



Department  
of Health

# Certificate of Vision Impairment

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

August 2017

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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

Association of Directors of Children's Services

NHS England

Local Government Association

Local Authorities

Social Workers

Occupational therapists

Specialist rehabilitation workers

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## Executive summary

These Explanatory Notes (ENs) contain guidance primarily for consultant ophthalmologists and hospital eye clinic staff in England about who should be certified as sight impaired and severely sight impaired. The ENs provide guidance on how to complete the Certificate of Vision Impairment (CVI) form and its use in the certifying process, and have been updated in tandem with a revision of the CVI form itself. It is though ultimately a matter of professional judgement for the consultant ophthalmologist as to how the person's vision loss impairs their day to day activities and ability to function.

The CVI formally certifies someone as sight impaired (previously referred to as partially sighted) or as severely sight impaired (previously referred to as blind). With the permission of the patient the CVI is shared so that the local authority they are ordinary resident in, is able to make contact with them to offer and explain the benefits of registration on a local sight register and to ensure services are accessible as appropriate.

The ENs have been developed in partnership with The Royal College of Ophthalmologists, the Royal National Institute of Blind People, the Certifications Office at Moorfields Eye Hospital, the Association of Directors of Adult Social Services, NHS England, the Department for Work and Pensions and with advice from the Department for Health and Social Services in the Welsh Government, the Health and Social Care Board in Northern Ireland and the Scottish Government, and have been the subject of a public consultation.

There are also 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) can be accessed at <https://www.rcophth.ac.uk/professional-resources/certificate-of-vision-impairment/> on the Royal College of Ophthalmologists website. The LVL was developed for optometrists to enable patients whose sight problems are causing them difficulties to self-refer for help and support. The Referral of Vision Impaired Patient (RVI) template is for hospital eye clinics to use before a CVI is appropriate and 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>

The previous ENs published in January 2013 and the CVI published in August 2007 are now cancelled. Northern Ireland, Scotland and Wales have their own ENs and CVI forms.

## Purpose of the CVI form

1. The CVI formally certifies someone as sight impaired (previously referred to as partially sighted) or as severely sight impaired (previously referred to as blind). With the permission of the patient the CVI is shared so that their local authority or an organisation working on their behalf, is able to make contact to offer and explain the benefits of registration on a local sight register and to ensure support and services are accessible as appropriate.
2. Sight loss can have a significant impact on a person's independence and wellbeing. If the person is not known to social services as someone with needs arising from their sight impairment, the CVI acts as a formal referral for a needs assessment. Consequently, the CVI should be seen as a significant step on the sight loss pathway, enabling people to access support to help them retain or regain independence. Certification should therefore not be seen as the end of the treatment journey for patients but as a gateway to support and services.
3. On receipt of a CVI, in addition to providing an assessment of the patient's social care needs, the local authority or an organisation working on their behalf should also contact the patient to offer and explain the benefits of registration. Registration is voluntary, and whilst it is essential to obtain some benefits and concessions, it is not a prerequisite for accessing support from social services.
4. Hospital clinic staff should explain the importance of certification and the sharing of information with their local authority, their GP and the Royal College of Ophthalmologists Certifications Office at Moorfields Eye Hospital. If the patient still does not consent to sharing information they should be made aware they may miss out on valuable support and information.
5. Completing and sending off the CVI in a timely manner is not only beneficial for the patient but will enable community health and social care agencies to plan appropriate services as part of local strategies such as falls prevention or loneliness and isolation.
6. If the patient has also provided consent to share the CVI form with the Certifications Office at Moorfields Eye Hospital, the CVI will be used to record diagnostic and other data that is used for epidemiological analysis and reported via an NHS England Public Health Indicator.
7. In the case of a child or young person 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. The local authority specialist education vision impairment service is usually the lead service in supporting the development and education of babies, children and young people. 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.

## Certificate of Vision Impairment

8. All babies, children and young people should be referred direct to the local authority specialist education vision impairment service as soon as sight impairment is identified and provided consent has been given, either by the patient themselves in the case of older children (see paragraph 22) or their parent or guardian.
9. Public authorities such as NHS providers and their agents (such as consultants, hospital staff, and GP services), and local authority social care services are reminded of their obligations under the NHS Accessible information standard (<http://www.england.nhs.uk/accessibleinfo>) to record and act on an individual's information and communication needs. In addition, there are wider duties to make reasonable adjustments for disabled patients and 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. This would include people who have learning disabilities, dementia and other cognitive disabilities. Further guidance can be found at: <https://www.equalityhumanrights.com/en/multipage-guide/using-service-reasonable-adjustments-disabled-people>

