

## **Ensuring that vocational drivers diagnosed with obstructive sleep apnoea are given a cast iron guarantee to be treated within 4 weeks**

### **Interviews about obstructive sleep apnoea with Nic Tweddell, Monica Tweddell, Colin Wrighton and Professor John Stradling**

**Transcript of BBC Radio 4's iPM programme about Sleep Apnoea, first broadcast at 05.45 on Saturday 7 March 2015, and [available on the BBC website](#). For more about the issues covered in the programme see this [7 March 2015 piece by Seb Schmoller](#).**

Q: Good morning. Welcome to IPM, the programme that starts with its listeners. And this week, Seb Schmoller.

Q2: Seb first contacted IPM seven years ago.

Q: Seven... Have we been going for seven years?

Q2: We have. That long. Well, he got in touch to tell us what happened to his nephew, Toby Tweddell. In 2006, Toby was twenty-five years old. He was sitting in a queue of traffic during the morning rush hour in Merseyside. An articulated lorry collided with the vehicle at the back of the queue, and Toby's car was shunted forward under the flat-bed of a Ford Transit pick-up. He was killed. The lorry driver was suffering from sleep apnoea, a condition which affects a person's breathing, and can cause an excessive sleepiness. It was undiagnosed, and he fell asleep whilst driving.

Q: Seb put us in touch with Toby's parents, Monica Tweddell and her husband Nic. This is part of our conversation from 2008.

A: He was engaged. He and his fiancée had just found a very nice little house in Sale, on the outside of Manchester. He'd just found a new job, which, unfortunately, he had to commute to along the motorway, and that was the cause of his death. It was a job that suited him perfectly. And we were, we were very happy for him.

Q: After you lost him, you had the grief, of course; and you still have that. But in terms of this question of sleep apnoea, how did that, how did that change your view of what happened?

A: From the outset, we said to ourselves: We can accept this event better if we could be satisfied that it was a total accident, and wasn't really due to someone's negligence.

Q: Monica, what about you?

A2: Well, I suppose, if I've got anger anywhere, it is for the GP that failed to spot this. It isn't necessarily obvious, but people who are overweight, people who sit in trucks all day... It might be the first thing you'd look into when a driver complains of extreme tiredness. And this one wasn't picked up.

Q: Also in 2008, we heard from Colin Wrighton, the lorry driver at the wheel when Nic and Monica's son Toby was killed.

A3: On this particular day, I wasn't feeling tired. I'd had a cup of coffee and a couple of

hamburgers, and I was quite all right. I knew everything that was going around me, and I knew the traffic that was around me. And then it wasn't until after a bang or a bump that I suddenly found that I was in a situation. So, I'd blacked out and knew nothing about it. And then of course, when I went for all the tests and that, they'd found that I'd got severe sleep apnoea.

Q: And in the blackout, there was this terrible accident?

A3: It was, yes.

Q: And it was something that you had no, no conscious knowledge of?

A3: No. I wrote, I wrote a letter, just to the family and everybody that was involved, just apologising, and saying how I was feeling. And I passed it on to the, I think it was the police sergeant or the prosecution; and they said that they would give it to the family at the appropriate time. They didn't think it was appropriate at the time that I gave it to them.

Q: They got that relatively recently. And I don't want to intrude into what's a personal matter, but if you, if you want to, can you tell me a little about what they said to you?

A3: It's...

Q: Oh, you've got the letter there?

A3: Yeah. It says: 'We do accept your remorse and sorrow for what had happened to our son on the 8<sup>th</sup> of August, 2006. We wish we had received your letter when you wrote it at the end of June. We have no idea where in the chain of delivery it went astray. You must have wondered in the interim what our reaction to your letter was. If I, Monica, had known the content of the letter on the day of the inquest, not only would I have remained in the room, but I would have spoken to you. We shall continue with our own campaign, and encourage you with yours.'

Q: What do you think of that?

A3: Well, I think that's a very good letter, and very nice of them. Because it was, it was an accident, unfortunate one. And their family and those that were involved, and her son and fiancée, will always be in my heart. I think about them every day. There's times... I mean, my life has changed. I don't enjoy myself like I used to. Or, if I have a laugh or a joke, I feel guilty about it, because it's a shame that somebody had passed away through this accident.

Q2: That was seven years ago. And since then, Colin Wrighton and Monica and Nic Tweddell have been campaigning for a wider understanding of sleep apnoea, a condition which in most instances is easily treatable. Out of the blue, a couple of weeks ago, our listener, Seb Schmoller, sent us an email.

Q: 'Six-plus years on, I've some progress to report on the issue of sleep apnoea and truck drivers. I'd love to have a follow-up conversation about developments.'

Q2: Well, the progress centres around Professor John Stradling. He's a doctor and researcher at the Oxford Centre for Respiratory Medicine, who spent over thirty years working with sleep apnoea patients. He believes that the number of deaths and serious injuries on UK roads could be cut if medical treatment for vocational drivers is fast-tracked. So, this week, he launched a campaign to make that happen. I'll let him explain.

A4: It's probably in the region of about fifteen percent of heavy goods vehicle drivers have a

degree of sleep apnoea. And we know that probably about twenty percent of road traffic accidents are due to excessive day-time sleepiness. Trying to work backwards and say, if everybody with sleep apnoea were treated, how many accidents would you avoid? It's quite difficult. Many people won't admit that they fell asleep driving, because it may be a culpable offence. And it's sometimes difficult to, to look at an accident and say, 'They must have fallen asleep.' But we think fifteen percent of drivers, heavy goods vehicle drivers, have a degree of sleep apnoea, and probably about twenty percent of accidents overall are due to excessive sleepiness.

