



Licensing, Health and Safety and General Purposes Committee

Date:	Wednesday, 25 March 2015
Time:	6.00 pm
Venue:	Committee Room 1 - Wallasey Town Hall

Contact Officer: Anne Beauchamp
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AGENDA

1. MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST

Members of the Committee are asked to declare any disclosable pecuniary and non pecuniary interests, in connection with any application on the agenda and state the nature of the interest.

2. MINUTES (Pages 1 - 2)

To approve the accuracy of the minutes of the meeting held on 25 February 2015.

3. MEDICAL REQUIREMENT FOR HACKNEY CARRIAGE AND PRIVATE HIRE DRIVERS (Pages 3 - 36)

4. HACKNEY CARRIAGE AND PRIVATE HIRE DRIVER LICENCES (Pages 37 - 40)

5. ANY OTHER URGENT BUSINESS ACCEPTED BY THE CHAIR

To consider any other business that the Chair accepts as being urgent.

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LICENSING, HEALTH AND SAFETY AND GENERAL PURPOSES COMMITTEE

Wednesday, 25 February 2015

<u>Present:</u>	Councillor	WJ Davies (Chair)	
	Councillors	S Niblock J Salter C Spriggs	M Sullivan A Hodson
<u>Deputies:</u>	Councillors	S Williams (In place of G Watt) D Mitchell (In place of P Williams)	
<u>Apologies:</u>	Councillor	L Fraser	

19 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST

Members of the Committee were asked to declare any disclosable pecuniary and non pecuniary interests in connection with any application on the agenda and state the nature of the interest.

No such declarations were made.

20 MINUTES

Resolved - That the accuracy of the minutes of the meeting held on 28 January 2015 be approved.

21 CHANGE OF POLLING PLACE FOR POLLING DISTRICTS FB AND ND

The Head of Legal and Members Services and Monitoring Officer requested that Members' determine the designated polling place for polling districts FB and ND.

It was reported that polling places were kept constantly under review and that all designated polling places had been contacted to check availability in preparation for the forthcoming combined UK Parliamentary General Election and Local Government Elections.

Pensby and Thingwall Ward

Polling District FB

Members were informed that the manager for Thingwall Methodist Church Hall, Seven Acres Lane, Thingwall, the designated polling place for polling district FB had initially advised that the venue was no longer available for future use due to its closure and that as a consequence two options had been identified as possible

alternatives after investigations had been carried out by Electoral Services, namely Thingwall Recreation Centre and Thingwall Primary School.

An update was received from the Electoral Services Manager advising that additional correspondence had since been received from Thingwall Methodist Church advising that the premises would now be available for the forthcoming elections and therefore the Electoral Services Manager further recommended that this be used as the designated polling place for the elections to be held in May 2015.

It was moved by Councillor A Hodson and seconded by Councillor J Salter that
–

“The polling place for polling district FB remains as Thingwall Methodist Church for the forthcoming elections in May 2015”.

Resolved – That the polling place for polling district FB remains as Thingwall Methodist Church for the forthcoming elections in May 2015.

Hoylake and Meols Ward

Polling District ND

Members were informed that the manager for Westbourne Community Centre, Westbourne Road, West Kirby, the designated polling place for polling district ND, had advised that the venue would not be available for the forthcoming elections in May 2015 due to a block booking opportunity and that the proposal identified by Electoral Services was West Kirby Methodist Church Hall, Westbourne Road.

It was moved by Councillor S Niblock and seconded by Councillor J Salter that
–

“The polling place for polling district ND be changed to West Kirby Methodist Church Hall for the forthcoming elections in May 2015 and that Westbourne Community Centre be re-designated as the polling place for polling district ND in the future.”

Resolved – That the polling place for polling district ND be changed to West Kirby Methodist Church Hall for the forthcoming elections in May 2015 and that Westbourne Community Centre be re-designated as the polling place for polling district ND in the future.

WIRRAL COUNCIL

LICENSING HEALTH AND SAFETY AND GENERAL PURPOSES COMMITTEE

25 MARCH 2015

SUBJECT:	MEDICAL REQUIREMENT FOR HACKNEY CARRIAGE AND PRIVATE HIRE DRIVERS
WARD AFFECTED:	ALL WARDS
REPORT OF:	STRATEGIC DIRECTOR OF REGENERATION & ENVIRONMENT
KEY DECISION?	NO

1.0 EXECUTIVE SUMMARY

- 1.1 The purpose of this report is for Members to consider the outcome of the consultation that has taken place in respect of a review of the medical requirements for Hackney Carriage and Private Hire Drivers and to determine the future medical requirement for Hackney Carriage and Private Hire Drivers in Wirral.

2.0 BACKGROUND AND KEY ISSUES

- 2.1 It is a requirement that an applicant for a Hackney Carriage or Private Hire Driver Licence is a fit and proper person to hold such a licence.
- 2.2 The provisions of the Local Government (Miscellaneous Provisions) Act 1976 s57(2) specifically allow a local authority to require a medical certificate certifying that the applicant for a Hackney Carriage or Private Hire Driver Licence is physically fit to undertake that role.
- 2.3 The current requirements that must be met before an individual may be granted a Hackney Carriage or Private Hire Driver Licence are as follows:
- Vocationally Related Qualification (VRQ)
 - Knowledge Test - pass
 - Satisfactory driving licence
 - Satisfactory enhanced certificate from the Disclosure and Barring Service (criminal record check)
 - Satisfactory medical
- 2.4 Currently licensed Hackney Carriage and Private Hire Drivers in Wirral are not required to undertake a further medical check until they reach the age of 65 years, when medical checks are required annually on renewal of the licence. This requirement has been in place for over twenty years and has not been reviewed.
- 2.5 Since this requirement has been in place there have been a number of guidance documents and recommendations published that include reference to the medical requirement for licensed drivers.

- 2.6 The Department for Transport (DfT) Best Practice Guidance states:
- 'It is clearly good practice for medical checks to be made on each driver before the initial grant of a licence and thereafter for each renewal.'
- 2.7 The renewal period for driver licences may be up to three years. The recommendation made by the DfT for the frequency of medicals to be at each renewal is therefore not necessarily on an annual basis.
- 2.8 Best practice advice contained within the booklet "Fitness to Drive: A guide for Health Professionals" recommends that the Group 2 medical standards applied by the DVLA should also be applied by local authorities to taxi drivers.
- 2.9 In September 2010 the Local Government Regulation (LGR) published a standardised conditions template following a review undertaken by the LGR Working Group. This Group was made up of representatives from each region in England and Wales as well as the Institute of Licensing (IoL) and National Association of Licensing and Enforcement Officers (NALEO). The template is intended to act as a guide and sets out minimum standards. In respect of the requirement for medicals the template sets out the following minimum standard:
- 'All drivers, regardless of age, should have Group 2 medical checks on initial application and at regular intervals thereafter'
- 2.10 Group 2 medical standards are applied to holders of Light Goods Vehicle (LGV) or Public Carriage Vehicle (PCV) licences. These licences are renewable from age 45 years and every 5 years thereafter until the age of 65 years, unless restricted to a shorter period for medical reasons. Licences are renewable annually from the age of 65 years.
- 2.11 The medical standards are higher than those required for a licence to drive Group 1 vehicles ie. motor cars and motor cycles. This higher standard is required to reflect the demands placed on the drivers of such vehicles due to the size and weight of the vehicle and the length of time the driver may spend at the wheel in the course of their occupation. A copy of the medical form used to assess drivers against these standards is attached at **Appendix 1**.
- 2.12 On 19 November 2014 Members approved a draft consultation document to be circulated in order to seek views from Private Hire and Hackney Carriage Driver, Vehicle and Operator licence holders and members of the public in respect of a review of the medical requirements for Hackney Carriage and Private Hire Drivers. It was also resolved that the consultation should take place over a period of six weeks. In order to avoid the Christmas period and maximise the potential response to the consultation the consultation opened on 23 January 2015 and the closing date was set at 6 March 2015.

