



Department  
of Health

# Certificate of Vision Impairment

Response to the Consultation on proposed changes to the Certificate of Vision Impairment and the Explanatory Notes for Consultant Ophthalmologists and Hospital Eye Clinic Staff in England.

August 2017

<b>DH ID Box - 20007</b>
<b>Title: Response to the Consultation on proposed changes to the Certificate of Vision Impairment and the Explanatory Notes for Consultant Ophthalmologists and Hospital Eye Clinic Staff in England.</b>
<b>Author: Dementia and Disabilities Unit, Social Care, Ageing and Disability Directorate</b>
<b>Document Purpose: Policy Document - Response to Consultation</b>
<b>Publication date: 17 August 2017</b>
<p><b>Target audience:</b></p> <p>Consultant Ophthalmologists and hospital eye clinic staff</p> <p>The Royal College of Ophthalmologists</p> <p>The Royal College of General Practitioners</p> <p>The College of Optometrists</p> <p>Certifications Office, Moorfields Eye Hospital</p> <p>Association of Directors of Adult Social Services</p> <p>Association of Directors of Children's Services</p> <p>NHS England</p> <p>Local Government Association</p> <p>Local Authorities</p> <p>Social Workers</p> <p>Occupational therapists</p> <p>Specialist rehabilitation workers</p>
<p><b>Contact details:</b></p> <p>Department of Health</p> <p>Dementia and Disability Unit</p> <p>Room 2E56 Quarry House</p> <p>Quarry Hill</p> <p>Leeds, LS2 7UE</p> <p><a href="mailto:DDU@dh.gsi.gov.uk">DDU@dh.gsi.gov.uk</a></p>

You may re-use the text of this document (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit [www.nationalarchives.gov.uk/doc/open-government-licence/](http://www.nationalarchives.gov.uk/doc/open-government-licence/)

© Crown copyright 2017

Published to gov.uk, in PDF format only.

[www.gov.uk/dh](http://www.gov.uk/dh)

# Contents

Executive summary .....	4
1. What we did and who responded .....	5
2. Responses to the consultation questions .....	7
Annex A: Consultations Questions .....	13
Annex B: Organisations who responded to the consultation .....	14

# Executive summary

## The Consultation

1. Between 16 November 2016 and 3 January 2017, the Department of Health held a public consultation to update the Certificate of Vision Impairment (CVI) form which is used to certify someone as sight impaired or severely sight impaired. Proposed changes to the related Explanatory Notes (ENs), which assist consultant ophthalmologists and hospital eye clinic staff in England in completing the CVI, were also consulted upon. The CVI had last been updated in 2007 and the ENs in 2013.

2. This document outlines the responses to the consultation which included those from voluntary sector organisations and people with sight loss, and how the CVI and ENs have been changed further as a result of those responses and subsequent engagement with The Royal College of Ophthalmologists and other stakeholders. Many comments made in response to the Consultation were minor but constructive in nature, and where appropriate have been taken on board in finalising the updated ENs and CVI.

3. The updated CVI and ENs are intended to make the CVI process work better for vision impaired people who need access to support. For consultant ophthalmologists and Eye Clinic Liaison Officers (ECLOs), sight loss advisors and other eye clinic staff, the CVI has been made easier to use and clarity given on why they need to use it. While the ENs reflect the continuing practice of consultant ophthalmologists exercising their judgment as appropriate, visual disability has been redefined in terms of level of visual acuity and visual field deficit.

## Updating the CVI and the ENs

4. The CVI has been updated to ensure it continues to capture the information needed to certify someone as sight impaired or severely sight impaired and with their consent, for them to gain advice and support from local authorities or organisations working on their behalf. There is now one combined CVI form for England covering both adults and children. The role of the CVI in facilitating referral of the patient to the local authority has been emphasised and strengthened so that the CVI can 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 not be seen as the end of the treatment journey for patients but as a gateway to further support and services.

5. Following completion and with the consent of the patient, the CVI is shared so that local authorities are able to make contact with them to offer and explain the benefits of registration on a local sight register and to ensure the relevant services required are accessible. With the patient's permission, their details on the local register can also be used by the local authority to provide information about other services, such as whether they would benefit from receiving accessible voting materials for elections. Information for patients has also been re-written and made clearer in the CVI and the range of support available from the voluntary sector has been highlighted.

6. The importance of the CVI and continuity of care has also been strengthened in the ENs, which highlight that the patient should be actively involved in completing the CVI and which may also be completed in part by members of eye clinic staff, such as an ECLO or sight loss advisor. It is for hospitals to ensure that the CVI is fully completed and sent to the local authority in a timely manner.

