

Certificate of Vision Impairment Wales (2022)

*Explanatory Notes for Consultant
Ophthalmologists, Hospital Eye Service Staff,
Optometrists and Optometry Practice Staff*

Prepared by the Welsh Government

Contents

1. Status of the form	Page 3
2. Background.....	Page 3
3. Purpose of the form	Page 3
4. Registration and assessment by the local authority.....	Page 4
5. Epidemiological data	Page 4
6. CVI Wales 2022 form	Page 4
7. What should be explained to the person being certified?.....	Page 4
8. Advice on completing the form	Page 5
9. Who should be certified severely sight impaired?.....	Page 5
10. Who should be certified sight impaired?.....	Page 6
11. Diagnosis not covered: The International Classification of Diseases (ICD)-10.....	Page 7
12. Who should receive a copy of the completed CVIW 2022 form?.....	Page 7
13. Third sector support	Page 7
14. Social care.....	Page 8
15. Enquiries.....	Page 8
16. Annex 1	Page 8

Status of the form

1. The form Certificate of Vision Impairment Wales (CVIW) replaced the use of form CVI 2003, in Wales, from 2016. The form CVIW has been updated to reflect the change in who is able to certify a person as vision impaired and form CVIW 2022 replaces the use of all previous forms from [insert launch date].

Background

2. The CVI process was revised in 2016 by the Welsh Government and in collaboration with a range of key stakeholders including representatives of: The Royal College of Ophthalmologists; Health Boards; the Welsh Optometric Postgraduate Education Centre; local authority social care; specialist rehabilitation workers; Certifications Office at Moorfields Eye Hospital, London; Optometry Wales; Low Vision Service Wales; third sector organisations including Sight Cymru, RNIB, Guide Dogs UK and Vision Support.

3. Previously, the CVI form¹ interlinked certification of sight impairment with consent for referral to local authorities and consent for epidemiological information to be sent to the Certifications Office. This meant that individuals who did not consent to the entire process were not certified, resulting in lost opportunities for social care support and lost opportunities for analysis of epidemiological information.

4. The aim of the 2016 revision was to improve the process so that people could choose to consent to the whole or part of the process; to encourage local authorities to carry out more robust social care assessments of individuals and; facilitate more epidemiological data capture to aid research about the prevalence of eye disease in Wales. It is envisaged the new process will ultimately lead to improved provision of services for people who need support because of sight loss.

5. The 2016 CVIW process has been amended by the Welsh Government (CVIW 2022), and extended to enable Wales Eye Care Services (WECS) optometrists accredited to provide low vision services to perform certification. Certification of vision impairment for people with specific eye conditions is now specified for delivery in the WECS clinical manual. (NB Prior to optometry contract reform, the accreditation required is Eye Health Examination Wales (EHEW) plus Low Vision Service Wales). This is in addition to certification by consultant ophthalmologists. In addition, CVI data will now be collected in Wales by Certification Office, NHS Wales Shared Service Partnership, CVI Document Scanning Team, Primary Care Services, Ground Floor, Cwmbran House, Mamhilad Park Estate, Pontypool NP4 0XS

Purpose of the form

6. The CVIW 2022 form is the mechanism that enables:
- a person to be certified as either sight impaired (partially sighted) or severely sight impaired (blind) and;
 - a referral to local authority for the purpose of assessment and/or registration and;

¹ CVI form 2003 (that replaced the BD8) was used in England and Wales.

- the recording of a standard range of diagnostic and other data that may be used for epidemiological analysis by Certification Office, NHS Wales Shared Service Partnership, CVI Document Scanning Team, Primary Care Services, Ground Floor, Cwmbran House, Mamhilad Park Estate, Pontypool, NP4 0XS.

Registration and assessment by the local authority

7. Upon receipt of the completed CVIW 2022 form, social services departments of local authorities should contact the person to offer them registration on its registers² and offer to carry out an assessment of need³. Where need is established, the local authority will aim to meet the needs of that individual. The local authority may also carry out a needs assessment of any carer in the same way.⁴ Access to social services is not dependant on registration, however, access to some benefits will be. The local authority will be able to help the individual with information about the benefits available to them.

Epidemiological data

8. The collection and analysis of the anonymised epidemiological data will be undertaken by Certifications Office, NHS Wales Shared Service Partnership The data will be made available to the Welsh Government, local health boards and local authorities upon request to the Certifications Office. Evidence of prevalence can be used by the Welsh Government, local authorities and local health boards in its assessment of need of the resident population and consequently aid planning of future services to meet those needs.

CVIW 2022 form

9. The CVIW 2022 form is set out in three parts and enables the person being certified to have the choice of whom they wish to have their information shared with. Therefore, a person may consent to share their information with the Certification Office, NHS Wales Shared Service Partnership and/or with their local authority at the time of their certification.

10. CVIW 2022 Part 1: This section formally certifies a person's sight loss; requests patient consent to share information; and details visual function and diagnosis of eye disease. This section should be completed by the ophthalmologist or WGOS low vision accredited optometrist in all cases with patient consent.

