transport, shopping, etc., mention this to your GP and ask that on your referral letter the GP clearly requests the Sleep Clinic to provide fast tracked treatment within four weeks.

1.4.5 You must get a precise diagnosis from your Sleep Clinic in order to make the decision on whether or not you have to inform the DVLA. Is it obstructive sleep apnoea without excessive sleepiness or obstructive sleep apnoea with excessive sleepiness, in other words, obstructive sleep apnoea syndrome. **THIS IS VITAL.**

1.4.6

If you are diagnosed with Obstructive Sleep Apnoea (OSA) and by definition, do not have excessive sleepiness you may continue to drive as normal and you do not need to notify the DVLA.

1.4.7

If you are diagnosed with Obstructive Sleep Apnoea Syndrome (OSAS), and therefore have excessive sleepiness SATA recommends that, regardless of whether you are a type 1 or a type 2 licence holder, you write to the DVLA to inform them, rather than telephoning the helpline number or sending an e-mail. You must stop driving in the interim and start the prescribed treatment (probably by means of CPAP).

1.4.8

Do not inform the DVLA until you have been diagnosed and then only if the rules state that you have to.

1.4.9

SATA recommends writing to DVLA rather than telephoning or sending an e-mail for two reasons. The first is that it is much more likely that your letter and form will receive a more carefully considered response than, regrettably, is often the case with the more instant response to a telephone call or e-mail. The second reason is that if your Sleep Clinic has issued you with a CPAP, and has confirmed that the treatment is successful, by the time the DVLA sends you the form to fill in (SL1 or SL1V) you should be in a position to tell DVLA that you are no longer sleepy and there will be no need to withdraw your licence. If in doubt, consult your Sleep Clinic for advice before completing Form SL1 or SL1V.

1.4.10

Once this treatment is successfully controlling your symptoms, and your consultant has confirmed this, you may start driving once again. Your licence won't be affected as long as you continue to comply with the treatment and meet the DVLA review requirements of at least every three years for Group 1 drivers and at least annually for Group 2 drivers.

1.4.11

However, until you have been formally diagnosed you should NOT drive. If the diagnosis confirms OSAS, i.e. with excessive sleepiness, you should continue not to drive until the Sleep Clinic starts you on treatment and confirms that it is successfully controlling the symptoms.

2. AHI (APNOEA/HYPOPNOEA INDEX)

You may see references to AHI. This is a measurement which is included in the European Directive on which the DVLA guidance is based, and is referenced in that guidance. The Apnoea/Hypopnoea Index measures the number of Apnoeas (where breathing stops) or Hypopnoeas (where breathing is overly shallow) per hour of sleep. It is regarded by some as an indicator of the severity of excessive sleepiness.

The central focus for a medical professional in making an assessment should and has been based on excessive sleepiness and whether this has, or is likely to have, an adverse effect on driving. The DVLA has now recognised this, and their revised guidelines contain the following "Legislation states that objective sleep study measurements for driving assessment purposes should use the apnoea-hypopnoea index (AHI). Recognising that not all sleep services use AHI, the DVLA will accept results of equivalent objective tests." Some of you will not receive AHI measurements but ODI (Oxygen Desaturation Index) measurements.

3. HOW DO I COMPLETE FORMS SL1 OR SL1V?

This guidance is based on the new versions of Forms SL1 and SL1V, dated Apr 2018 and specifically relate to the "Sleep Medical Questionnaire" section. These new versions are more confusing than ever so follow our guidelines carefully.

3.1 Form SL1 (Group 1 Drivers)

1. Your Sleep Condition

Question 1.1

If you have or have had excessive sleepiness during normal waking hours, tick "Yes". If not tick "No".

Question 1.2

If you have been diagnosed with Sleep Apnoea or Obstructive Sleep Apnoea but not with excessive sleepiness during normal waking hours, then tick "Sleep Apnoea".

If you have been diagnosed with Sleep Apnoea or Obstructive Sleep Apnoea with excessive sleepiness during normal waking hours, then tick "Obstructive Sleep Apnoea Syndrome".

If you have been diagnosed with Obstructive Sleep Apnoea Syndrome, which means Obstructive Sleep Apnoea with excessive sleepiness during normal waking hours, then tick "Obstructive Sleep Apnoea Syndrome".

NB. Please make sure your Sleep Clinic clearly defines clearly whether or not you have "excessive sleepiness during normal waking hours". In reality, if you do not have "excessive sleepiness during normal waking hours" you should not have been advised to contact the DVLA.

Question 1.3

If your Sleep Clinic has confirmed that you are free of excessive daytime sleepiness, having or likely to have an adverse affect upon your driving, tick "Yes".