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

10. The Care Act 2014 requires local authorities to establish and maintain a register of people who are sight impaired or severely sight impaired. The Care and Support (Sight-impaired and Severely Sight-impaired Adults) Regulations 2014 provide for a person to be treated as being sight impaired or severely sight impaired if the person is certified as such by a consultant ophthalmologist - <http://www.legislation.gov.uk/ukxi/2014/2854/contents/made>
11. If the person consents to registration they will be included on the local authority's register and be provided with a registration card. With the person's permission the registers can also be used by the local authority to ensure information about services is made accessible to that person, such as whether they would benefit from receiving accessible voting materials for elections. Where there is an appearance of need for care and support, local authorities must arrange an assessment of those needs in a timely manner.

## Completing the CVI form

12. The CVI form can be found at - <https://www.gov.uk/government/publications/guidance-published-on-registering-a-vision-impairment-as-a-disability> to download.

13. The CVI should be opened as a 'read only' copy and saved with a local file name. An eye service that wishes to complete the CVI form electronically may do so provided all the fields on the form are used and the printed version matches the pages of the CVI template in all respects. The template should not be amended.
14. 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 social care system. When recorded on the national NHS 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.
15. Part 1 of the CVI form clearly indicates the section that must be completed by the consultant ophthalmologist and they should also complete the visual acuity and diagnosis section as set out in Part 2 of the CVI as well. The CVI should be completed fully and accurately. The patient should be actively involved in completing the form which may be completed in part by members of the eye clinic staff where indicated on the form, such as by an Eye Clinic Liaison Officer (ECLO).
16. It is good working practice to have ECLOs in hospitals as this helps to create a good link between health and social care and enhances joined up support for the patient. Clinic staff should be suitably trained to be able to manage what may be an emotional and upsetting time for the patient. The patient should be asked to sign if they consent to their information being shared. It is important to document the patient's decision in their notes and to advise them of the benefits of sharing their information. The patient does not have to consent to share information, and they can also withdraw their consent at any point by contacting the relevant organisations.
17. It is suggested under the Armed Forces Covenant that the patient is asked if they have ever served in the Armed Forces and, if so, to signpost the patient to information about Blind Veterans UK who are able to offer services and life time support irrespective of whether the condition is attributable to their time in the services. Blind Veterans UK can be contacted at:

Blind Veterans UK  
12-14 Harcourt Street  
London  
W1H 4HD  
<http://www.blindveterans.org.uk/>  
Telephone: 020 7723 5021

18. If the patient's vision has deteriorated rapidly, this should be indicated along with any other factor potentially relevant to needs for care and support in the box provided on page 4 of the CVI, e.g. a physical/mental condition that the local authority may find helpful to know about it in advance when considering support needs.

## Authorising the CVI

19. The consultant ophthalmologist should say that the patient is either certified as sight impaired or severely sight impaired, complete the relevant medical sections and sign the form. An electronic signature may be used for this purpose.

## Disseminating the CVI

20. It is expected that health services will keep the completed CVI, 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>
21. In line with the NHS Information Standard, the expectation is that a copy of the CVI and the associated 'Patient Information Sheet' should be given to the patient in whichever format is most accessible to them, such as in larger print. An easy-read covering letter is available at -  
<https://www.gov.uk/government/publications/guidance-published-on-registering-a-vision-impairment-as-a-disability> to download. In particular, attention should be drawn to the 'Driving' section which states that patients certified as sight impaired or severely sight impaired must not drive.
22. An accessible copy of the CVI should also be given to the patient, or parent or guardian if the patient is a child. Minors who are 16 or 17 years old are presumed capable of consenting to the sharing of their CVI with their GP, their local council and with the Certifications Office at Moorfields Eye Hospital where information about eye conditions is collected and analysed. A person under 16 years of age may also have the maturity to consent in the same way but this should be decided on an individual basis by the Consultant Ophthalmologist. Where the patient has given consent, all pages of the CVI should be sent to the patient's GP (via nhs.net secure email accounts if possible), and to the local authority or an organisation working on their behalf, within 5 working days of its completion as stated in the Care and Support Statutory Guidance. Doing this electronically is the preferred method. The local authority or an organisation working on their behalf should make contact with the patient within 2 weeks to offer support. The guidance may be found at: <https://www.gov.uk/guidance/care-and-support-statutory-guidance/other-areas>
23. Ophthalmologists and eye clinic staff should ensure patients are provided with information such as "Sight Loss : What we need to know". This booklet and has been written by people with sight loss. It is available online at [www.rnib.org.uk/sightlossinfo](http://www.rnib.org.uk/sightlossinfo)

