

Certificate of Vision Impairment (CVI) (Scotland) Form

Explanatory Notes for Ophthalmologists and Hospital Eye Clinic Staff

This form is **not** to be used for **those aged under 16 years** – they should be notified under the **Visual Impairment Network for Children and Young People (VINCYP)** <http://www.vincyp.scot.nhs.uk>

The CVI (Scotland) Form

1. The Certificate of Vision Impairment (CVI) (Scotland) form **replaces the BP1 form**.

2. The new form is the result of extensive consultation with people who use services, ophthalmologists, optometrists, orthoptists, ophthalmic nurses, low vision workers, RNIB, the Scottish Council on Visual Impairment (SCOVl), Visual Impairment Societies, Local Authorities and patient representatives. The form was piloted and reviewed prior to implementation.

Purpose of the CVI (Scotland) Form

3. The CVI (Scotland) form performs the same function as the BP1 form. 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 Authority (or the agency acting on their behalf e.g. Visual Impairment Society) can place their name on the register of sight impaired people if they agree to registration.

4. **Registration is voluntary**, although most people who are certified choose to be registered as part of a 'seamless' process of accessing the services, care and support they need. Access to some benefits and sight support services is not dependent on registration. Those with a sight impairment may still be able to access support and services without being registered. If the person is not already known to the Local Authority (or the agency acting on their behalf) as someone with needs arising from their visual impairment, registration also acts as a referral for a social care assessment.

5. **Certification should not be seen as the end of the pathway for the person, but a gateway to support and services.** It is important to note that the care and support provided to people with vision loss may need to be adjusted to their assessed needs.

6. There is a secondary purpose to the CVI (Scotland) form, which is to record a standard range of diagnostic and other data that may be used for epidemiological analysis and service planning at a national and local level.

Managing the completed CVI (Scotland) Form

7. The CVI (Scotland) form is a paper based form. Forms will be available in a similar manner to the BP1 form. At a future date, an electronic system may be developed and the CVI (Scotland) form is suitable for adaptation for electronic use.

- i. The original completed and signed form will be sent from the hospital eye department to the Local Authority or Visual Impairment Society as was practice with the BP1 form. Please ensure the copy being sent has the CHI number redacted.
- ii. A spreadsheet for epidemiological analysis and service planning will be completed by the NHS ophthalmology department and sent to Public Health Scotland (PHS), to capture certification data centrally and securely (e.g. name, CHI number, visual certification status, diagnosis and date).
- iii. The local authority or visual impairment society will supply PHS with patient demographics and registration information (e.g. date registered, removal from register date and declined/removal reason).

Completing the Form

8. The patient should be actively involved in completing the form which should be **completed and signed by a consultant ophthalmologist**. Ophthalmologists in training should undergo supervised completion of the form with a clear understanding of these Explanatory Notes, as part of their training. To comply with the legal framework, forms must be signed by a consultant ophthalmologist.

9. The criteria used to certify a person as severely sight impaired (blind) or as sight impaired (partially sighted) are unchanged (i.e. they are the same as for the BP1 form – see definitions on page 6 of these Explanatory Notes). These definitions are used as a guide, and judgement may be required regarding a patient's level of disability based on other visual parameters e.g. for diagnoses such as functional visual blindness, blepharospasm, and oculo-motor apraxia.

10. Diagnostic categories are offered on the form based on the International Classification of Diseases (ICD) 10. The list is not exhaustive and other diagnostic codes should be provided under the 'other' category at the end of the list, where known. If there is no known code, please use H54.7 (unspecified vision Loss).

11. Please indicate the cause of vision loss in each eye, by ticking the appropriate box(es). In the majority of cases there will be one single cause of vision loss in both eyes – and the diagnostic box for each eye can be ticked. If there are different causes in either eye or multiple relevant pathologies in one (or both) eyes, record the cause of sight impairment in each eye separately for the patient and rank **all causes** by most recent, relevant causes and importance on the form. Where there is more than one cause of vision impairment, please do not tick the boxes, but instead please order as 1, 2, 3 putting 1 as the main cause. There should be a maximum of 3 causes for each eye.