2.13 The consultation took place through the following methods:

Newsletter to all 1350 licence holders
Questionnaires on Licensing Office front desk
Wirral Intranet news
Wirral Internet news page
Wirral Globe
Chief Executive's Message to Staff

A copy of the consultation document is attached at **Appendix 2**.

2.14 The total number of responses to the consultation was **209**. A summary of the responses received is presented in the table at **Appendix 3**. Comments received with some of the responses are shown in **Appendix 4**.

2.15 The majority of respondents, 138 (69%) stated that more regular medical checks should be undertaken by Private Hire and Hackney Carriage Drivers. The most popular option selected by those respondents wanting a change in the current requirement is for medical checks to be undertaken on initial application and thereafter every 3 years with checks being undertaken annually from age 65 years.

2.16 In January 2014 the Council's current requirement for Private Hire Drivers to undertake an annual medical from age 65 years was challenged by a Private Hire Driver on the grounds that he considered the policy discriminated against him in respect of his age. This challenge was considered in the county Court and it was determined that whilst the policy did discriminate in respect of age there was evidence that it was a proportionate means of achieving a legitimate aim namely that of protecting public safety. Evidence was provided that there is a direct correlation between conditions such as cardiovascular disease and diabetes and increasing age. Further evidence was cited to demonstrate that 65 was not an arbitrary age but one that was recognised by the DVLA as carrying a higher risk which is reflected in their requirement for HGV and lorry Drivers to undertake an annual medical after this age.

2.17 It is, however, recognised that whilst certain health conditions may increase in prevalence with age, the health and wellbeing of an individual can be affected at any time and by many factors. An individual who is employed and becomes ill would be likely to report this illness to their employer who would then be in a position to require that individual to undergo a medical to assess their fitness for undertaking the particular role for which they are employed. As Hackney Carriage and Private Hire Drivers are self employed this in-built checking system does not exist. Members are asked to consider this factor in determining the frequency of Medical Checks for Hackney Carriage and Private Hire Drivers

2.18 Representatives of the Hackney Carriage and Private Hire Joint Consultative Committee (JCC) were consulted at meetings on 19 February 2014 and 9 December 2014. Members of the JCC were supportive of more frequent medicals for drivers and recognised that Group 2 medical standards should be applied, however there was concern regarding the financial burden on drivers if more frequent medicals are required.

3.0 OTHER LOCAL AUTHORITIES

3.1 The frequency of medicals imposed by other local authorities on Merseyside is as follows:

Knowsley: initial application, age 45, age 50, age 55, age 60, age 65 and then annually

Sefton: initial application, age 45, age 55, age 65 and then annually

Liverpool: initial application, age 45, age 50, age 55, age 60, age 65 and then annually

St Helens: initial application, age 45, age 55, age 65 and then annually

4.0 RELEVANT RISKS

4.1 There are none arising directly from this report.

5.0 OTHER OPTIONS CONSIDERED

5.1 There is no provision for other options to be considered.

6.0 CONSULTATION

6.1 Consultation has taken place over a six week period from 23 January 2015 until 6 March 2015.

7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

7.1 There are no specific implications arising from this report.

8.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS

8.1 There are none.

9.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

9.1 There are no specific implications arising from this report.

10.0 LEGAL IMPLICATIONS

10.1 A decision of the Committee may be subject to legal challenge.

11.0 EQUALITIES IMPLICATIONS

11.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

Yes. The Equality Impact Assessment is attached to this report.

12.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS

12.1 There are no specific carbon reduction implications arising from this report.

13.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

13.1 There are no Planning or Community Safety implications arising out of this report.

14.0 RECOMMENDATION/S

14.1 That Members adopt the following Policy in respect of the medical requirement for Private Hire and Hackney Carriage Drivers:

Medical checks are undertaken by a General Practitioner in the medical practice to which the individual is registered on initial application and thereafter every three years with checks being undertaken annually from age 65.

14.2 That Members confirm that the standards applied to the medical examination required to be undertaken by Private Hire and Hackney Carriage drivers are the Group 2 medical standards applied by the DVLA and that the medical form attached at **Appendix 5** is adopted to be used by doctors undertaking the medical.

14.3 Members set the implementation of the Policy to be effective from 1 August 2015 requiring each driver to present a satisfactory medical certificate for their first renewal from this date. It is submitted that this will give officers the opportunity to give sufficient notice to licensed drivers in Wirral and to give sufficient time to those drivers to prepare for the changes approved.

15.0 REASON FOR RECOMMENDATION/S

15.1 The current medical requirement has not been subject to a review.

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APPENDICES

- **APPENDIX 1** – Medical examination report for Group 2 (lorry or bus) licence
- **APPENDIX 2** – Consultation document
- **APPENDIX 3** – Summary of responses
- **APPENDIX 4** – Comments submitted by respondents
- **APPENDIX 5** – Medical assessment form for licensed drivers

BACKGROUND PAPERS/REFERENCE MATERIAL

BRIEFING NOTES HISTORY

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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Medical examination report for a Group 2 (lorry or bus) licence

D4

**Do not complete the vision assessment
until you have read the following**

Important information for doctors

Please read and follow the information below before deciding if you are able to **fully and accurately** fill in the vision assessment. **If you are unable to do this, you must tell the applicant that they will need to ask an optician or optometrist to fill it in.**

We will make a licensing decision based on the information you provide.

What you need to assess

If glasses (not contact lenses) are worn for driving, you **MUST** be able to establish the diopetre measurement of the correction used. If the correction is greater than +8 dioptries in any meridian of either lens, we may not be able to issue a Group 2 licence.

Applicants for Group 2 (lorry or bus) entitlements must have, as measured by the 6 metre Snellen chart:

- a visual acuity of at least **6/7.5** (decimal Snellen equivalent 0.8) in the better eye
- a visual acuity of at least **6/60** (decimal Snellen equivalent 0.1) in the other eye
- this may be achieved with or without glasses or contact lenses
- we cannot accept a Snellen reading shown with a plus (+) or minus (-) e.g. 6/6-2 or 6/9+3
- 3 metre readings must be converted to the 6 metre equivalent

Note: Drivers first licenced to drive Group 2 vehicles before 31 December 1996 who cannot meet the above standards may still be considered by DVLA on an individual basis. Please see leaflet INF4D (Medical examination report) for further information.

Before you fill in this report please:

- check the applicant's identity
- read the information leaflet INF4D (Medical examination report). This can be viewed in PDF format at www.gov.uk/reapply-driving-licence-medical-condition

The applicant is responsible for any fee payable for completion of the assessment. DVLA will not be liable for any costs involved.

Please note that if you complete the vision assessment as well as the medical assessment, you must sign and date **both** parts of the form.



Medical examination report

Vision assessment



To be filled in by a doctor or optician/optometrist.
You **MUST** read the guidance notes on page 1 and the INF4D leaflet before completing this report.

If correction is needed to meet the eyesight standard for driving, **ALL** questions must be answered. If correction is **NOT** needed, questions 5 and 6 can be ignored.

