

Certificate of Vision Impairment

Explanatory Notes for Consultant Ophthalmologists and Hospital Eye Clinic Staff in Northern Ireland

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Contents

	PAGE NUMBER
Status of the Certificate of Vision Impairment forms CVI-NI-2017(A) and CVI-NI-2017(C)	3
Purpose of the form	3
Managing the form and associated referral letter	4
Epidemiological data	4
Completing the form	4
Severely sight impaired	5
Who should be certified severely sight impaired?	5
Other points to consider	5
Sight impaired	5
Diagnosis not covered (including ICD-10 code)	6
Other points to consider	7
Transferring and retaining the CVI	7
Driving	8
Enquiries	8

Status of the Certificate of Vision Impairment forms CVI-NI-2017(A) and CVI-NI-2017(C)

1. The Certificate of Vision Impairment (CVI) relates to the Department of Health's obligations under sections 1 and 2 of the Chronically Sick and Disabled Persons (NI) Act 1978.¹
2. The forms CVI-NI-2017(A) and CVI-NI-2017(C) replaced the form CVI-NI2007.
3. The CVI-NI-2017 forms are the result of work carried out through the NI Developing Eyecare Partnerships (DEP) Project, which was tasked by the Department of Health in 2012 with achieving the objective: "Pathways for eyecare will ensure that blind/partially sighted certification and registration processes are appropriately conducted." The DEP Project's CVI Subgroup had representation from: Royal National Institute of Blind People (RNIB); Department of Health; Health and Social Care Trust Ophthalmology, Optometry and Sensory Support Departments; The Health and Social Care Board and The Public Health Agency.
4. These revised Explanatory Notes, in addition, reflect consultations that have taken place with the Royal College of Ophthalmologists, Vision 2020 UK and The Certifications Office at Moorfields Eye Hospital.

Purpose of the forms

5. The CVI-NI-2017 forms formally certify someone as sight impaired (partially sighted) or as severely sight impaired (blind) so that Health and Social Care Trusts in Northern Ireland are able to make contact to offer support.
6. Form CVI-NI-2017(A) is for use with patients aged 18 and over and form CVI-NI-2017(C) is for use with patients under the age of 18.
7. Certification should not be seen as the end of the treatment journey for patients but a gateway to support and services. It is important to note that support provided to people with sight loss may need to be adjusted to their assessed needs.
8. The secondary purpose to the form is to record a standard range of diagnostic and other data that is used for epidemiological analysis (see below). The other recipients of the CVI form will also be able to see this information.
9. In the case of a child, the CVI-NI-2017(C) acts as a referral to children's social services but is not the referral route for vision impairment (VI) education services. All babies, children and young people should be referred directly to the education VI service as soon as sight impairment is identified. This includes those who are below the threshold for certification.

¹ 1978 c. 53

Managing the form and associated referral letter

10. The DEP CVI Subgroup agreed a paper-based certification process for implementation in 2017, with an electronic process to be implemented as soon as practicable thereafter, in line with developments in England. These Explanatory Notes will then be updated to reflect the electronic process.
11. It is expected that the Health and Social Care Trust's Sensory Support Team will keep the completed form with their patient records, signed by the consultant and the patient. Previously a copy of the CVI was also sent to the GP. This is now not necessary as the letter from the consultant ophthalmologist to the GP will confirm the person's sight status and will contain the information that a GP needs access to. Patient notes will clearly annotate that a CVI form has been completed and is held by the Health and Social Care Trust's Sensory Support Team.
12. Hospital services will need to be clear about which Health and Social Care Trust covers the area in which the patient lives so that the CVI form can be sent to the correct place. A Health and Social Care Trust which receives a letter or form in error should urgently forward it to the service in the correct locality.

Epidemiological data

13. The collection and analysis of research data is undertaken by:

NI Office for the Certification of Vision Impairment,
Belfast Health and Social Care Trust,
Ophthalmology Main Office (F.A.O. AJ Jackson),
EENT Building,
Royal Victoria Hospital,
274 Grosvenor Road,
Belfast BT12 6BA

Completing the form

14. Each CVI-NI-2017 form should include the patient's Health and Care Number (HCN). This number uniquely identifies that person having been certified. When placed on a national database, this should enable transfer of information about the patient when the patient moves from one area to another, is de-certified, or dies.
15. Although there are some technical elements on the CVI-NI-2017, the information on the form describes the person's situation and is designed to help local authorities determine the priority of the referral. These aspects of the form can be completed by other members of eye clinic staff, such as an Eye Clinic Liaison Officer, and the patient should be actively involved in their completion.
16. Paragraphs 18-27 can be used to help decide whether to certify a person as severely sight impaired (blind) or as sight impaired (partially sighted).

17. If there is more than one cause of sight loss, tick each box that applies in the diagnosis section of the form and circle the MAIN cause. Include any additional diagnosis not covered, and any further information, in the comments box in the diagnosis section of the form. Please indicate if the patient has diabetes.

SEVERELY SIGHT IMPAIRED

Who should be certified severely sight impaired?