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12. The new CVI (Scotland) forms will be available for distribution in clinic rooms and other venues throughout departments in place of the BP1 forms.

13. If the patient agrees to their details being forwarded for **the provision of care and support services and further information on registration**, they should tick the box to indicate this, on page 1 of the CVI (Scotland) form.

14. The patient (or their representative) should sign the form in the box provided. In cases of incapacity the doctor should sign the form, as with other incapacity / consent situations.

15. When completed, the form should be sent to the Local Authority/ Visual Impairment Society (VIS) by the department secretary / visual impairment administrative support. This should be carried out as soon as possible – **within 2 weeks or sooner**. The form can be scanned and sent electronically if this is agreed and can be achieved securely. Please ensure the copy being sent has the CHI number redacted.

16. The department (through secretarial services / visual impairment administrative support) will complete a spreadsheet that will contain minimal essential information only on certification for statistical purposes (see 6 and 7ii above). This certification information will go to PHS for analysis.

17. The Visual Impairment Societies / Local Authorities will complete a spreadsheet containing essential patient information regarding registration (see 7iii above). This information will go to PHS for analysis.

18. On an annual basis, Visual Impairment Societies (VIS) / Local Authorities will submit an annual return of the number of people who are registered as severely sight impaired or sight impaired in their local area to PHS. This will provide information about the total number of people who are on local registers each year.

19. In order to prevent disadvantage to people who are unable to go to hospital to be certified (e.g. due to mobility problems, disability), it is recommended that community optometrists and ophthalmologists develop a local arrangement to support diagnosis and the completion of forms, or arrange for domiciliary visits by the consultant ophthalmologist.

20. It is suggested under the Armed Forces Covenant that the patient is asked if they have ever served in the Armed Forces, including as a reservist, or for National Service and, if so, to signpost the patient to information about Sight Scotland Veterans, formerly known as Scottish War Blinded, who are able to offer services and life time support, irrespective of whether the condition is attributable to their time in the services. Sight Scotland Veterans contact details can be found in the patient information leaflet.

21. If you have ticked 'Yes' to any of the 'other relevant factors' at section B. of the form, please ensure that you have highlighted the support services in the patient information leaflet or if you consider that the patient requires support urgently, please indicate this on the form and consider making a direct call to initiate early support.

Definitions

Severely Sight Impaired (Blind)

22. This is defined in statute – 'so blind that they cannot do any work for which eyesight is essential' (1948 National Assistance Act). The test is whether a person cannot do any work for which eyesight is essential, not just their normal job or one particular job.

23. Only the condition of the person's eyesight should be taken into account, other physical or mental conditions cannot be considered.

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

Certify as severely sight impaired: people who have visual acuity below 3/60 Snellen (or equivalent). Do not certify as severely sight impaired: people who have visual acuity of 1/18 Snellen (or equivalent) unless they also have restriction of visual field. In many cases it is better to test the person's vision at one metre. 1/18 Snellen (or equivalent) indicates a slightly better acuity than 3/60 Snellen (or equivalent). However, it may be better to specify 1/18 Snellen (or equivalent) 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 (or equivalent).

Certify as severely sight impaired: people who have a 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 contracted field of vision. For example, people who have congenital nystagmus, albinism, myopia and other similar conditions.

Group 3: People who are 6/60 Snellen (or equivalent) 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 equivalent) or better.

Other Points to Consider

24. 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 the same visual acuity whose eyesight failed a long time ago. This applies particularly to people who are in groups 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 (Partially Sighted)

25. There is no legal definition of sight impairment.

A person can be certified as sight impaired if they are 'substantially and permanently functionally impaired by defective vision caused by congenital defect or illness or injury'. People who are certified as sight impaired are entitled to the same help from their Local Authority (e.g. social services) as those who are certified as severely sight impaired. However, they may not be eligible for certain social security benefits and concessions as for people who are certified as severely sight impaired, unless they have additional disabilities.