- Please confirm (✓) the scale you are using to express the driver's visual acuities.
Snellen Snellen expressed as a decimal
LogMAR
- Is the visual acuity at least 6/7.5 in the better eye and at least 6/60 in the other eye (corrective lenses may be worn to meet this standard) **YES NO**
- Were corrective lenses worn to meet this standard? **YES NO**

If **Yes**, glasses contact lenses both together
- Please state the visual acuity of each eye.
Please convert any 3 metre readings to the 6 metre equivalent.

Uncorrected		Corrected <small>(using the prescription worn for driving)</small>	
<input style="width: 40px; height: 20px; text-align: center; border: 1px solid black;" type="text" value="R"/>	<input style="width: 40px; height: 20px; text-align: center; border: 1px solid black;" type="text" value="L"/>	<input style="width: 40px; height: 20px; text-align: center; border: 1px solid black;" type="text" value="R"/>	<input style="width: 40px; height: 20px; text-align: center; border: 1px solid black;" type="text" value="L"/>
- If **glasses** (not contact lenses) are worn for driving, is the corrective power greater than plus (+)8 dioptres in any meridian of either lens?
- If correction is worn for driving, is it well tolerated? If **No**, please give full details in the box provided
If you answer yes to any of the following give details in the box provided.
- Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and/or peripheral)?
If formal visual field testing is considered necessary, DVLA will commission this at a later date
- Is there diplopia?
(a) Is it controlled?
If **yes**, please give full details in the box provided
- Does the applicant on questioning, report symptoms of intolerance to glare and/or impaired contrast sensitivity and/or impaired twilight vision?
- Does the applicant have any other ophthalmic condition?

Details/additional information

Date of eyesight examination if different to date of signature

Name of examining doctor/optician (print)

Signature of examining doctor/optician

Date of signature

Please provide your GOC, HPC or GMC number

Doctor/optometrist/optician's stamp

Applicant's full name

Date of birth

Please do not detach this page



Medical examination report

Medical assessment

Must be filled in by a doctor

- Please check the applicant's identity before you proceed.
- Please ensure you fully examine the applicant as well as taking the applicant's history.
- **Please answer all questions**, and read the notes in the INF4D leaflet (Information and useful notes) to help you complete this form

D4

1 Nervous system

Questions 1-4 below **MUST** be answered.

Please tick ✓ the appropriate box(es)

YES NO

- Has the applicant had any form of seizure? YES NO
If **NO**, please go to **question 2** below
 - Has the applicant had more than one attack? YES NO
 - Please give date of first and last attack
First attack
Last attack
 - Is the applicant currently on anti-epileptic medication? YES NO
If **YES**, please fill in current medication in **section 8**
 - If no longer treated, please give date when treatment ended
 - Has the applicant had a brain scan? YES NO
If **YES**, please give details in **section 6**
 - Has the applicant had an EEG? YES NO
If **YES** to any of above, please supply reports if available.
- Is there a history of blackout or impaired consciousness within the last 5 years? YES NO
If **YES**, please give date(s) and details in **section 6**
- Does the applicant suffer from narcolepsy? YES NO
If **YES**, please give date(s) and details in **section 6**
- Is there a history of, or evidence of **ANY** conditions listed at a-h? YES NO
If **NO**, go to **section 2**
If **YES**, please give full details in **section 6** and supply relevant reports
 - Stroke or TIA YES NO
If **YES**, please give date
Has there been a **full** recovery? YES NO
Has a carotid ultra sound been undertaken? YES NO
 - Sudden and disabling dizziness/vertigo within the last year with a liability to recur YES NO
 - Subarachnoid haemorrhage YES NO
 - Serious traumatic brain injury within the last 10 years YES NO
 - Any form of brain tumour YES NO
 - Other brain surgery or abnormality YES NO
 - Chronic neurological disorders YES NO
 - Parkinson's disease YES NO

2 Diabetes mellitus

YES NO

- Does the applicant have diabetes mellitus? YES NO
If **NO**, go to **section 3**
If **YES**, please answer the following questions.
- Is the diabetes managed by:-
 - Insulin? YES NO
If **YES**, please give date started on insulin
 - If treated with insulin, are there at least 3 months of blood glucose readings stored on a memory meter(s)? YES NO
If **NO**, please give details in **section 6**
 - Other injectable treatments? YES NO
 - A Sulphonylurea or a Glinide? YES NO
 - Oral hypoglycaemic agents and diet? YES NO
If **YES** to any of a-e, please fill in current medication in **section 8**
 - Diet only? YES NO
- Does the applicant test blood glucose at least twice every day? YES NO
 - Does the applicant test at times relevant to driving? YES NO
 - Does the applicant keep fast acting carbohydrate within easy reach when driving? YES NO
 - Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving? YES NO
- Is there any evidence of impaired awareness of hypoglycaemia? YES NO
- Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person? YES NO
- Is there evidence of:-
 - Loss of visual field? YES NO
 - Severe peripheral neuropathy, sufficient to impair limb function for safe driving? YES NO
 If **YES** to any of 4-6 above, please give details in **section 6**
- Has there been laser treatment or intra-vitreous treatment for retinopathy? YES NO
If **YES**, please give date(s) of treatment.

Applicant's full name

Page 11

Date of birth

3 Psychiatric illness

All questions must be answered

- Please enclose relevant hospital notes
- If applicant remains under specialist clinic(s), ensure details are given in **section 7**.

Is there a history of, or evidence of, **ANY** of the conditions listed at 1–7 below?

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Significant psychiatric disorder within the past 6 months | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Psychosis or hypomania/mania within the past 3 years, including psychotic depression | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Dementia or cognitive impairment | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Persistent alcohol misuse in the past 12 months | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Alcohol dependence in the past 3 years | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Persistent drug misuse in the past 12 months | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Drug dependence in the past 3 years | <input type="checkbox"/> | <input type="checkbox"/> |

If yes to **ANY** of questions 4-7, please state how long this has been controlled

Please give details of past consumption or name of drug(s) and frequency

4 Cardiac

4a Coronary artery disease

Is there a history of, or evidence of, coronary artery disease? YES NO

If **NO**, go to **section 4b**

If **YES**, please answer all questions below and give details at **section 6** of the form and enclose relevant hospital notes.

- Has the applicant suffered from angina? YES NO
If **YES**, please give the date of the last known attack DD MM YY
- Acute coronary syndrome including myocardial infarction? YES NO
If **YES**, please give date DD MM YY
- Coronary angioplasty (P.C.I.) YES NO
If **YES**, please give date of most recent intervention DD MM YY
- Coronary artery by-pass graft surgery? YES NO
If **YES**, please give date DD MM YY

4b Cardiac arrhythmia

Is there a history of, or evidence of, cardiac arrhythmia? YES NO

If **NO**, go to **section 4c**

If **YES**, please answer all questions below and give details in **section 6**

- Has there been a **significant** disturbance of cardiac rhythm? i.e. Sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter/fibrillation, narrow or broad complex tachycardia in the last 5 years YES NO
- Has the arrhythmia been controlled satisfactorily for at least 3 months? YES NO
- Has an ICD or biventricular pacemaker (CRT-D type) been implanted? YES NO
- Has a pacemaker been implanted? YES NO
If **YES**:-
 - Please supply date of implantation DD MM YY
 - Is the applicant free of symptoms that caused the device to be fitted? YES NO
 - Does the applicant attend a pacemaker clinic regularly? YES NO

Peripheral arterial disease (excluding Buerger's disease) aortic aneurysm/dissection

4c

Is there a history of, or evidence of, **ANY** of the following: YES NO

If **NO**, go to **section 4d**.