18. Only the condition of the person's eyesight should be taken into account, other physical or mental conditions should be ignored. The main condition to consider is the person's visual acuity. Visual acuity is recorded using Snellen or Snellen equivalent.
19. Certification of severe sight impairment should be carried out for those who have considerable functional disability caused by reduced vision. The following objective groupings are used as a guide, but some flexibility should be applied to reflect the level of disability due to visual causes.

People with Severe Sight Impairment can be classified into three groups:

Group 1: People who are below 3/60 Snellen (or equivalent 1.30 LogMAR).

Group 2: People who are 3/60 (1.30 LogMAR) but below 6/60 Snellen (1.00 LogMAR) and have a much contracted field of vision and /or need support to adjust to their sight loss.

Group 3: People who are 6/60 Snellen (1.00 LogMAR) or above who have a contracted field of vision especially if the contraction is in the lower part of the field.

Other points to consider

20. 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 the same visual acuity whose eyesight failed a long time ago. This applies particularly to people who are in group 2 and 3 above.

SIGHT IMPAIRED

Who should be certified sight impaired?

21. A person can be certified as sight impaired if they are 'substantially and permanently handicapped by defective vision caused by congenital defect or illness or injury' but do not meet the criteria for severe sight impairment.
22. As a general guide, certify as sight impaired, people who have visual acuity of:

Group 1: 3/60 (1.30 LogMAR) to 6/60 (1.00 LogMAR) Snellen (or Snellen equivalent) with full field.

Group 2: Up to 6/24 Snellen (0.60 LogMAR or equivalent) with moderate contraction of the field, opacities in media or aphakia

Group 3: 6/18 Snellen (0.50 LogMAR or equivalent) or even better if they have a gross defect, for example hemianopia, or if there is a marked contraction of the visual field, for example in retinitis pigmentosa or glaucoma.

23. People who are certified as sight impaired are entitled to the same help from their Health and Social Care trust as those who are certified as severely sight impaired. However, they may not be eligible for certain social security benefits and tax concessions for people who are certified as severely sight impaired.

Diagnosis not covered (including ICD-10 code)

24. 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. 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 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/classifications/icd/en/>

Other points to consider

25. Infants and young children who have congenital ocular abnormalities leading to visual defects should be certified as sight impaired unless they are obviously severely sight impaired.
26. A separate paediatric form is in use, CVI-NI-2017(C), as it allows easier and more precise classification of paediatric eye disease and also allows international comparison of data.
27. Children should be certified as severely sight impaired or sight impaired according to the binocular corrected vision.

Transferring and retaining the CVI

28. Hospital staff should give the patient the CVI-NI-2017 Patient Information Sheet before they leave the clinic.
29. The full CVI form should be forwarded to the patient's Health and Social Care Trust's Sensory Support Team **within five working days of its completion**. This will help the Health and Social Care Trust to ensure that the patient is offered a timely assessment of need which may lead the patient to quickly getting the care and support they require.
30. The Sensory Support Team within the Health and Social Care Trust will keep the full, completed CVI form, signed by the consultant and the patient. This may be used for clinical audit purposes. A copy of page 1 of the CVI form must be sent by the Health and Social Care Trust for epidemiological purposes to:

NI Office for the Certification of Vision Impairment,
Belfast Health and Social Care Trust,
Ophthalmology Main Office (F.A.O. AJ Jackson),
EENT Building,
Royal Victoria Hospital,
274 Grosvenor Road,
Belfast BT12 6BA

31. Upon receipt of the CV-NI-2017, the Health and Social Care Trust's Sensory Support Team should make contact with the person issued with the CVI **within two weeks** to arrange a needs assessment.
32. The Sensory Support Team within the patient's Health and Social Care Trust will provide the patient with a full information pack.
33. The CVI-NI-2017 should be kept until the person moves to another area or has died. In the event of a person's death, the Health and Social Care Trust should keep the CVI-NI-2017 for at least 3 years after the person's death as it may be necessary for tax purposes to establish if a deceased person was registered with a Health and Social Care Trust.

34. Any ophthalmologist unsure if a patient is certified as vision impaired should check with their Health and Social Care Trust's Sensory Support Team.
35. In cases where a patient's sight improves to the point where they no longer meet the threshold for vision impairment, the ophthalmologist must let the patient's Health and Social Care Trust Sensory Support Team know **within five working days of the assessment being made** so that the Sensory Support Team may de-certify the patient and ensure that this is communicated to the patient, the patient's GP and the Northern Ireland Office for the Certification of Vision Impairment (see paragraph 37).

Driving

36. Patients who meet the threshold for vision impairment **must not drive**. The Driver and Vehicle Licensing Agency has produced Advice for medical professionals for drivers with visual disorders "Visual disorders: assessing fitness to drive" (March 2017). To view this guidance, visit <https://www.gov.uk/guidance/visual-disorders-assessing-fitness-to-drive>

Enquiries

37. Any enquiries should be addressed as follows:

NI Office for the Certification of Vision Impairment,
Belfast Health and Social Care Trust,
Ophthalmology Main Office (F.A.O. AJ Jackson),
EENT Building,
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