



Department
of Health

Certificate of Vision Impairment

Explanatory Notes for Consultant Ophthalmologists
and Hospital Eye Clinic Staff in England

Draft for consultation

November 2016

Title: Certificate of Vision Impairment: Explanatory Notes for Consultant Ophthalmologists and Hospital Eye Clinic Staff in England

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Document Purpose: Policy Document - Consultation

Publication date:

Target audience:

Consultant ophthalmologists and hospital eye clinic staff
The Royal College of Ophthalmologists
The Royal College of General Practitioners
The College of Optometrists
Certifications Office, Moorfields Eye Hospital
Association of Directors of Adult Social Services
NHS England
Local Government Association
Local Authorities

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Contents

Executive summary	4
The Low Vision Leaflet (LVL) and the Referral of Vision Impaired (RVI).....	5
Purpose of the CVI form	5
Completing the CVI form	6
Authorising the CVI.....	7
Disseminating the CVI.....	7
Who should be certified as severely sight impaired?	9
Who should be certified as sight impaired?.....	9
Points to consider when certifying patients with sight impairment.....	10
Children and young people (0 - under 18)	10
Payment of fees.....	11
Diagnosis not covered (including ICD-10 code).....	11
Enquiries	12

Executive summary

The Certificate of Vision Impairment (CVI) replaced the form BD8 (1990) and the CVI 2003 in September 2005.

The updated CVI form for England was based upon a review of the previous CVI form for England and the updated forms for Wales and Scotland.

These revised Explanatory Notes (ENs) have been developed in partnership with The Royal College of Ophthalmologists, Royal National Institute of Blind People, Certifications Office Moorfields Eye Hospital, ADASS, NHS England, Her Majesty's Revenue and Customs, Department for Work and Pensions, Department for Health and Social Services Welsh Government, Health and Social Care Board Northern Ireland and the Scottish Government.

The ENs contain guidance primarily for consultant ophthalmologists and hospital eye clinic staff in England about who should be certified as Severely Sight Impaired (SSI) and Sight Impaired (SI). The ENs also provide further guidance on how to complete the CVI and its use in the certifying process.

Northern Ireland, Scotland and Wales have their own ENs.

The previous ENs published on 9 January 2013 are now cancelled.

The Low Vision Leaflet (LVL) and the Referral of Vision Impaired (RVI)

1. The previous revision of the CVI in 2005 included the development of two standard referral documents to provide additional opportunities to refer people with failing sight for a social services assessment in advance of a CVI being completed. The Low Vision Leaflet (LVL) is for optometrists to enable people to self-refer, and the Referral of Vision Impaired Patient (RVI) is for hospital eye clinics to use before a CVI is appropriate.
2. The aim is to reduce delays in referral for social care, for example having to wait for a condition to stabilise before certification. The template for the RVI can be downloaded from <https://www.gov.uk/government/publications/guidance-published-on-registering-a-vision-impairment-as-a-disability>.

Purpose of the CVI form

3. The CVI formally certifies someone as sight impaired (previously referred to as partially sighted) or as severely sight impaired (previously referred to as blind) so that the local authority is able to make contact to offer and explain the benefits of registration.
4. Registration is voluntary, and access to various, or to some, benefits and social services is not dependent on registration. If the person is not known to social services as someone with needs arising from their sight impairment, the CVI acts as a referral for a needs assessment. Therefore the CVI is a significant step in enabling people to access support. Certification should therefore not be seen as the end of the treatment journey for patients but as a gateway to support and services.
5. If the patient has provided consent to share the CVI form with the Certifications Office at Moorfields Eye Hospital, the CVI will be used to record a standard range of diagnostics and other data that is used for epidemiological analysis (para 26 also refers) and reported via an NHS England Public Health Indicator.
6. In the case of a child (under 18) the CVI form can act as a referral to children's social services but it is not the referral route for special educational support, which is usually accessed via school or through the local offer. Each local authority has a local offer page on its website which sets out services for children and young people with special educational needs and how they can be accessed.
7. All babies, children and young people should be referred direct to the local authority as soon as sight impairment is identified provided consent has been given by the patient, if the

Certificate of Vision Impairment

patient is over 12 years old and is able to understand how their data is being used. Otherwise consent is needed from the patient's parent or guardian.

- Public authorities such as NHS providers and their agents, consultants and hospital staff are reminded of their duty to make reasonable adjustments for disabled patients/service users. Under the Equality Act (2010), a person has a disability if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities. Further guidance can be found at:
<https://www.equalityhumanrights.com/en/multipage-guide/using-service-reasonable-adjustments-disabled-people>.

Registers of people who are severely sight impaired and sight impaired.

- The Care Act 2014 requires local authorities to establish and maintain a register of people who are severely sight impaired or sight impaired. The Care and Support (Sight-impaired and Severely Sight-impaired Adults) Regulations 2014 provide for a person to be treated as being severely sight impaired or sight impaired if the person is certified as such by a consultant ophthalmologist.