Q2: When I think about sleep apnoea, I think about when people just fall asleep like that. Suddenly, someone just, just disappears. They conk out without warning. Is that right?

A4: No, not really. The sleepiness that sleep apnoea causes is in many ways normal sleepiness. It's the same sort of sleepiness that you would experience if you'd been up all night with a crying baby or whatever. So, on the whole, people are aware of the sleepiness, but have no understanding of why they are sleepy, because they feel they've had a perfectly good night's sleep, so what's the problem? So they are usually a bit bemused as to why they should be feeling sleepy, and will obviously go on trying to fight it. But in the end, they don't, and will fall asleep during a vigilance-critical activity like driving.

Q2: And why does it particularly affect lorry drivers?

A4: I think it only slightly is more likely to affect lorry drivers. Because at the moment, we have an ageing lorry driver population. The average age of drivers, of lorry drivers is about fifty-three. And that's about the age that most people with sleep apnoea present. And secondly, unfortunately, I think a lot of lorry drivers are fairly sedentary, and tend to be, on average, more overweight than the general population. And that in its own right is a risk factor for sleep apnoea.

Q2: And how would I know if I had sleep apnoea?

A4: I think there are two key symptoms. Ninety-nine percent of people with sleep apnoea snore. Because snoring is, if you like, an early version of sleep apnoea, where the upper airway relaxes. And to start with, it just vibrates. But then eventually it collapses completely. And that's what sleep apnoea is. But obviously not everybody who snores has sleep apnoea. And then the second most important thing is that your sleep is witnessed to be restless; you're witnessed to have stopping breathing episodes, or apnoeas as they're called; and during the day, you will have unaccountable sleepiness. And if you've got all those things, then it's almost a dead cert that you're likely to have sleep apnoea and need sorting out.

Q2: And looking at the, the research that you've done, what... You say it affects a proportion of people that get behind the wheel. But what else have you found out about it that particularly affects lorry drivers?

A4: Well, I think it doesn't particularly affect lorry drivers. It's just that, for us, lorry drivers represent a particular special group. First of all, they are in charge of very big vehicles, so that if they do fall asleep, they'll do a lot more damage. And secondly, of course, it's their livelihood. And for them to be told that they've got to stop driving is particularly devastating, because they may well lose their livelihood, their job, their income, et cetera. And that's it, really. I think, in every other way, they're the same as other people with sleep apnoea, but they have a particular risk profile and can do more damage.

Q2: So, what is it you want the Department of Health to do?

A4: Well, I think, what we know from questionnaires around the country and questionnaires

at sleep clinics, is that many, many lorry drivers are frightened to come forward, because the services offered to them are inadequate and take far too long. And so, not unreasonably, they're frightened to come forward in case they lose their jobs. So, we want to make absolutely sure that, if you are a professional driver, and you come forward with these symptoms, you can be guaranteed to only be off the road for a month.

Q2: How can we guarantee that?

A4: Well, I think, at the moment, that the purchasing of healthcare in this country, as you know, is very fragmented, and every area has their own CCGs and their commissioners, and they may or may not purchase certain healthcare activities. But if the Department of Health and other advisory organisations, like NICE, for example, say: 'Look, this is a priority. You must do this.' Then they will do it. What we have to do now is improve the services offered to these patients, and all patients with sleep apnoea, but particularly this group in the first instance.

Q2: I absolutely hear you, that to provide better services would encourage people. But if you're at risk of losing your job, and you're not sure how long you may be away for, or what the kind of response you might get – how are you going to persuade people to come forward? I'm not sure I'd want to.

A4: Yeah. Well, that's exactly the problem. You are voicing exactly what goes through the minds of a vocational driver. And so what would have to be done to make you convinced that it was safe to come forward? What you would want is a cast-iron guarantee that you would be back on the road in less than four weeks.

Q2: Thank you very much for doing that. And just a final question. Is it likely that accidents that I've heard about may be due to drivers with sleep apnoea?

A4: I think so. If you wake up in the morning and hear a lorry has jack-knifed on the M25, that's nearly always because the driver began to drift off, woke up suddenly, veered to one side, applied the brake, and the back of the vehicle swung round. You don't jack-knife a lorry for no reason. It's normally the consequence of nodding off and then a panicked response.

Q2: Do you ever see that kind of behaviour on the motorway, or unusual behaviour on the motorway, that you suspect?

A4: Oh, absolutely. You certainly can be behind a heavy goods vehicle driver and see that they're wandering from side to side. And whenever I go by a lorry driver like that, I always look round, just to see how big their collar size is. Because collar size is one of the best predictors of whether you have sleep apnoea or not. The bigger the neck, the worse the problem, unfortunately. They may be fiddling with their mobile phones. I appreciate that. But I think many of them who are weaving from side to side have, have sleep apnoea. You know, lorry drivers as a whole are an extremely professional group. And when they come forward, they usually are very concerned and do want to get it sorted out. But of course, they have to know they have a problem, and they have to have it recognised. We also know, from talking to these lorry drivers and these bus drivers, that they know they have colleagues who have this problem. And they say, 'Well, I can't get x, y or z to come forward, because they're just petrified of losing their licenses.' I'm afraid we have had people who've come after a major road traffic accident, and in several cases where people died. And they are utterly devastated. And it really is tragic to see what in my view could have been avoided.

Q2: Professor John Stradling. We called the Department of Health, NHS England and the National Institute for Health and Care Excellence. No one was available to talk to us.

Q: A good way to correspond with us at IPM is by sending us a sentence of news about you and your week. Funny or sad, trivial or momentous – we don't mind. And we won't use your name. We just want your news. We collect the sentences, and invite a well-known voice to read a bulletin. This week, it's your news with the BBC's assistant political editor, Norman Smith.

(End of interview)