24. Hospital eye clinic services will need to be clear about which local authority the patient lives in so that the CVI can be sent to the correct one. If the CVI form is sent incorrectly, the local authority who received it in error will return the form to the hospital.
25. If the eye clinic is unable to e-mail the CVI to the relevant local authority or the patient's GP, hard copies should be sent. E-mail should only be used to send copies to the relevant local authority and the patient's GP via secure e-mail accounts. CVIs should be sent individually to local authorities and not collected over a period of time in batches, to avoid delays in offers of support.
26. It is also recommended that the hospital keeps a list of patients certified as sight impaired or severely sight impaired for local internal audit purposes.
27. The Care and Support Statutory Guidance states that the CVI should be kept until the person moves to another area or is deceased. Further information is included in the Care and Support (Sight-impaired and Severely Sight-impaired Adults) Regulations 2014.
28. Where the patient has given consent (or the parent or guardian if the patient is a child), the eye clinic should also send a copy of pages 1 to 6 of the CVI form promptly by nhs.net secure e-mail to meh-tr.CVI@nhs.net or by post to:

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

## Who should be certified as severely sight impaired?

29. 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?

30. 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

31. The Certification groupings apply to the better seeing eye and are used for guidance purposes only as it is ultimately a matter of professional judgement for the consultant ophthalmologist as to how the person's vision loss impairs their day to day activities and ability to function. The effect on the person's ability to undertake tasks which would be possible were it not for their vision loss should be fully considered. A person whose eyesight has failed recently may find it more difficult to adapt than a person with the same visual acuity whose eyesight failed some time ago. A contribution may also be needed from the ECLO or other eye clinic support staff as necessary to get an overview of the individual's case.
32. 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).
33. 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.
34. The cause of sight impairment in each eye should be recorded separately, then the main cause of sight impairment for the patient selected and identified as instructed on the CVI form. 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, the consultant ophthalmologist should choose the cause that in their opinion contributes most to sight impairment. If it is impossible to choose the main cause multiple pathologies should be indicated.

## Children and young people under 18

35. 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.
36. 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.
37. Children and young people should be certified as sight impaired or severely sight impaired according to the binocular corrected vision.

## Payment of fees

### **Commissioner payments**

38. Where a commissioner directly contracts a consultant or an organisation to provide a 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 and queries should be directed to the local CCG.
39. Consultants who contract directly with the commissioner may retain any fee payable. This would include consultants on the pre-2003 contract where this is considered Category 2 work and consultants employed on the 2003 contract who arrange and undertake this work in their own time.

### **Employer payments to consultants**

40. Where an organisation has been commissioned to provide this service then consultants employed by that organisation will normally be paid under the arrangements set out in their contract of employment:
  - For consultant ophthalmologists employed on the 2003 consultant contract, work included in their job plan that is scheduled into programmed activities, unless otherwise agreed with their employer, should not attract an additional fee. For consultants on the pre-2003 contract this would include Category 1 work which is reasonably incidental to their contractual duties.
  - Where a consultant agrees to undertake work on behalf of the employer in their own time then the employer and the consultant should agree any arrangements for payment.

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41. Both contracts require that undertaking work that attracts a fee must not interfere with a consultants' contractual duties and that work should be scheduled to avoid conflict. The NHS Employers' organisation, which manages the national consultant contracts encourages trusts to consider developing local guidance on how contractual commitments interact with fee paying activities. If you have any further queries on the arrangements for handling fee paying services under national terms and conditions please contact NHS Employers at [doctorsanddentists@nhsemployers.org](mailto:doctorsanddentists@nhsemployers.org)

## De-certification

42. If a patient's eyesight improves and they are no longer entitled to be certified, the consultant ophthalmologist should write a letter to the patient's GP and copy it to the local authority informing them that the patient is no longer certified. If the patient is registered, the local authority should make arrangements to de-register the patient who will not be entitled to the benefits that would otherwise have been available to them.

## Diagnosis not covered (including ICD-10 code)

43. 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 from 1994.
44. The ICD has become the international standard diagnostic classification for all general epidemiological and many other 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 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

45. Any enquiries about the ENs or the CVI form should be addressed, preferably by email, to the Department of Health's mailbox at [DDU@dh.gsi.gov.uk](mailto:DDU@dh.gsi.gov.uk) The postal address is:

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