

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

Status of the form

1. The form Certificate of Vision Impairment (CVI) is to replace form BD8 (1990) and the CVI 2003 from 1 September 2005.
2. The new form is the result of extensive consultation with, amongst others, service users; academics; the Association of Directors of Social Services (ADSS); Department of Culture, Media and Sport; Department of Work and Pensions; Inland Revenue; National Assembly of Wales; Northern Ireland ; Optometrists; RNIB and various other voluntary organisations; Royal College of Ophthalmologists; Scottish Executive; social workers and specialist rehabilitation workers.
3. The revision has also included development of two standard referral documents to provide additional opportunities to refer people with failing sight for a social services assessment in advance of 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.The aim is to reduce delays in referral for social care, for example having to wait for a condition to stabilise before certification. The templates for the two documents can be downloaded from the same website as these notes.
4. *Circular HN(90)5; HN(FP)(90)1; LASSL (90)1*, dated January 1990 which relates to form BD8(1990) is hereby cancelled.

Purpose of the form

5. The CVI performs the same function as BD8. That is, it formally certifies someone as partially sighted or as blind (now using the preferred terminology 'sight impaired' or 'severely sight impaired', respectively) so that the local council can register him or her. 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 visual impairment registration also acts as a referral for a social care assessment.
6. There is a secondary purpose to the form, which is to record a standard range of diagnostic and other data that may be used for epidemiological analysis (see below). The other recipients of the CVI form will also be able to see this information.

Payment of fees

7. For a Consultant Ophthalmologist employed on the 2003 consultant contract, work included their job plan and scheduled into programmed activities, unless otherwise agreed with their employer, should not attract an additional fee. Consultant ophthalmologists who have remained on the 'old' consultant contract and consultants employed on the 2003 contract who carry out this work in their own time (for further information, see schedules 10 and 11 of the 2003 consultant terms and conditions of service at www.nhs.employers.org.) may continue to make requests for their payment of fees. Since 2006, the Doctors' and Dentists' Review Body has recommended that doctors set their own fees for carrying out this work.

8. In addition, a fee may only be paid if:

- a special examination is necessary;
- necessary information cannot be readily given from knowledge of the case;
- an appreciable amount of work is involved extracting information from case notes;
- certification after 1 September 2005 is recorded on form CVI.

8. Councils should not be involved in this process as payments are the responsibility of the local health service.

Managing the form and associated referral letter

9. Neither the form (CVI) nor the eye clinic referral letter (RVI) will be available as hard-copy to purchase. The template form and letter can be downloaded as needed from the NHSweb at:

<http://nww.doh.nhs01.nhs.uk/nhsweb/nhskbweb.nsf/0/1E12A4E3CFE6B27380256F4200409D07?OpenDocument>

10. The documents should be opened as 'read only' copies, saved with a local file name, and tailored with the hospital's logo and/or the clinic contact details.

11. Hospital eye clinics that do not have internet access should make arrangements to obtain a copy of the template file through their IT department, library service, etc.

12. An eye service that wishes to computer-automate the process of completing the form may do so. This is 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 associated information for patients contained in the sheet '*About this Certificate*' and the '*Information for driving licence holders*' does not have to be reproduced in the suggested format each time, but should be made available to a patient in whichever format is most accessible for him or her.

13. It is expected that services will keep the completed form, signed by the consultant and the patient, for their records. They will then send the form electronically to the relevant council/PCT, the GP and the patient (if they have e-mail). If SSDs are satisfied that a hard copy with both signatures exists in the hospital notes, electronic versions can be accepted for registration. However, hospitals may wish to produce an electronic signature for their consultants. A hard copy of the form will also need to be sent for epidemiological analysis by Moorfields Eye Hospital (address under paragraph 16).

14. If you are unable to e-mail the copies to the relevant council/PCT, the GP and the patient, you will need to send them hard copies. It is essential that the copy issued to the patient be of the highest quality reproduction.

15. Hospital services will need to be clear about which council or agency covers the place in which the patient lives so that the RVI and/or CVI can be sent to the correct place. Councils who receive a letter or form in error should urgently forward it to the service in the correct locality. This is no different to the previous arrangements with the BD8.

Epidemiological data

16. From 1 September 2005 the collection and analysis of the anonymised epidemiological data will be undertaken for the Royal College of Ophthalmologists by Moorfields Eye Hospital. Clinics should send a stapled copy of pages 1- 5 of the CVI form to:

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

17. Clinics may wish to send packages of forms monthly or quarterly, depending on usage. Please ensure the package is clearly marked with the year to which the forms relate.