If **YES**, please answer all questions below and give details in **section 6**

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Peripheral arterial disease (excluding Buerger's disease) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the applicant have claudication?
If YES , how long in minutes can the applicant walk at a brisk pace before being symptom-limited?
Please give details <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Aortic aneurysm <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES :
(a) Site of Aneurysm: Thoracic <input type="checkbox"/> Abdominal <input type="checkbox"/>
(b) Has it been repaired successfully? <input type="checkbox"/> YES <input type="checkbox"/> NO
(c) Is the transverse diameter currently > 5.5 cm? <input type="checkbox"/> YES <input type="checkbox"/> NO
If NO , please provide latest measurement and date obtained <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Dissection of the aorta repaired successfully <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES , please provide copies of all reports to include those dealing with any surgical treatment. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there a history of Marfan's disease? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES , provide relevant hospital notes | <input type="checkbox"/> | <input type="checkbox"/> |

Applicant's full name

Page 12

Date of birth

 DD MM YY

4d Valvular/congenital heart disease

YES NO

Is there a history of, or evidence of, valvular/congenital heart disease?

If **NO**, go to **section 4e**

If **YES**, please answer all questions below and give details in **section 6** of the form.

1. Is there a history of congenital heart disorder?

2. Is there a history of heart valve disease?

3. Is there a history of aortic stenosis?
If **YES**, please provide relevant reports

4. Is there any history of embolism? (not pulmonary embolism)

5. Does the applicant currently have significant symptoms?

6. Has there been any progression since the last licence application? (if relevant)

4e Cardiac other

YES NO

Does the applicant have a history of **ANY** of the following conditions:

If **NO**, go to **section 4f**

If **YES**, please answer **ALL** questions and give details in **section 6**

- (a) a history of, or evidence of, heart failure?
- (b) established cardiomyopathy?
- (c) has a left ventricular assist device (LVAD) been implanted?
- (d) a heart or heart/lung transplant?
- (e) untreated atrial myxoma

4f Cardiac investigations

All questions must be answered

YES NO

1. Has a resting ECG been undertaken?
If **YES**, does it show:-
 - (a) pathological Q waves?
 - (b) left bundle branch block?
 - (c) right bundle branch block?

*If yes to a, b or c please provide a copy of the relevant ECG report or comment at **section 6***

2. Has an exercise ECG been undertaken (or planned)?
If **YES**, please give date and give details in **section 6**
Please provide relevant reports if available

YES NO

3. Has an echocardiogram been undertaken (or planned)?
(a) If **YES**, please give date
and give details in **section 6**
- (b) If undertaken, is/was the left ejection fraction greater than or equal to 40%?
Please provide relevant reports if available

4. Has a coronary angiogram been undertaken (or planned)?
If **YES**, please give date
and give details in **section 6**
Please provide relevant reports if available

5. Has a 24 hour ECG tape been undertaken (or planned)?
If **YES**, please give date
and give details in **section 6**
Please provide relevant reports if available

6. Has a myocardial perfusion scan or stress echo study been undertaken (or planned)?
If **YES**, please give date
and give details in **section 6**
Please provide relevant reports if available

4g Blood pressure

1. Please record today's blood pressure reading

2. Is the applicant on anti-hypertensive treatment?
If **YES** provide three previous readings with dates if available

YES NO

Applicant's full name

Date of birth

5 General

All questions must be answered

If **YES** to any, give full details in section 6 **YES NO**

1. Is there **currently** any functional impairment that is likely to affect control of the vehicle?

2. Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally?

3. Is there any illness that may cause significant fatigue or cachexia that affects safe driving?

4. Is the applicant profoundly deaf?
If **YES**, is the applicant able to communicate in the event of an emergency by speech or by using a device, e.g. a textphone?

5. Does the applicant have a history of liver disease of any origin?
If **YES**, please give details in **section 6**

6. Is there a history of renal failure?
If **YES**, please give details in **section 6**

7. Is there a history of, or evidence of, obstructive sleep apnoea syndrome or any other medical condition causing excessive day time sleepiness?

If **YES**, please give diagnosis

Please give

(i) Date of diagnosis

(ii) Is it controlled successfully?

(iii) If **YES**, please state treatment

(iv) Please state period of control

(v) Date last seen by consultant

8. Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia?

9. Does any medication currently taken cause the applicant side effects that could affect safe driving?
If **YES**, please provide details of medication and symptoms in **section 6**

10. Does the applicant have an ophthalmic condition?
If **YES**, please provide details in **section 6**

11. Does the applicant have any other medical condition that could affect safe driving?
If **YES**, please provide details in **section 6**

6 Further details

Please forward copies of relevant hospital notes. **PLEASE DO NOT** send any notes not related to fitness to drive.

7 Consultants' details

Details of type of specialist(s)/consultants, including address.

Consultant in
Name
Address

Date of last appointment

D	D	M	M	Y	Y
---	---	---	---	---	---

Consultant in
Name
Address

Date of last appointment

D	D	M	M	Y	Y
---	---	---	---	---	---

Consultant in
Name
Address

Date of last appointment

D	D	M	M	Y	Y
---	---	---	---	---	---

8 Medication

Please provide details of all current medication (continue on a separate sheet if necessary)

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

9 Additional information

Patient's weight (kg)

Height (cms)

Details of smoking habits, if any

Number of alcohol units taken each week

Examining doctor's details

To be filled in by doctor carrying out the examination

Please ensure all sections of the form have been completed. Failure to do so will result in the form being rejected.

10 Doctor's details (please print name and address in capital letters)

Name

Address

Telephone

Email address

Fax number

Surgery stamp

--

I confirm that this report was completed at examination and that I am currently GMC registered and licensed to practise in the UK or I am a doctor who is registered to practise medicine within the EU, if the report was completed outside of the UK.

GMC registration number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Signature of medical practitioner

--

Date of examination

D	D	M	M	Y	Y
---	---	---	---	---	---

If you have filled in both the vision and medical assessments, both sections must be signed and dated.

Applicant's full name

--

Date of birth

D	D	M	M	Y	Y
---	---	---	---	---	---

Applicant's details

To be filled-in in the presence of the doctor carrying out the examination

D4

Please make sure that you have printed your name and date of birth on each page before sending this form with your application

11 Your details

Your full name
Your address
Email address

Date of birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y						
D	D	M	M	Y	Y								
Home phone number	<input type="text"/>												
Work/daytime number	<input type="text"/>												
Date when first licensed to drive a lorry and/or bus	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	D	D	M	M	Y	Y
D	D	M	M	Y	Y								
D	D	M	M	Y	Y								

About your doctor/group practice

Doctor/group name
Address
Phone
Email address
Fax number

12 Applicant's consent and declaration

Consent and declaration

This section **MUST** be filled in and must **NOT** be altered in any way.

Please read the following important information carefully then sign to confirm the statements below.

Important information about consent

On occasion, as part of the investigation into your fitness to drive, DVLA may require you to undergo a medical examination or some form of practical assessment. In these circumstances, those personnel involved will require your background medical details to undertake an appropriate and adequate assessment. Such personnel might include doctors, orthoptists at eye clinics or paramedical staff at a driving assessment centre. Only information relevant to the assessment of your fitness to drive will be released. In addition, where the circumstances of your case appear exceptional, the relevant medical information would need to be considered by one or more members of the Secretary of State's Honorary Medical Advisory Panels. The membership of these Panels conforms strictly to the principle of confidentiality.

Consent and declaration

I authorise my doctor(s) and specialist(s) to release reports/ medical information about my condition relevant to my fitness to drive, to the Secretary of State's medical adviser.

I authorise the Secretary of State to disclose such relevant medical information as may be necessary to the investigation of my fitness to drive, to doctors, paramedical staff and panel members.