Completing the CVI form

- The CVI can be found at [\[Insert link\]](#). It is not available as hard copy to purchase.
- The CVI form should be opened as a 'read only' copy, saved with a local file name, and tailored with the hospital's logo and/or the clinic contact details. Hospital eye clinics that do not have internet access should make arrangements to obtain a copy of the template file through their library service, IT Department.
- An eye service that wishes to complete the CVI form electronically may do so provided all the fields agreed for the CVI are used and the printed version matches the pages of the CVI template in all respects. The template cannot be amended in any way and the logos in the template cannot be used. These are the property of the Department of Health.
- Each CVI form should include the patient's NHS Number. This number is a unique person identifier that is used to support the integration of care across the health and care system. When recorded on the national database, the NHS number facilitates the linkage of data received from all of the organisations providing health and care services to the individual, and supports communication about the individual between organisations and practitioners.
- Part 1 of the CVI form clearly indicates a section that must be completed by the consultant ophthalmologist and they should also complete the visual acuity section and diagnosis as

set out in Part 2 of the CVI form. The patient should be actively involved in completing the form which may be completed in part by members of eye clinic staff where indicated on the form, such as an Eye Clinic Liaison Officer.

15. The patient should be asked to sign if they consent to their information being shared, and they can choose to delete any or all of the organisations listed on the CVI form should they not wish to share information with them. The information on the form also describes the patient's situation and is designed to help local authorities determine the priority of the referral.
16. It is advisable to ask if the patient has ever served in the Armed Forces and, if so, to signpost the patient to information about Blind Veterans UK who is able to offer valuable services and life time support irrespective of whether the condition is attributable to their time in service. Blind Veterans UK can be contacted at:
- Blind Veterans UK
12-14 Harcourt Street
London
W1H 4HD
<http://www.blindveterans.org.uk/>
T: 020 7723 5021
17. If the patient's vision has deteriorated rapidly, indicate this and any other factor potentially relevant to needs for care and support e.g. physical/mental condition that the local authority may find helpful, in the box provided on page 3 of the CVI form.

Authorising the CVI

18. The consultant ophthalmologist should tick the relevant box to say that the patient is either certified as SI or SSI, complete the relevant medical sections and sign the form. Hospitals may wish to produce an electronic signature for their consultants.

Disseminating the CVI

19. It is expected that health services will keep the completed form, signed by the consultant and the patient, with their patient records. Health services are able to keep scanned copies of the CVI provided the scanned version includes all of the information that was on the original document and thereby ensuring compliance with data protection law. More information can be obtained from:

<https://www.igt.hscic.gov.uk/WhatsNewDocuments/NHS%20IG%20guidance%20-%20Document%20Scanning%20V1%202011.pdf>

20. The associated 'Patient Information Sheet' and the 'Driving' section of the CVI should be made available to a patient in whichever format is most accessible to them.

The health services should also send a copy of the form to the patient and where the patient has given consent, a copy of the CVI should be sent to the patient's GP (via nhs.net secure email accounts) and relevant local authority (email should only be used if there is a secure email account or otherwise it should be sent by post) within five working days of its completion, as stated in the Care Act Statutory Guidance:

<https://www.gov.uk/guidance/care-and-support-statutory-guidance/other-areas>

21. Hospital services will need to be clear about which local authority the patient lives in so that the CVI can be sent to the correct place.
22. As stated in the Care Act Statutory Guidance, upon receipt of the CVI, the local authority should make contact within two weeks with the person issued with the CVI to talk to them about being registered and the benefits of registration. If the person consents to registration they will be included on the local authority's register and be provided with a registration card. Where there is an appearance of need for care and support, local authorities must arrange an assessment of their needs in a timely manner.
23. If health services are unable to e-mail (email should only be used if there is a secure email account) the copies to the relevant local authority, the patient or their GP, hard copies should be sent. It is essential that the copy issued to the patient complies with the NHS Information Standard: <https://www.england.nhs.uk/tis/>.
24. Electronic versions can be accepted for registration by the local authority. Local authorities who receive a letter or form in error should urgently forward it to the service in the correct locality. It is also recommended that the health services keep a list of patients certified for local internal audit purposes. The Care Act statutory guidance states that the CVI should be kept until the person moves to another area or has passed away. Further information may be obtained in the Care Act Guidance <https://www.gov.uk/guidance/care-and-support-statutory-guidance/other-areas>.
25. The collection and analysis of research epidemiological data is undertaken by the Certifications Office on behalf of The Royal College of Ophthalmologists in England. Where

the patient has given consent, health services should also send a copy of the CVI form promptly by secure email from nhs.net to:

The Royal College of Ophthalmologists, c/o Certifications Office
Moorfields Eye Hospital
City Road
London
EC1V 2PD

Or by email to meh-tr.cvi@nhs.net

Who should be certified as severely sight impaired?