Completing the form

18. **General:** Although there are some technical elements on the CVI, some information on the form and all the information on the RVI describes the person's situation and is designed to help social services determine the priority of the referral. The patient should be actively involved in completing these aspects of the form.

19. **Technical:** The following paragraphs 21 - 29 can be used to help decide whether to certify a person as severely sight impaired (blind) or as sight impaired (partially sighted). These are the same as the notes on the front page of the BD8.

20. If there are different causes in either eye, choose the cause in the last eye to become certifiably visually impaired. If there are different pathologies in the same eye, choose the cause that in your opinion contributes most to visual loss. If it is impossible to choose the main cause, indicate multiple pathologies.

Severely sight impaired

21. The National Assistance Act 1948 states that a person can be certified as severely sight impaired if they are "*so blind as to be as to be unable to perform any work for which eye sight is essential*" (National Assistance Act Section 64(1)). The test is whether a person cannot do *any work* for which eyesight is essential, not just his or her normal job or one particular job.

22. Only the condition of the person's *eyesight* should be taken into account, other physical or mental condition should be ignored. The main condition to consider is what the person's

visual acuity is. Visual acuity is the best direct vision that can be obtained, with appropriate spectacle correction if necessary, with each eye separately, or with both eyes together if a person has both. Visual acuity is tested to Snellen's type and is also defined in Logmar.

Who should be certified severely sight impaired?

People can be classified into three groups:

23. Group 1: People who are below 3/60 Snellen

Certify as severely sight impaired: most people who have visual acuity below 3/60 Snellen.

Do not certify as severely sight impaired: people who have visual acuity of 1/18 Snellen unless they also have considerable restriction of visual field.

In many cases it is better to test the person's vision at one metre. 1/18 Snellen indicates a slightly better acuity than 3/60 Snellen. However, it may be better to specify 1/18 Snellen because the standard test types provide a line of letters which a person who has a full acuity should read at 18 metres.

24. Group 2: People who are 3/60 but below 6/60 Snellen

Certify as severely sight impaired: people who have a very contracted field of vision.

Do not certify as severely sight impaired: people who have a visual defect for a long time and who do not have a very contracted field of vision. For example, people who have congenital nystagmus, albinism, myopia and other conditions like these.

25. Group 3: People who are 6/60 Snellen or above

Certify as severely sight impaired: people in this group who have a contracted field of vision especially if the contraction is in the lower part of the field.

Do not certify as severely sight impaired: people who are suffering from homonymous or bitemporal hemianopia who still have central visual acuity 6/18 Snellen or better.

Other points to consider

26. These points are important because it is more likely that you will certify a person in the following circumstances:

- 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 group 2 and 3 above.
- How old the person was when their eyesight failed? An older person whose eyesight has failed recently may find it more difficult to adapt than a younger person with the same defect. This applies particularly to people in group 2 above.

Sight impaired

27. There is no legal definition of sight impairment. The guidelines are that 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*'.

28. People who are certified as sight impaired are entitled to the same help from their local social services 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.

29. As a general guide, certify as sight impaired, people who have visual acuity of:

- 3/60 to 6/60 Snellen with full field.
- up to 6/24 Snellen with moderate contraction of the field, opacities in media or aphakia
- 6/18 Snellen 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.

Diagnosis not covered (including ICD-10 code)

30. 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/en>

Other points to consider

31. **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.

32. **Children aged 4 and over** should be certified as severely sight impaired or sight impaired according to the binocular corrected vision.

Transferring and retaining the CVI

33. A copy of the CVI should be forwarded to the patient's GP and local authority within five working days of its completion.

34. In accordance with *Progress in Sight*, the ADSS National Standards (at: <http://www.adss.org.uk/eyes.shtml>), on receipt of the CVI the patient's social services department (or its agents) should contact the person and arrange for the following:

- an assessment of his or her needs

- their inclusion on the local authority's register (with the person's consent) and provide a standardised registration card

35. The CVI is an important source of information for council services and if a person moves to another area, it should be shared with the new local social services. This will avoid the need for re-certification. The social services copy of the form should be kept until transferred to another authority or until there is evidence that the person is deceased.

Enquiries

Address enquiries, preferably by email, to:

SCPI-Enquiries@dh.gsi.gov.uk

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