# 1. What we did and who responded

1.1 The consultation ran for 6 weeks on the GOV.UK website and there were 69 responses. The Questions asked are listed at Annex A and these focused on whether the:

- a) judgement of the consultant ophthalmologist was the best basis to certify people with sight impairment in addition to them meeting the visual acuity criteria;
- b) CVI captured all the necessary details and whether the process of completing and disseminating the CVI was appropriate, up to date and making use of Information Technology developments such as e-mail;
- c) ENs included the necessary guidance to help eye clinic staff complete the CVI effectively.

1.2 Organisations that responded to the consultation are listed at Annex B. Responders are summarised in the following table.

<b>Responders</b>	<b>Number</b>
Professional Body/Government	4
NHS organisations	9
Local Authority	6
Voluntary Sector	23
People with sight loss or their representatives	27
Total	69

1.3 The Royal College of Ophthalmologists Professional Standards Committee sub-group were generous with their time in advising on proposed changes to the CVI and ENs for the consultation and afterwards, with the Royal National Institute of Blind People assisting in co-ordinating this work and in reviewing the responses to the consultation and subsequent further amendments. The amended documents have been discussed by The Royal College of Ophthalmologists Professional Standards Committee and its Paediatric sub-committee.

1.4 There were also discussions with the Association of Directors of Adult Social Services Physical and Sensory Impairment Network and prior to the consultation with colleagues from across the Eye Health Sector at the Vision 2020 UK Round Table event on Certification and Registration in September 2016, and subsequently with ECLOs in March 2017. The Certifications Office at Moorfields Eye Hospital, NHS England, the Department for Work and Pensions and the Driving and Vehicle Licensing Agency also provided advice. The updated CVI forms for Scotland and Wales were examined when considering changes to the CVI form for England.

## Certificate of Vision Impairment

1.5 There were some responses received that went beyond the scope of the consultation. These included views on using electronic versions of the CVI, for standardising local authority registration cards for people who are certified sight impaired or severely sight impaired, and on reviewing the payment of fees for consultant ophthalmologists.

## 2. Responses to the consultation questions

2.1 A summary of the responses to each question in the consultation are set out in this section.

### Question 1:

**Is the judgement of the consultant ophthalmologist of the person's visual function, the best basis to certify people with sight impairment if they do not meet the visual acuity criteria?**

Response	Number	Percentage
Yes	52	75
No	13	19
N/A	4	6

### Response

2.2 There was overall agreement with the proposed approach as set out in the consultation document. The criteria for certification included in the ENs had been updated for the consultation and were based on visual acuity and visual field, and highlighted the role that the clinical judgement of the consultant ophthalmologist can play. This was considered to continue to allow the consultant ophthalmologist to certify a person even if they do not meet the visual acuity and field criteria in the guidelines. It is ultimately a matter of professional judgement for the consultant ophthalmologist whether a person should be certified and, if so, whether as sight impaired or severely sight impaired.

### The Work Test

2.3 The 2013 version of the ENs makes reference to the National Assistance Act 1948 (NAA) which was the previous basis for the maintenance of registers of blind and other persons by local authorities. The relevant powers in that Act had been superseded by the Care Act 2014 in England. The framework under the Care Act, including the Care and Support (Sight-impaired and Severely Sight-impaired Adults) Regulations 2014 uses the terms sight impairment and severe sight impairment as the preferred terminology in place of "blind" and "partially sighted".

2.4 The NAA defined a "blind person" as a person so blind as to be unable to perform any work for which eyesight is essential. In terms of the CVI this was known as the "work test". We have removed the reference to the work test in the revised ENs as the test is of less relevance than when it was first introduced and it was based on terminology in the NAA. Northern Ireland and Wales have also removed the work test in their ENs.

**Question 2:**

**Is the process of completing and disseminating the CVI appropriate and in line with what currently happens?**

Response	Number	Percentage
Yes	37	54
No	16	23
Don't know	14	20
N/A	2	3

**Response**

2.5 The majority of responses were supportive of the proposed changes while a significant number of others mainly raised issues that would improve the completing and disseminating of the CVI. In response to those responses, further changes have been made. We have:

- emphasised the role that ECLOs and other Eye Clinic staff play in ensuring CVIs are fully completed and sent out in a timely manner to support local authorities in making contact with people to identify the appropriate support they may require;
- ensured that there is more emphasis on providing initial information in advance to local authorities on the patient’s social circumstances so they can be assisted as fully as possible;
- further improved the ‘information sheet for patients’, removing some text and re-wording other parts, ensuring that patients have access to the contact details of other charities in addition to those previously included on the CVI form;
- been clear that people certified as sight impaired or severely sight impaired must not drive;
- changed the structure of questions so that they are better directed at the patient;
- re-ordered the sequence of the diagnosis pages as the majority of CVIs will be for adults, followed by a section to be used for children and young people under 18 years of age, and in relation to where the patient’s diagnosis should be recorded;
- amended the guidance in the ENs to clarify that the patient’s better eye will designate their certification status.