If your condition is not under control and you are not free of excessive daytime sleepiness then tick "No" and go to question 2.1.

Question 1.4

If you are completing this form after recent diagnosis and treatment presumably the first box will apply. But please tick the correct box.

2. Declaration

Question 2.1

Regular reviews are required under the revised DVLA rules. If you do not agree DVLA will withdraw your licence.

3. Healthcare Professional

Question 3.1

If you have not seen a healthcare professional within the previous 12 months, DVLA could withdraw your licence.

Question 3.2

SATA recommends that you suggest your Consultant rather than your GP for further DVLA contact.

3.2 Form SL1V (Group 2 Drivers)

1. Your Sleep Condition

Question 1.1

If you have or have had excessive sleepiness during normal waking hours, tick "Yes". If not tick "No".

Question 1.2

If you have been diagnosed with Sleep Apnoea or Obstructive Sleep Apnoea but not with excessive sleepiness during normal waking hours, then tick "Sleep Apnoea".

If you have been diagnosed with Sleep Apnoea or Obstructive Sleep Apnoea with excessive sleepiness during normal waking hours, then tick "Obstructive Sleep Apnoea Syndrome".

If you have been diagnosed with Obstructive Sleep Apnoea Syndrome, which means Obstructive Sleep Apnoea with excessive sleepiness during normal waking hours, then tick "Obstructive Sleep Apnoea Syndrome".

NB. Please make sure your Sleep Clinic clearly defines clearly whether or not you have "excessive sleepiness during normal waking hours". In reality, if you do not have "excessive sleepiness during normal waking hours" you should not have been advised to contact the DVLA.

Question 1.3

If your Sleep Clinic has confirmed that you are free of excessive daytime sleepiness, having or likely to have an adverse affect upon your driving, tick "Yes".

If your condition is not under control and you are not free of excessive daytime sleepiness then tick "No" and go to question 2.1.

Question 1.4

If you are completing this form after recent diagnosis and treatment presumably the first box will apply. But please tick the correct box.

Question 1.5

You must provide details as to how your excessive sleepiness, having or likely to have an adverse effect upon driving is being controlled. This will be checked by the DVLA with your Sleep Clinic and or GP.

Question 1.6

You must provide the details requested.

2. Declaration

Question 2.1

Regular reviews are required under the revised DVLA rules. If you do not agree DVLA will withdraw your licence.

3. Healthcare Professional

Question 3.1

If you have not seen a healthcare professional within the previous 12 months, DVLA could withdraw your licence.

Question 3.2

SATA recommends that you suggest your Consultant rather than your GP for further DVLA contact.

4. ALREADY LOST YOUR LICENCE?

It is clear from calls to the Helpline reports that many DVLA staff do not have sufficient knowledge of sleep apnoea, nor do we think they fully understand their own rules. The quality of the response variable and you can easily lose your licence in just a few minutes. The DVLA can revoke your licence without question and it may be a long time before you get it back.

SATA recommends that you do NOT phone the DVLA, e-mail them, or use their medical online reporting system but write to them instead. This advice is given for the reasons set out above, under "What Should I Do?".

5. REASONS FOR CHALLENGING THE DVLA

Your license may have been revoked by information you, your GP or your Sleep Clinic provided.

5.1 You

You may have made a mistake in how you contacted the DVLA, for example you gave a wrong answer in a phone call, filled in a form incorrectly or ticked an incorrect box on their on-line medical reporting system.

5.1.1

You need a letter to the DVLA signed by a doctor/consultant to prove you are fit to drive.

5.1.2

If this does not succeed you need to contact your local MP with a copy of all the paperwork and ask that the MP contacts the DVLA to help you get your licence restored.

5.1.3

It will help to have prepared a diary of events in date order with brief details of your pathway, from your initial recognition of symptoms up to your current position.

5.2 Your GP

5.2.1 Your GP made a mistake in the information provided to the DVLA.

5.2.1.1

You need to contact your GP and get a copy of the information sent to DVLA, which you are entitled to under the NHS Constitution.

5.2.1.2

Ask the GP to write to the DVLA correcting the mistake and ask for a copy of the letter.

5.2.2 Your GP suspected Sleep Apnoea, but as there was no evidence of excessive sleepiness, you were advised that you could continue driving but that you had to inform the DVLA. When you did, your licence was immediately revoked.

5.2.2.1

The DVLA should have told you that as there was no excessive sleepiness you did not need to inform them, and they should not have withdrawn your licence.

5.2.2.2

Tell your GP that the advice to contact the DVLA was wrong, as there was no excessive sleepiness.

