



Driving After a Stroke:

A service evaluation to inform a new pathway



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Introduction

Driving is a complex task, requiring multiple skills and often compromised by Stroke. Health Care Professionals (HCPs) within Mid and South Essex Foundation Trust and Community Collaborative identified a need for a 'return to driving pathway' to support information provision and clinical decision-making post-stroke. Clinicians identified uncertainties, including when to refer stroke survivors for an on-road assessment.

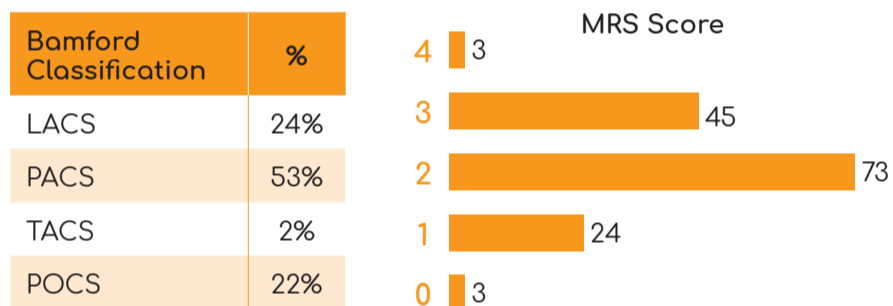
Method

A collaboration between HCPs, East Anglian Driveability (EAD) and the Stroke Association was formed. From January 2023 EAD offered a free 'fitness to drive' assessment to stroke survivors for a 6-month period, allowing data collection and analysis to inform the new driving pathway.

Results

156 referrals were received in the 6-month period. To date 51 'fitness to drive' assessments have been reported, whilst others are awaiting their assessment.

Findings: Who did we refer?



39%
of people were of working age (18-65)

73%
scored 20/20 on Barthel Activities of Daily Living Measure

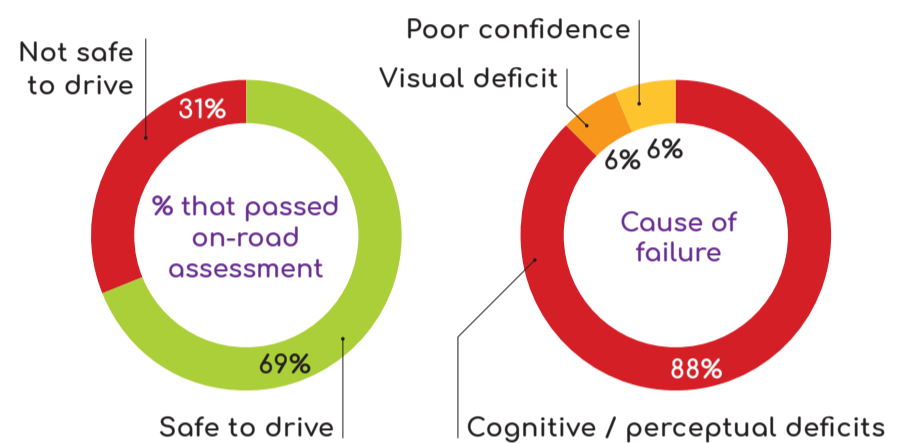
Why did people want to return to driving?	No.
To access community	146
For social inclusion	120
Dependents	38
For commute to work	44
For work involving driving	28
Other (medication)	2

Number of referrals throughout stroke pathway

- 31 → HASU / ASU
- 6 → Stroke Rehab Unit
- 107 → ESD
- 12 → Longer term community services

82% of referrals were from OTs.
Average time from stroke to assessment was 3 months.

Fitness to Drive Assessment Outcomes



Examples of observed errors:

- ⚠️ "Erratic lane positioning"
- ⚠️ "Difficulty coordinating brake, clutch, steering"
- ⚠️ "Poor awareness of others on the road"
- ⚠️ "Too fast approaching sharp bends and roundabouts"
- ⚠️ "Unaware of their impact on other drivers"
- ⚠️ "Late seeing road signs and markings"

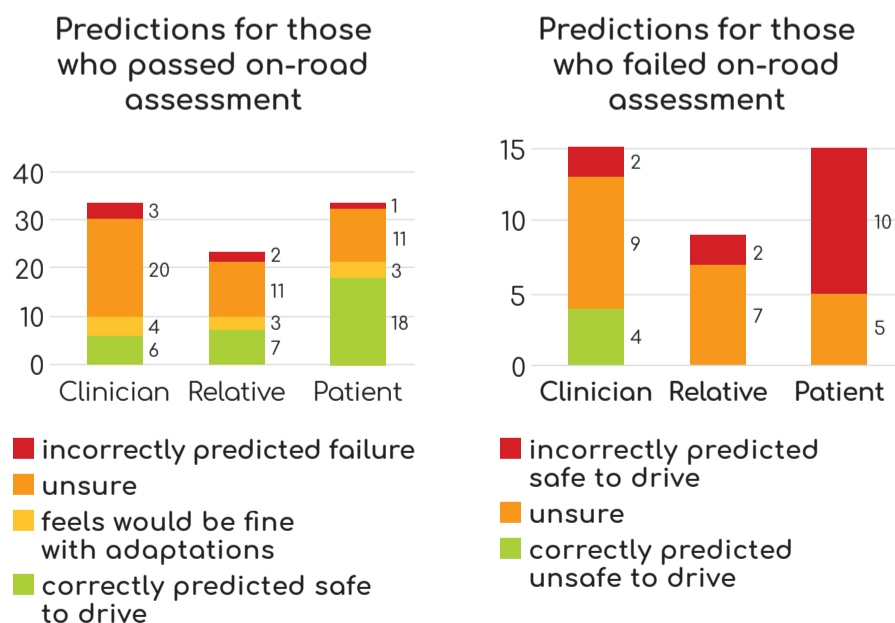
Relevance to Clinical Practice

- Nothing replicates an on-road assessment
- Predicting outcome of a fitness to drive assessment is difficult and unreliable
- Timing of assessment is crucial
- Early referral appears to build insight and focus rehabilitation processes
- High numbers of stroke survivors can be supported to return safely in the first few month's post stroke
- 3 months post stroke could be too soon for those with cognitive -perceptual deficits
- Referrals can be made at any part of the stroke pathway but time for recovery needs to be considered

Conclusion

Creating links with Driving Assessment Centres will be an essential part of the new pathway as they provide 'fitness to drive' assessments and offer specialist guidance and support. Our results suggest that the most reliable way to assess 'fitness to drive' is an on-road assessment. The new pathway is being developed through learning and feedback provided by all stakeholders. Driving should be discussed early after stroke and be a multidisciplinary approach.

How well were outcomes predicted?



This service is delivered as part of the Mid and South Essex Community Collaborative, a partnership between Essex Partnership University Trust (EPUT), North East London Foundation Trust (NELFT) and Provide Community Interest Company (Provide CIC).



In conjunction with East Anglian Driveability

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