**Simplifying the CVI**

2.6 Having two different patient identifiers on the CVI was felt to be confusing and so the CVI has been simplified by requiring only the NHS number to be used. Some responses suggested including additional details, such as regarding the patient’s field of vision/visual field. However, the aim was to simplify the form and to focus on recording the most appropriate clinical information. Some ICD 10 codes and criteria have been updated such as cerebrovascular



## What we did and who responded

disease which was changed to I60-I69 and ICD codes have been included for developmental and secondary cataract.

### Patient Consent

2.7 The section on patient consent has been changed significantly following the consultation and the subsequent discussions mentioned at paragraphs 1.3 and 1.4. The CVI form has been re-worded to enable the patient to be able to decline to consent to share it at the time of certification or withdraw consent at a later date. The patient is asked to sign the form to give their consent for the hospital to share a copy of the form with the individual's GP, local authority and with the Moorfields Hospital Certifications Office for epidemiological analysis. Some responses suggested that the patient should sign the form to consent to certification, or be able to consent to share information but not agree to certification having had their assessment. If a person did not agree to certification then the CVI would not be finalised.

### Emphasising 'do not drive'

2.8 Clarification was sought on the issue of sight impairment and driving. The General Medical Council guidance regarding patients who fall below the Driver and Vehicle Licensing Agency (DVLA) standards<sup>1</sup> for driving is that doctors should speak to the patient and where appropriate write to them, explaining that they are no longer within the legal limits for driving and are not permitted to drive. As well as giving this advice and informing the GP of the patient who is below the visual standard for driving, discussion with the DVLA Drivers Medical Branch would be appropriate if the patient says they will continue to drive.

### Question 3:

**Is the process of completing and disseminating the CVI up to date and in line with IT and internet developments?**

Response	Number	Percentage
Yes	23	33
No	23	33
Don't know	20	29
N/A	3	5

### Response

2.9 The consultation responses were broadly split between yes, no and don't know. In the future, it is hoped that the CVI can be completed more in line with the latest IT developments.

---

<sup>1</sup> Link to GMC guidance: <http://www.gmc-uk.org/news/30705.asp>

## Certificate of Vision Impairment

2.10 The ENs require hospitals to send a copy of the CVI for epidemiological analysis to the Certifications Office at Moorfields Hospital. Each year some 20,000 copies of the CVI arrive there, mostly by post, and most part hand written. Following the introduction of the secure nhs.net e-mail address [meh-tr@CVI@nhs.net](mailto:meh-tr@CVI@nhs.net), over 1,000 CVIs have been received via that method between April 2016 and June 2017.

2.11 The Department of Health funded a project to test the feasibility of electronic certification. The aims of the project were improved effectiveness and efficiency of the certification and registration process for speedier referral to early intervention services, and improved access to information and support. The outcomes of this work will be disseminated to Clinical Commissioning Groups.

### Question 4:

**Do the revised guidance notes capture the necessary details to help medical staff complete the CVI form effectively?**

Response	Number	Percentage
Yes	40	58
No	7	10
Don't know	16	23
N/A	6	9

### Response

2.12 In response to views received in relation to this question, further work was undertaken to ensure that the CVI form fulfils step one of the NHS Accessible Information Standard, and that it also acknowledged the needs of people who had sight loss and a learning disability. A template for an easy-read letter has been produced through working with the SeeAbility charity and a link to it is included in the ENs.

2.13 There were suggestions that other diagnosis should be included in the CVI such as Charles Bonnet Syndrome. It was thought that Charles Bonnet Syndrome was more appropriately covered in the supporting literature such as the 'Sight Loss: What we needed to know' booklet<sup>2</sup> which is referenced on the information sheet for patients and is part of the CVI form. The main causes of sight loss were already included on the CVI and other causes could be added to the form as appropriate.

2.14 It was suggested during the consultation that long and short term conditions should be defined in the ENs. However only rarely would a patient with a short term condition be certified. It was questioned why the charity Blind Veterans UK were given a specific mention on the CVI and in the ENs. This was related to the obligations to veterans included in the Armed Forces Covenant.