I declare that I have checked the details I have given on the enclosed questionnaire and that, to the best of my knowledge and belief, they are correct.

I understand that it is a criminal offence if I make a false declaration to obtain a driving licence and can lead to prosecution.

Name

Signature

Date

I authorise the Secretary of State to

YES NO

Inform my doctor(s) of the outcome of my case

Release reports to my doctor(s)

Applicant's full name

Page 16

Date of birth

D	D	M	M	Y	Y
---	---	---	---	---	---

REVIEW OF MEDICAL REQUIREMENTS FOR LICENSED DRIVERS

The Council is undertaking a review of the current medical requirement for licensed drivers and would welcome your views as part of the review. Please provide us with your views by selecting one of the following options and add any further comments you may wish to make.

1 Please select ONE of the following options

I consider it is appropriate that:

- Medical checks are undertaken on initial application and **then annually from age 65, as currently.**
- Medical checks are undertaken on initial application and **thereafter annually.**
- Medical checks are undertaken on initial application and **thereafter every three years with checks being undertaken annually from age 65.**
- Medical checks are undertaken on initial application and thereafter every **five years with checks being undertaken annually from age 65.**
- Medical checks are undertaken on initial application and thereafter for **each renewal, with checks being undertaken annually from age 65.**
- Medical checks are undertaken on initial application and thereafter every **five years from the age of 45 years until the age of 65 years, with checks being undertaken annually from age 65.**
This would be in line with Driver and Vehicle Licensing Agency (DVLA) requirements for LGV and PCV drivers.
- Medical checks are undertaken on initial application, and thereafter **at age 45, age 55, age 65, with checks being undertaken annually from age 65**

2 Do you have any other comments?

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SUMMARY OF RESPONSES

	Total
Medical checks are undertaken on initial application and then annually from age 65, as currently.	64
Medical checks are undertaken on initial application and thereafter annually.	19
Medical checks are undertaken on initial application and thereafter every three years with checks being undertaken annually from age 65.	49
Medical checks are undertaken on initial application and thereafter every five years with checks being undertaken annually from age 65.	18
Medical checks are undertaken on initial application and thereafter for each renewal, with checks being undertaken annually from age 65.	4
Medical checks are undertaken on initial application and thereafter every five years from the age of 45 years until the age of 65 years, with checks being undertaken annually from age 65. This would be in line with Driver and Vehicle Licensing Agency (DVLA) requirements for LGV and PCV drivers.	43
Medical checks are undertaken on initial application, and thereafter at age 45, age 55, age 65, with checks being undertaken annually from age 65	12
TOTAL	209

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COMMENTS

Take into consideration any disabilities a taxi driver may have whilst allowing them to still be in full time employment

When in other European countries taxis are more presentable in forms of uniform which looks professional, they also operate with a more pleasant manner..

Three year intervals and annually after age 65 is entirely appropriate. Taxi drivers have a public responsibility to look after their fee paying passengers - and must not put them at risk. In the event of taxi drivers having a diagnosed heart problem, the test interval should be one year.

A brief medical questionnaire could be completed which could highlight any medical conditions that have arisen since the previous renewal.

This should include sight tests and identify any signs of alcoholism and/or illicit drug use that may be affecting health and, therefore, ability to safely drive.

I have been in taxi's where the drivers don't look fit to drive, either through lack of sleep or possibly drugs. I think drug testing should be part of the routine check.

Based on my £120 initial medical exam. It's pointless, as I do not feel it was done to ANY standardized examination and as such there will be a wide variance in the thoroughness of each driver's medical exam. Until this issue is addressed, more frequent testing is just a paper policy exercise designed to cover the asses of those in our town halls rather than make any real difference to passenger safety. John Doe
MSc & BSc Honours

This is due to cost as a main reason

AS THE GOVERNMENT ARE MOVING THE RETIREMENT AGE TO 70 BECAUSE PEOPLE ARE LIVING LONGER AND ARE HEALTHIER IN GENERAL SHOULDNT THE COUNCIL FOLLOW SUITE AND REMEMBER THESE MEDICALS COST DRIVERS MONEY AT A TIME WHEN PEOPLE ARE STRUGGLING FINANCLY

This system seems to have worked fine to date, in current climate it would seem unfair to put additional costs upon drivers, who appear to be squeezed from all sides financially.

As this employment involves the stress of driving every day and also the responsibility of other people's lives it is important that the drivers are medically fit and the only way to ensure this is to check them medically annually.

Medical checks for Taxi drivers should follow the DVLA Group 2 Medical Standards, as currently applied to Bus & Lorry drivers and recommended as best practice in 'Fitness to Drive: A guide for Health Professionals' as published by the Department of Transport in 2006 and recommended. I am dismayed (but not surprised) that Wirral Council isn't already applying these standards to the borough's taxi drivers, as other Local Authorities e.g. Cornwall, have been doing this for a while.....

Medicals should also be undertaken after an accident or drivers illness. Taxis both Hackneys and Private hire should be subject to inspection by the traffic commissioners as they form part of the public transport sector. Any transgression should result in a total ban from taxi operation.

DVLA requirement seems logical and straightforward! Why reinvent the wheel, if it's good enough for other categories why not cabbies???

There should be weekly checks

In addition to a medical check on initial application and thereafter every three years, I would consider it appropriate for an annual medical check to be required for any driver (age under 65) where a medical condition is diagnosed which has the potential to cause a risk to the safety of the driver and passenger(s).

also a much stricter dress code

I also feel the standard of taxi driver's driving should be reviewed as a number of taxi's drive so dangerously and to a level that would fail a standard driving test.

Taxi drivers should pay the full cost of medicals

Annual re-licensing and testing of professional drivers desperately needed. Some standards of driving shown in the local area by so-called professional drivers is utterly disgraceful!!!

Passenger carrying Vehicle drivers (PCV) renew their licence every five years which includes a thorough medical, taxi drivers should do the same. If a problem is found, then the driver can be suspended or monitored as required. This is long overdue and I say that as an ex. taxi driver and PCV driver.

There is a lot of taxi drivers who are medically (Physically/mentally) unfit to drive taxis. One driver I had was falling asleep at the wheel because he had a sleep disorder. He should not be allowed to drive. Many drivers are unfit to drive the public. If they were bus drivers half of them would not pass the medicals. Needs to be a yearly medical.

If monitored correctly this will ease the admin process as all three checks can be conducted at the same time (Medical, DBS and badge renewal)

Could you please advise who will be paying the costs for medical checks ? eg council of Taxi drivers?

I have recently been advised by a taxi-driver friend that a medical can cost them around £70-80 and that if this wasn't the case they would be more than happy get one annually. I don't think we should expect taxi-drivers to pay for an annual medical - maybe they should be encouraged to book an annual health check with their GP in the first instance.

I have been a private hire driver since 1994 and feel that it would be very beneficial to me and other drivers to have regular medicals, mainly because we can spend a large part of a working day not doing anything phy

Totally agree safety is paramount for drivers and customers

I am currently a p.h driver and think more health checks are necessary. However it would be very helpful if the licensing dept could arrange specific medics at a reasonable cost.

The current medical requirements are fine, I don't see the point in trying to bring in the requirement in line with LGV/PSV drivers. Medicals are over expensive enough.

If any person that drives suffers from any illness at all that would affect his or her driving the DVLA are informed and that person wouldn't be allowed to drive anyway.

I think that checks from the age of 65 are OK.

We have to pay for medicals. If I could find another job I would pack in the cabs, it's getting harder and harder by the day to make ends meet.