5.2.2.3

If necessary, give the GP a copy of the new wording. Insist your GP writes to the DVLA requesting that your licence be reinstated and ask for a copy of the letter.

5.2.3 Your GP suspected Sleep Apnoea, advised you not to drive and told that you had to inform the DVLA. When you did, your licence was revoked immediately.

5.2.3.1

The DVLA should have confirmed that you should not drive and told you that you had three months to arrange a sleep test and diagnosis.

5.2.3.2

They should not have withdrawn your licence.

5.2.3.3

You need to advise your GP that the advice to contact the DVLA before a sleep test and diagnosis was wrong.

5.2.3.4

If necessary, give the GP a copy of the new wording. Insist that your GP writes to the DVLA requesting that your licence be reinstated and ask the GP for a copy of the letter.

5.2.4 Your GP informed the DVLA directly before having referred you to a Sleep Clinic for diagnosis.

5.2.4.1

You need to ask the GP why

5.2.4.2

GPs can only break patient confidentiality, if they think that your continuing to drive against their specific advice not to, represents, in their opinion, a safety risk to others.

5.2.4.3

Unless they have done so for reasons other than Sleep Apnoea, you need to insist on an urgent referral to a Sleep Clinic with a request for a fast track diagnosis, since your licence has already been withdrawn.

5.2.4.4

You should ask the GP to write to the DVLA to explain and to seek reinstatement of your licence and ask for a copy of that letter.

5.3 Your Sleep Clinic

5.3.1 Your Sleep Clinic made a mistake when they informed the DVLA.

5.3.1.1

You need to ask the Sleep Clinic for a copy of the information that was sent, which you are entitled to under the NHS Constitution.

5.3.1.2

You should also ask the Sleep Clinic to write to the DVLA correcting their mistake, and ask for a copy of their letter.

5.3.2 Your Sleep Clinic advised you to inform the DVLA before your sleep test and diagnosis, but you did not have excessive sleepiness. When you did so, your licence was immediately revoked.

5.3.2.1

You need to tell your Sleep Clinic that they were wrong to advise you to contact the DVLA as there was no evidence of excessive sleepiness. If necessary, give your Sleep Clinic a copy of the new wording.

5.3.2.2

Ask your Sleep Clinic to write to the DVLA requesting that your licence be reinstated, and ask for a copy of their letter.

5.3.3 Your Sleep Clinic advised you to inform the DVLA before your sleep test and diagnosis.

5.3.3.1

The DVLA should have confirmed that you should not drive and told you that you had three months to arrange a sleep test and diagnosis.

5.3.3.2

Contact your Sleep Clinic and advise them that they were wrong to advise you to inform the DVLA before the sleep test and diagnosis. If necessary, give the Sleep Clinic a copy of the new wording.

5.3.3.3

Ask your Sleep Clinic to write to the DVLA requesting that your licence be reinstated, and ask for a copy of their letter.

5.3.4 You informed the DVLA that you had been diagnosed with moderate or severe OSAS, and that you are continuing not to drive. The Sleep Clinic cannot start you on CPAP therapy within the three month DVLA deadline, and the DVLA is going to revoke your driving licence

5.3.4.1 Recommended Action

Ask your GP for an e-referral to another Sleep Clinic that can put you onto CPAP therapy almost immediately. You will need to obtain your Sleep Clinic test results so that your GP can send them to the alternative Sleep Clinic.

SATA has information about areas where the CPAP service is poor and areas where a patient can get onto CPAP treatment very quickly, but you may have to travel a long way at your own cost.

5.3.4.2 Alternative action

Ask your GP to contact the DVLA and let them know that the delay in the commencement of CPAP therapy lies with the NHS, and that you are not driving, and request that deadline be extended.

If this fails go to your local MP with a copy of your diary of events, all the paperwork and any recordings and ask them to contact the DVLA and help you get the deadline extended.

6. IF THESE STEPS ARE UNSUCCESSFUL

6.1

If there is any problem with your GP, contact the local Clinical Commissioning Group (CCG) to which your GP practice belongs.

6.2

If there is any problem with your Sleep Clinic, contact their Patient Advice and Liaison Service (PALS) and raise a formal complaint

6.3

Write to your local MP with a copy of any correspondence with the CCG or PALS, a copy of your diary of events and all the paperwork and ask them to contact the DVLA and help you get your licence restored.

DISCLAIMER

The information contained in this document is for general information purposes only. It is in no way intended to replace the professional medical care, advice, diagnosis or treatment of a doctor. If you are worried about any aspect of your health, you should consult a doctor in person.

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