---

<sup>2</sup> Sight Loss: What we need to know [www.rnib.org.uk/sightlossinfo](http://www.rnib.org.uk/sightlossinfo)

**Question 5:**

**Does this new form capture all the necessary details?**

Response	Number	Percentage
Yes	29	42
No	31	45
Don't know	6	9
N/A	3	4

**Response**

2.15 Of the 69 responses to this question, 31 respondents considered that it did not. Those responses can be categorised into three main areas:

- suggested amendments and/or additions to medical information regarding diagnosis which were also considered under appropriate sections in this response;
- issues regarding patient consent - which were also considered under appropriate sections in this response;
- and suggested amendments and/or additions to general information on the CVI form.

Further changes made to General Information on the CVI form

2.16 Amendments and/or additions to general information on the form made in response to a significant number of responses to the consultation included:

- increasing much of the text on the CVI to font size 14;
- changing the title of the form to bold type;
- improving the section on the first page to be completed by the ophthalmologist to make the certification decision more prominent and adding a question regarding if the patient has been seen by an ECLO/Sight Loss Advisor;
- further information being provided for ophthalmologists regarding details of the 'Sight Loss' booklet;
- adding the address of the Certifications Office at Moorfields Hospital;
- tick boxes to remind hospital staff where to send the form being added;
- a larger box for the local authority's and the GP's details being added so that address labels can now be attached;
- a question asking whether the patient had dementia (to help inform the local authority about existing support needs) being added;

## Certificate of Vision Impairment

- an additional question being included to give local authorities information on whether someone is receiving support;
- the 'information sheet for patients' being amended to state that the local authority should make contact with the person within two weeks. The information sheet itself has been reworded and improved to make it more personalised and the text about people severely sight impaired having some sight has been removed as this is covered in more detail in the booklet 'Sight Loss; What we needed to know' which is referenced on the CVI form.

2.17 More generally the CVI form now identifies that an ECLO may be the member of the eye clinic staff that completes parts of the form with the patient, and the important role that they play has been highlighted in the ENs. It was not possible to list all the voluntary organisations on the CVI who may be able to help the patient, however, a range of charities are included in the 'Sight Loss' booklet. The reference on the CVI form has been amended to this effect.

2.18 A section has been added to page 4 of the CVI for identification of the patient's information and communication needs. The CVI form now fulfils step one of the NHS Accessible Information Standard (SCCI 1605). The font size has been increased in most sections, tick boxes for questions have mostly been replaced and the CVI patient information also meets RNIB Clear Print guidelines.

2.19 There were suggestions that information regarding referral to hearing clinics, welfare benefits assessments and information about referrals to low vision clinics should be added but these were not core functions of the CVI form.

# Annex A: Consultations Questions

1. Is the judgement of the consultant ophthalmologist of the person's visual function, the best basis to certify people with sight impairment if they do not meet the visual acuity criteria? - yes/no

Is the judgement of the consultant ophthalmologist of the person's visual function, the best basis to certify people with sight impairment if they do not meet the visual acuity criteria? - Please provide details to explain your answer.

2. Is the process of completing and disseminating the CVI appropriate and in line with what currently happens? - yes or no

3. Is the process of completing and disseminating the CVI up to date and in line with IT and internet developments? - yes or no

Is the process of completing and disseminating the CVI up to date and in line with IT and internet developments? - Please provide details to explain your answer.

4. Do the revised guidance notes capture the necessary details to help medical staff complete the CVI form effectively? - yes or no

Do the revised guidance notes capture the necessary details to help medical staff complete the CVI form effectively? - Please provide details to explain your answer.

5. Does this new form capture all the necessary details? - yes or no

Does this new form capture all the necessary details? - If not, what is missing?

6. Have you any other points to make? - Any other comments

## Annex B: Organisations who responded to the consultation

These included :

Action for Blind People  
Aintree University Hospital  
BID Services  
Birmingham Institute for the Deaf  
Bradbury Fields  
Certificate of Vision Impairment Committee  
Deafblind UK  
Devon County Council  
Devon Local Optical Committee  
Essex Sight  
Esme's Umbrella, the Awareness Campaign for Charles Bonnet Syndrome  
Focus Birmingham  
The Guide Dogs for the Blind Association  
Kent Association for the Blind  
My Sight Nottinghamshire  
New Viewpoint Ltd  
NHS South Gloucestershire Clinical Commissioning Group  
NHS England  
Nottingham City Council  
Optical Confederation  
Peterborough and Stamford Hospitals NHS Foundation Trust  
Plymouth Guild Hearing and Sight Centre  
Thomas Pocklington Trust  
Rehabilitation Workers Professional Network  
Royal Cornwall Hospital NHS Trust  
The Royal National Institute of Blind People  
Salisbury NHS Foundation Trust  
SeeAbility  
Sefton Council  
Staffordshire and Stoke on Trent NHS Partnership Trust  
Stockport Council  
Vision North Somerset  
Vision 2020 UK  
Vista  
Yorsight (part of the Wilberforce Trust)