11. CVIW 2022 Part 2: This section enables information to be gathered to aid referral to local authorities and records ethnicity. This part can be completed by any member of eye care staff with patient consent.

12. CVIW 2022 Part 3: This section contains a patient information page about the process. A copy of the patient information page must be given to the person being certified in all instances.

What should be explained to the person being certified?

² In accordance with section 18 Social Services and Wellbeing (Wales) Act 2014

³ In accordance with section 19 Social Services and Wellbeing (Wales) Act 2014.

⁴ In accordance with section 24 Social Services and Wellbeing (Wales) Act 2014

13. In all cases, ophthalmologists, optometrists, and any other eye care staff member involved in the certifications process should ensure that the following information is communicated to individuals:

- A person being certified does not have to consent to referral to their local authority or for their information about their eye disease being shared with the Certification Office, NHS Wales Shared Service Partnership. It's entirely their choice.
- A referral to local authority is advisable because it will mean that a person will be offered an assessment of their need for care and support and have their identified needs met. This may help the person to live independently.
- Carers of the person can have an assessment of their need for care and support and have their identified needs met.
- A person referred to their local authority for support does not have to be registered. Assessment of needs should happen as a separate process.
- Registration for sight impairment may help with access to certain benefits. Local authorities will provide information about this.
- Certification Office, NHS Wales Shared Service Partnership will analyse the epidemiological information to evidence the incidence of eye conditions affecting people in Wales. This analysis (anonymised) can then be used by the Welsh Government, local health boards and local authorities to plan and tailor services that meet the needs of the population.
- A driver with sight loss must inform the DVLA at the earliest opportunity or they will risk a £1,000 fine. Continuing to drive is a health and safety risk and a danger to the person and to other motorists.

Advice on completing the form

14. The patient should be actively involved in completing the form.

15. 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.

Who should be certified severely sight impaired?⁵

16. People can be classified into three groups:

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.

⁵ Section 64 (1) of the National Assistance Act 1948 previously defined severely sight impairment as “a person can be certified as severely sight impaired if they are “so blind as to be unable to perform any work for which eye sight is essential”. The National Assistance Act 1948 has since been revoked in Wales as a result of the enactment of the Social Services and Wellbeing (Wales) Act 2014.

- 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.

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.

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 when considering certification as severely sight impaired

17. 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.

Who should be certified sight impaired?

18. 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.

19. 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.

Other points to consider when considering certification as sight impaired

20. 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.
- 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.
- Does the person live alone or do they have a hearing impairment?

Diagnosis not covered (including ICD-10 code)

21. 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 Organisation States 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 Organisation's website at: <http://www.who.int/en>

Who should receive a copy of the completed CVIW 2022 form?

22. A copy of the form should be sent to the agencies that the person has consented to share information with. See Annex 1. The consent to share information section is found on page 2 of the CVIW 2022 form.

23. The certifying hospital eye service or the certifying optometry practice (depending on where certification took place) should keep the original completed form, signed by the consultant ophthalmologist/optometrist and the patient, for their records and a copy must also be given to the patient in a format that is the most accessible format for them.⁶

⁶ The All Wales Standards for Accessible Communication and Information for People with Sensory Loss (published July 2013 by NHS Wales) can be found at: <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

Third sector support

24. In all cases consultant ophthalmologists, optometrists and other supporting eye care staff should use every opportunity to signpost people to local charities for support and advice and especially if a person has declined consent for referral to their local authority.

25. It is advised that optometrists, ophthalmologists and other eye care staff draw the patient's attention to the third sector support information at the back of the CVIW form.

Social Care

26. Vision Rehabilitation Specialists can work with people with sight loss to get about indoors and outdoors safely, improve confidence with preparing meals, using appliances safely, and looking after themselves and their family. They also provide information, training and advice for friends, family and carers. Children and young people can get similar support from a Vision Habilitation Specialist. You can also ask about adaptations to your home to make it safer and simpler to use.

Enquiries

27. Any enquiries regarding the process and form should be made to:
Optometry Policy Branch
Welsh Government
4th Floor
Cathays Park
Cardiff
CF10 3NQ

Annex 1

1. Local Authority means the local authority responsible for the area the person is resident.

2. The Certifications Office: clinics should send a stapled copy of the CVIW 2022 form to:

Certification Office,
NHS Wales Shared Service Partnership
CVI Document Scanning Team
Primary Care Services
Ground Floor
Cwmbran House
Mamhilad Park Estate
Pontypool NP4 0XS

Nwssp-primarycareservices@wales.nhs.uk

Certificate of Vision Impairment Wales (2022) Explanatory Notes

3. A copy of any completed form that has consent for information to be passed to the local authority should be sent to the local authority on the day of certification or as soon as possible thereafter. Any delay in sending the form to the local authority will mean delay to help for the individual if they need it.
4. 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.