It feels that each year there is even more added expense to be a taxi driver. There is no control over how many plates you put out on private hire, and medicals will be another thing to cut into the small profit we make.

I would like to keep things as present and do not agree with checks. I even think they may be illegal.

Personally I think medicals should be taken from 50 and every year from then.

I think that checks from the age of 65 are fine.

Why change a perfect system as currently in place. Would only put a financial burden on drivers and also more work for already overworked doctors.

Who will pick up the bill for doctor to fill out the forms as we pay out far too much as it is now.

The current system seems to be working fine. We don't need more red tape. Thanks.

Everything should be on a 3 year cycle. Badge Medical DBS. Except plate.

I would suggest looking at seriously overweight taxi drivers (20 stones plus) as being at risk of heart problems etc. When renewing badge perhaps a diet sheet could also be given, as a guide to healthy eating.

Drivers should be randomly drug tested and breathalized on a yearly basis.

May be have nominated medical centres (like MOTs for cars) To help keep the cost down and stop over pricing from certain doctors!

Drug testing on the road and at the base monthly is needed and if possible at home or at the town hall without prior warning. Anyone not tested badge and plate suspended straight away.

Medical checks should be the same as those for LGV and PCV drivers for public safety reasons and driver safety.

There should be a cap on the amount of taxi drivers being taken on by the likes of money mercenary Satellite. It is a soul destroying state of affairs at the moment. Dreadful!!!!!!!

To keep in line with DVLA so we are all along the same requirements.

With amount of private hire cars now it is hard enough to make money with out having to pay for a medical yearly on renewal.

But who pays for it?

Drug screening?

Being a Hackney carriage driver myself I see many taxi drivers every day. I am aware that men are commonly known for avoiding the doctor and as a result can develop illnesses undetected. A health check could help keep a healthier lifestyle and encourage relationships with the doctor removing some of the anxiety.

You will not get a yes vote to any of the questions because it will cost the taxi driver money more than they pay now

Why is driving a taxi different than driving as a general member of the public. I believe age 65 then every 3 years thereafter.

Notes for the Applicant

This medical assessment must be carried out by a General Practitioner in the medical practice to which you are registered.

The vision assessment must be filled in by a doctor or optician/optometrist. Some doctors will be able to fill in both vision and medical assessment section of the report. If your doctor is unable to fully answer all of the questions on the vision assessment you must have it filled in by an optician/optometrist.

Both assessments must take place no more than one calendar month before the date a licence is granted or renewed.

Applicant's details: (to be filled in the presence of the doctor carrying out the examination)

Full name: Date of birth: Age:

Current address:

Post Code:

Contact telephone number:

Applicant's consent and declaration:

I authorise my General Practitioner(s) and Specialist(s) to release medical information about my condition, together with any relevant information relevant to fitness to drive, to the Licensing Section of Wirral Council for the purpose of the Council (by its Officers and/or Members) of assessing my fitness to drive a hackney carriage or private hire vehicle licensed by that Council should this be necessary.

I declare that to the best of my knowledge and belief all information given by me to my doctor in connection with this examination is true.

Signed:

Date:

General Practitioner

This form must be completed in full by the applicant's own General Practitioner who has reviewed the applicant's medical records. Please answer all questions and once completed sign the declaration at the end.

The Council's policy on medical fitness requires that Private Hire and Hackney Carriage drivers meet Group 2 medical standards, as set out in the DVLA publication '*At a glance guide to the current medical standards of fitness to drive*'.

This guide makes reference to current best practice guidance contained in the booklet 'Fitness to Drive' which recommends the medical standard applied by DVLA in relation to bus and lorry drivers should also be applied by local authorities to taxi drivers.

(a)	Is the applicant a registered applicant of the surgery / medical centre at which you practise as a registered medical practitioner?	YES	NO
(b)	Have you reviewed the above applicant's medical records? If reviewing a printout of the medical records please give date of printout:	YES	NO

Section 1

Vision Assessment – to be completed by the GP or optician/optometrist

Please see the current DVLA guidance so that you can decide whether you are able to fully complete the vision assessment at www.gov.uk/current-medical-guidelines-dvla-guidance-for-professionals

1	Please confirm (✓) the scale you are using to express the driver's visual acuities Snellen <input type="checkbox"/> Snellen expressed as a decimal <input type="checkbox"/> LogMAR <input type="checkbox"/>			
2	Is the visual acuity at least 6/7.5 in the better eye and at least 6/60 in the other eye? (corrective lenses may be worn to meet this standard)	Yes	No	
3	Were corrective lenses worn to meet this standard? If Yes please indicate if: Glasses <input type="checkbox"/> Contact lenses <input type="checkbox"/> Both together <input type="checkbox"/>	Yes	No	
4	Uncorrected		Corrected (using the prescription worn for driving)	
	Right <input type="text"/>	Left <input type="text"/>	Right <input type="text"/>	Left <input type="text"/>
5	If glasses (not contact lenses) are worn for driving, is the corrective power greater than plus (+)8 dioptres in any meridian of either lens?			
6	Is a correction is worn for driving, is it well tolerated?	Yes	No	
7	Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and /or peripheral)?	Yes	No	
8	Is there diplopia (controlled or uncontrolled)?	Yes	No	
9	Does the applicant, on questioning, report symptoms of intolerance to glare and/or impaired contrast sensitivity and /or impaired twilight vision?	Yes	No	
10	Does the applicant have any other ophthalmic condition?	Yes	No	

If **YES** to questions 7, 8, 9 or 10 please give details in **Section 7**.

In relation to section 1 does the applicant meet the DVLA Group 2 medical standards	YES	NO
--	------------	-----------

If not please indicate reasons why:

If eye examination has been completed by an optician/optometrist please give details below:

Name: _____ Address: _____

Contact telephone number: _____

Section 2

NERVOUS SYSTEM

1	Has the applicant had any form of seizure? If YES please answer questions a – f below.			YES	NO	
	a	Has the applicant had more than one attack?		Yes	No	
	b	Please give date of first and last attack:	<i>First attack</i>	<i>Last attack</i>		
	c	Is the applicant currently on anti-epileptic medication? If YES please give details of current medication in section 7 .			Yes	No
	d	If no longer treated, please give date when treatment ended.				
	e	Has the applicant had a brain scan? If YES please state dates.			Yes	No
	MRI:		CT:			
	f	Has the applicant had an EEG? If YES please provide date and details			Yes	
2	Is there a history of blackout or impaired consciousness within the last 5 years? If YES please give dates and details at Section 7 :			Yes	No	
3	Does the applicant suffer from narcolepsy? If YES please give dates and details in section 7 .			Yes	No	
4	Is there a history of, or evidence of, any of the conditions listed at a – h below? If NO go to Section 3.			Yes	No	
	If YES please give dates and full details in section 7 .					
	a	Stroke / TIA (please delete as appropriate) If YES please give date:		Yes	No	
	Has there been a full recovery?			Yes	No	
	b	Sudden and disabling dizziness/vertigo within the last one year with a liability to recur			Yes	No
	c	Subarachnoid haemorrhage			Yes	No
	d	Serious traumatic brain injury within the last 10 years			Yes	No
	e	Any form of brain tumour			Yes	No
	f	Other brain surgery or abnormality			Yes	No
	g	Chronic neurological disorders			Yes	No
h	Parkinson's disease			Yes	No	
In relation to section 2 does the applicant meet the DVLA Group 2 medical standards?				YES	NO	
If not please indicate reasons why						