26. People can be classified into three groups:

Group 1: Offer to certify as severely sight impaired: people who have visual acuity worse than 3/60 Snellen (or equivalent).

Group 2: Offer to certify as severely sight impaired: people who are 3/60 Snellen or better (or equivalent) but worse than 6/60 Snellen (or equivalent) who also have contraction of their visual field.

Group 3: Offer to certify as severely sight impaired: people who are 6/60 Snellen or better (or equivalent) who have a clinically significant contracted field of vision which is functionally impairing the person e.g. significant reduction of inferior field or bi-temporal hemianopia.

Who should be certified as sight impaired?

27. People can be classified into three groups:

Group 1: Offer to certify as sight impaired: people who are 3/60 to 6/60 Snellen (or equivalent) with full field.

Group 2: Offer to certify as sight impaired: people between 6/60 and 6/24 Snellen (or equivalent) with moderate contraction of the field e.g. superior or patchy loss, media opacities or aphakia.

Group 3: Offer to certify as sight impaired: people who are 6/18 Snellen (or equivalent) or even better if they have a marked field defect e.g. homonymous hemianopia.

Points to consider when certifying patients with sight impairment

28. The above groupings are used for guidance purposes only as it is ultimately a matter of professional judgement for the consultant ophthalmologist as to the person's visual function, whether a person should be certified and, if so, whether as sight impaired or severely sight impaired.
29. The following point is important because it is more likely that you will also certify a person in the following circumstances (i.e. even if they do not meet the visual acuity criteria below):
- How recently the person's eyesight has failed? A person whose eyesight has failed recently may find it more difficult to adapt than a person with same visual acuity whose eyesight failed a long time ago. This applies particularly to people who are in groups 2 and 3 below.
30. The visual acuity is recorded using Snellen or Snellen equivalent. The best corrected acuity in each eye should be recorded individually as should the binocular acuity (to reflect overall function).
31. Where acuity cannot be accurately measured, a patient may be certified if, in the consultant's judgement, there are clinical findings/investigations consistent with significantly impaired acuity and/or restricted visual fields.
32. Record the cause of sight impairment in each eye separately selecting the main cause of sight impairment for the patient. If there are different causes of sight impairment in each eye, the consultant ophthalmologist should choose the cause in the eye that has most recently led to the person becoming certifiably sight impaired or severely sight impaired. If there are different pathologies in the same eye, choose the cause that in your opinion contributes most to sight impairment. If it is impossible to choose the main cause, indicate multiple pathologies.

Children and young people (0 - under 18)

33. Children and young people who have congenital ocular abnormalities leading to visual defects should be certified as sight impaired unless they are obviously severely sight impaired.
34. In infants and children, certification should not be postponed if the consultant considers that there is evidence of significantly impaired visual acuity and/or visual field.

35. Children and young people should be certified as severely sight impaired or sight impaired according to the binocular corrected vision.

Payment of fees

36. Where a commissioner directly contracts a consultant or an organisation to provide this service, payment is the responsibility of the commissioner. Clinical Commissioning Groups, as commissioners of secondary care ophthalmology services, are responsible for payments that may be due.

37. Consultants employed by a provider of this service would normally be paid under the arrangements set out in their contract of employment. For a Consultant Ophthalmologist employed on the 2003 consultant contract, work included in their job that is scheduled into programmed activities, unless otherwise agreed with their employer, should not attract an additional fee.

38. Consultant ophthalmologists who have remained on the 'old' consultant contract and consultants employed on the 2003 contract who undertake this work in their own time may continue to make requests for their payment of fees. For further information, see schedules 10 and 11 of the 2003 consultant terms and conditions of service and paragraphs 141 and 145 of the terms and conditions of the 'old' consultant contract. The responsibility for paying this fee is with the employer.

39. Since 2006, the Doctors' and Dentists' Review Body has recommended that doctors set their own fees for carrying out this work. Further information on payable fees under the Consultant Contracts can be found on NHS Employer organisation's website <http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/consultants-and-dental-consultants>

Diagnosis not covered (including ICD-10 code)

40. The International Classification of Diseases (ICD)-10 was endorsed by the forty-third World Health Assembly in May 1990 and came into use in World Health Organization States as from 1994.

41. The ICD has become the international standard diagnostic classification for all general epidemiological and many health management purposes. These include the analysis of the general health situation of population groups and monitoring of the incidence and prevalence of diseases and other health problems in relation to other variables such as the

Certificate of Vision Impairment

characteristics and circumstances of the individuals affected. More information about ICD-10 is available on the World Health Organization's website at: <http://www.who.int/en>

Enquiries

42. Any enquiries should be addressed, preferably by email, to the Department of Health's mailbox at LD&A@dh.gsi.gov.uk. The postal address is:

Department of Health
Dementia and Disabilities Branch
Area 313A
Richmond House
3rd Floor
79 Whitehall
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