Section 3

DIABETES MELLITUS

1	Does the applicant have diabetes mellitus? If NO please go to Section 4. If YES please answer the following questions.		Yes	No
2	Is the diabetes managed by:-		Yes	No
	a	Insulin? If YES please give date started on insulin:	Yes	No
	b	If treated with insulin, are there at least 3 months of blood glucose readings stored in a memory meter? If NO , please give details in section 7	Yes	No
	c	Other injectable treatments?	Yes	No
	d	A Sulphonylurea or a Glinide?	Yes	No
	e	Oral hypoglycaemic agents and diet? If YES please provide details of medication:	Yes	No
	If YES to any of a - e above, please give details in section 7			
3	d	Diet only?	Yes	No
	a	Does the applicant test blood glucose at least twice every day?	Yes	No
	b	Does the applicant test at times relevant to driving?	Yes	No
	c	Does the applicant keep fast acting carbohydrate within easy reach when driving?	Yes	No
3	d	Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving?	Yes	No
	4 Is there any evidence of impaired awareness of hypoglycaemia?		Yes	No
	5 Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person?		Yes	No
	6	Is there evidence of:-		
a		Loss of visual field?	Yes	No
b		Severe peripheral neuropathy, sufficient to impair limb function for safe driving?	Yes	No
If YES to any or 4 – 6 above, please give details in section 7				
7	Has there been any laser treatment or intra-vitreous for retinopathy? If YES please give date(s) of treatment:		Yes	No
In relation to section 3 does the applicant meet the DVLA Group 2 medical standards?			YES	NO
If not please indicate reasons why				

Section 4

CARDIAC

4A CORONARY ARTERY DISEASE

		YES	NO
Is there a history of, or evidence of, Coronary Artery Disease? If NO please go to Section 4B If YES please answer all questions below and give details at Section 7 of the form.			
1	Acute coronary syndrome including myocardial infarction? If YES please give date(s):	Yes	No
2	Coronary artery by-pass graft surgery? If YES please give date(s):	Yes	No
3	Coronary Angioplasty (P.C.I.)? If YES please give date of most recent intervention:	Yes	No
4	Has the applicant suffered from angina? If YES please give the date of the last known attack:	Yes	No

4B CARDIA ARRHYTHMIA

		YES	NO
Is there a history of, or evidence of, cardiac arrhythmia? If NO , go to Section 4C If YES please answer all questions below and give details in Section 7 .			
1	Has there been a significant disturbance of cardiac rhythm? i.e. Sinatrial disease, significant atrio-ventricular conduction defect, atrial flutter/fibrillation, narrow or broad complex tachycardia, in last 5 years?	Yes	No
2	Has the arrhythmia been controlled satisfactorily for at least 3 months?	Yes	No
3	Has an ICD or biventricular pacemaker (CRST-D type) been implanted?	Yes	No
4	Has a pacemaker been implanted? If YES :	Yes	No
a	Please supply date:		
b	Is the applicant free of symptoms that caused the device to be fitted?	Yes	No
c	Does the applicant attend a pacemaker clinic regularly?	Yes	No

4C		PERIPHERAL ARTERIAL DISEASE (EXCLUDING BUERGER'S DISEASE) AORTIC ANEURYSM/DISSECTION				
Is there a history or evidence of ANY of the following? If NO go to Section 4D. If YES please answer the questions below and give details in Section 7				YES	NO	
1	Peripheral Arterial Disease (excluding Buerger's Disease)			Yes	No	
2	Does the applicant have claudication? If YES , how long in minutes can the applicant can walk at a brisk pace before being symptom limited?:			Yes	No	
3	Aortic Aneurysm If YES :			Yes	No	
	a	Site of Aneurysm (please tick):	Thoracic <input type="checkbox"/>	Abdominal <input type="checkbox"/>		
	b	Has it been repaired successfully?			Yes	No
	c	Is the transverse diameter currently >5.5 cms?			Yes	No
		If NO please provide latest measurement:		Date obtained:		
4	Dissection of the Aorta repaired successfully. If YES , please provide details in section 7			Yes	No	
5	Is there history of Marfan's disease? If YES , please provide details in section 7			Yes	No	
4D		VALVULAR/CONGENITAL HEART DISEASE				
Is there a history of, or evidence of, valvular/congenital heart disease?				YES	NO	
If NO go to Section 4E. If YES please answer all questions below and give details in Section 7						
1	Is there a history of congenital heart disorder?			Yes	No	
2	Is there a history of heart valve disease?			Yes	No	
3	Is there a history of aortic stenosis?			Yes	No	
4	Is there any history of embolism? (not pulmonary embolism)			Yes	No	
5	Does the applicant currently have significant symptoms?			Yes	No	
6	Has there been any progression since the last licence application? (if relevant)			Yes	No	
4E		CARDIAC OTHER				
Does the applicant have a history of ANY of the following conditions? If NO go to Section 5F If YES please answer ALL questions below and give details in Section 7				YES	NO	
a	A history of, or evidence of, heart failure?			Yes	No	
b	Established cardiomyopathy?			Yes	No	
c	Has a left ventricular assist device (LVAD) been implanted?			Yes	No	
d	A heart or heart/lung transplant?			Yes	No	
e	Untreated atrial myxoma?			Yes	No	

4F		CARDIAC INVESTIGATIONS (This section must be filled in for all applicants)		
1	Has a resting ECG been undertaken?		YES	NO
	If YES does it show:			
	a	Pathological Q waves?	Yes	No
	b	Left bundle branch block?	Yes	No
	c	Right bundle branch block?	Yes	No
2	Has the exercise ECG been undertaken (or planned)?		Yes	No
	If YES please provide date and give details in Section 7 .			
3	Has an echocardiogram been undertaken (or planned)?		Yes	No
	a	If YES please give date and give details in Section 7		
	b	If undertaken is/was the left ventricular ejection fraction greater than or equal to 40%?	Yes	No
4	Has a coronary angiogram been undertaken (or planned)?		Yes	No
	If YES please provide date and give details in Section 7 :			
5	Has a 24 hour ECG tape been undertaken (or planned)?		Yes	No
	If YES please provide date and give details in Section 7			
6	Has a Myocardial Perfusion Scan or Stress Echo study been undertaken (or planned)?		Yes	No
	If YES please provide date and give details in Section 7			
4G		BLOOD PRESSURE (This section must be filled in for all applicants)		
Please record today's blood pressure reading:				
Is the applicant on anti-hypertensive treatment?		Yes	No	
If YES please provide three previous readings with dates if available:				
1	B.P reading:	Date:		
2	B.P reading:	Date:		
3	B.P reading:	Date:		
In relation to section 4 does the applicant meet the DVLA Group 2 medical standards?			YES	NO
If not please indicate reasons why				

Section 5**PSYCHIATRIC ILLNESS**

Is there a history of, or evidence of **ANY** of the conditions listed at 1 – 7 below?
If **NO** please go to Section 6.

YES**NO**

If YES please answer the following questions and give date(s), prognosis, period of stability and details of medication, dosage and any side effects in **Section 7**. (Please enclose relevant notes). (If applicant remains under specialist clinic(s) please give details in **Section 7**).

1	Significant psychiatric disorder within the past 6 months?	Yes	No
2	Psychosis or hypomania/mania within the past 3 years, including psychotic depression?	Yes	No
3	Dementia or cognitive impairment?	Yes	No
4	Persistent alcohol misuse in the past 12 months?	Yes	No
5	Alcohol dependence in the past 3 years?	Yes	No
6	Does the applicant show any evidence of being addicted to the excessive use of alcohol?	Yes	No
7	Persistent drug misuse in the past 12 months?	Yes	No
8	Does the applicant show any evidence of being addicted to the excessive use of drugs?	Yes	No
9	Drug dependency in the past 3 years?	Yes	No

In relation to section 5 does the applicant meet the DVLA Group 2 medical standards?

YES**NO**

If not please indicate reasons why

Section 6

GENERAL

Please answer all questions in this section. If your answer is **YES** to any question please give full details in **Section 7**.

1	Is there currently any functional impairment that is likely to affect control of the vehicle?	Yes	No	
2	Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally?	Yes	No	
3	Is there any illness that may cause fatigue or cachexia that affects safe driving?	Yes	No	
4	Is the applicant profoundly deaf?	Yes	No	
	If YES is the applicant able to communicate in the event of an emergency by speech or by using a device?	Yes	No	
5	Does the applicant have a history of liver disease of any origin?	Yes	No	
6	Is there any history of renal failure?	Yes	No	
7	Is there a history of, or evidence of, obstructive sleep apnoea syndrome or any other medical condition causing excessive day time sleepiness?	Yes	No	
	If YES please provide details:			
	a	Date of diagnosis:		
	b	Is it controlled successfully?	Yes	No
	c	If YES please state treatment:		
	d	Please state period of control:		
g	Date last seen by consultant:			
8	Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia?	Yes	No	
9	Does any medication currently taken cause the applicant side effects that could affect safe driving?	Yes	No	
	If YES please provide details in section 7 .			
10	Does the applicant have an ophthalmic condition?	Yes	No	
11	Does the applicant have any other medical condition that could affect safe driving?	Yes	No	
	If YES please provide details in section 7 .			
In relation to section 6 does the applicant meet the DVLA Group 2 medical standards?		YES	NO	
If not please indicate reasons why				

Additional Information

PLEASE MAKE SURE YOU COMPLETE THE BACK PAGE OF THIS MEDICAL

General Practitioner

DECLARATION: Please read the following carefully before completing, signing and dating the declaration.

If the applicant is not a registered patient with your practice or you have not reviewed his/her medical records then do not complete the declaration.

I certify that I am familiar with the current requirements of Group 2 medical standards applied by the DVLA in the current version of '*At a glance guide to the current medical standards of fitness to drive*'.

I certify that I have reviewed the applicant's medical records and that in my opinion nothing therein contradicts or tends to contradict the information given to me by the applicant.

I certify that I have today undertaken a medical examination of the applicant for the purpose of assessing their fitness to act as a driver of a Hackney Carriage or Private Hire vehicle under the DVLA Group 2 medical standards

I certify that having regard to the foregoing, the applicant:

* **MEETS / DOES NOT MEET** (*delete as appropriate) the minimum standards required for the DVLA Group 2 medical standards.

	Surgery Stamp: (not accepted without surgery stamp)
Surgery name:	
Surgery address:	
Signed:	Date:

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WIRRAL COUNCIL

LICENSING HEALTH AND SAFETY AND GENERAL PURPOSES COMMITTEE

25 MARCH 2015

SUBJECT:	HACKNEY CARRIAGE AND PRIVATE HIRE DRIVER LICENCES
WARD AFFECTED:	ALL WARDS
REPORT OF:	STRATEGIC DIRECTOR OF REGENERATION & ENVIRONMENT
KEY DECISION?	NO

1.0 EXECUTIVE SUMMARY

- 1.1 The purpose of this report is for Members to determine the Policy that should be applied for the granting of a new Private Hire Driver Licence to a currently licensed Hackney Carriage Driver or a new Hackney Carriage Driver licence to a currently licensed Private Hire Driver.

2.0 BACKGROUND AND KEY ISSUES

- 2.1 Members will be aware that before granting a Private Hire or Hackney Carriage Driver Licence the Council must be satisfied that the applicant is a fit and proper person to hold such a licence and that the person has been authorised to drive a motor car for at least 12 months.
- 2.2 The methods available to assess the fitness and propriety of an applicant are at the discretion of the Council. There is no judicially approved test of fitness and propriety.
- 2.3 The tests that this Council have determined necessary for individuals to show that they are fit and proper to hold a Private Hire or Hackney Carriage Driver Licence are as follows:
- Vocationally Related Qualification (VRQ)
 - Knowledge test
 - Driving licence
 - Satisfactory Enhanced Certificate from the Disclosure and Barring Service (DBS)
 - Satisfactory medical
- 2.4 These tests have previously been considered necessary taking into account the safety of passengers and the nature of the work undertaken by Private Hire and Hackney Carriage Drivers.
- 2.5 Drivers who are currently licensed either as a Private Hire Driver or a Hackney Carriage Driver will have satisfied the above requirements before being granted a licence, with annual checks being undertaken on their driving licence and three yearly criminal record checks with the DBS. Medical checks are also undertaken in line with Council policy.
- 2.6 Members are asked to consider that an individual who is currently licensed as a Private Hire Driver and wishes to apply for a Hackney Carriage Driver Licence or a currently licensed Hackney Carriage Driver who wishes to apply for a Private Hire Driver Licence provides different circumstances to those presented by a new applicant who has no record with the authority.

2.7 Taking into consideration the fact that a currently licensed driver will have satisfied the tests set out in paragraph 2.3 of this report it is proposed that if an application is submitted for a Private Hire or Hackney Carriage Driver Licence by a currently licensed Hackney Carriage or Private Hire Driver the licence is granted without the requirement for the driver to present a certificate from the Disclosure and Barring Service or a satisfactory Medical Certificate at that time. It is further proposed that the expiry date of that licence is set in line with their existing licence in order that the driver complies with the Council's Policy for producing updated medical certificates and certificates from the DBS for both licences concurrently.

3.0 RELEVANT RISKS

3.1 There are none arising directly from this report.

4.0 OTHER OPTIONS CONSIDERED

4.1 There is no provision for other options to be considered.

5.0 CONSULTATION

5.1 This is not a matter which requires consultation.

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

6.1 There are no specific implications arising from this report.

7.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS

7.1 There are none.

8.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

8.1 There are no specific implications arising from this report.

9.0 LEGAL IMPLICATIONS

9.1 A decision of the Committee may be subject to legal challenge.

10.0 EQUALITIES IMPLICATIONS

10.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

No because there is no relevance to equality.

11.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS

11.1 There are no specific carbon reduction implications arising from this report.

12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

12.1 There are Community Safety implications as Private Hire and Hackney Carriage Drivers must be fit and proper persons when granting a licence and throughout its duration due to their involvement with the public..

13.0 RECOMMENDATION/S

13.1 That Members consider adopting the following policy for granting a new Private Hire or Hackney Carriage Driver Licence to a currently licensed Hackney Carriage or Private Hire Driver.

13.2 The current holder of a Hackney Carriage Driver Licence may be granted a Private Hire Driver Licence and the holder of a Private Hire Driver Licence may be granted a Hackney Carriage Driver Licence without the requirement for the applicant to produce a Disclosure and Barring Certificate or a satisfactory medical certificate other than in accordance with the requirement placed on them under their current Hackney Carriage or Private Hire Driver Licence.

13.3 The expiry date of the second licence applied for will be the same as their current Hackney Carriage or Private Hire Driver Licence and this will be the case in circumstances where the driver surrenders their existing licence.

14.0 REASON FOR RECOMMENDATION/S

14.1 There is currently no Policy in place for granting of a new Private Hire Driver Licence to a currently licensed Hackney Carriage Driver or a new Hackney Carriage Driver licence to a currently licensed Private Hire Driver.

REPORT AUTHOR: *Margaret O'Donnell*
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APPENDICES

BACKGROUND PAPERS/REFERENCE MATERIAL

BRIEFING NOTES HISTORY

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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