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

- 3/60 to 6/60 Snellen (or equivalent) with full field.
- up to 6/24 Snellen (or equivalent) with moderate contraction of the field, opacities in media or aphakia.
- 6/18 Snellen (or equivalent) or even better if they have a severe field defect, for example hemianopia, or if there is a contraction of the visual field, for example in retinitis pigmentosa or glaucoma.

Urgent referral to the Local Authority / Visual Impairment Society

26. **Some patients may require urgent referral** to the Local Authority/ Visual Impairment Society and this should be indicated on the form e.g. those with sudden or rapid deterioration of vision, and those in the working age group. A direct call may be appropriate to initiate early support.

Information for patients who drive

27. **Any driver certified as sight impaired or severely sight impaired must not drive and you should inform the patient that they must inform the DVLA at the earliest opportunity.** Further information and contact details for the DVLA are included in the CVI (Scotland) form's tear off patient information leaflet (page 13 of the form).

Local statutory and third sector services assessing patient's needs

28. If you are aware of the local statutory or third (voluntary) sector service responsible for assessing a person's needs (e.g. social work services or local Visual Impairment Society), it can be helpful to provide this information to the patient.

Removal from the register

29. This is expected to be an unusual event and, even if a patient's vision does improve with treatment, consideration of their likelihood of future deterioration and current visual status should be taken into account. Some people request removal from the register if their vision improves and this should be accommodated, but it must be emphasised that support from the Visual Impairment Society is still available.

Removal from the register is effected by a letter from the consultant to the relevant Visual Impairment Society and / or Local Authority, indicating a change in visual function and requesting removal

30. As part of the new CVI Scotland process, information on certification and registration will be gathered from NHS Boards and Local Authorities (or their agent) respectively and provided to PHS. This is to inform epidemiological research on eyecare and sight loss in Scotland, as well as local and national service planning. To enable this, NHS Boards and Local Authorities (or their agent, for example local Visual Impairment Societies) should complete the spreadsheet template which collects a subset of the certification and registration data. A copy of this template can be received by contacting PHS.CVI@phs.scot. The information provided will be securely transferred annually to PHS, where it will be held securely.

It will only be accessible to PHS for the purposes of providing anonymised summary information, including statistics, on the CVI process. This can then be used by national and local partners in the CVI process to inform the planning and delivery of services at a national and local level and epidemiological research.

For more detail on how PHS use personal information, please visit <https://www.publichealthscotland.scot/our-privacy-notice/organisational-background/>

How to request more CVI (Scotland) Forms?

31. If your eye department needs more CVI (Scotland) forms, you can request more copies by contacting the Scottish Government's Central Enquiry Unit on

Telephone: 0300 244 4000 or +44 (0)131 244 4000

Text Relay Service: 18001 + 0300 244 4000

Email: ceu@gov.scot

How to get more copies of these Explanatory Notes?

32. Copies of these Explanatory Notes can be obtained from the Scottish Government's Central Enquiry Unit - contact details in paragraph 31 above.

Annex A: Transitions for young people from the Visual Impairment Network for Children and Young People (VINCYP) to the Certificate of Vision Impairment (CVI) Scotland

How will young people notified to VINCYP transition to the new CVI Scotland process at age 16?

A.1 VINCYP will write to the parent(s) / carer(s) of all young people notified to VINCYP at age 15.5 years to advise them that if the young person is visually impaired, they may be eligible for certification by an ophthalmologist as sight impaired (partially sighted) / severely sight impaired (blind). VINCYP will advise parent(s) / carer(s) and young people that this is a voluntary process and will provide the information leaflet on CVI Scotland, explaining registration and what the advantages can be. VINCYP will also attach to this letter information which VINCYP holds regarding the young person's visual impairment, some of which may be dated, but which may be helpful if the young person is no longer attending an eye department.

A.2 If the parent(s) / carer(s) and the young person wish the young person to be considered for certification by an ophthalmologist, and they feel that the level of their vision meets the criteria, they can request this through any member of the local VINCYP team, who should already be involved with them, or their local high street optometrist or GP.

A.3 If the parent(s) / carer(s) feel that the young person would not qualify for certification, or they do not wish their sight loss to be certified, they do not need to respond to the letter from VINCYP.

How will young people who are notified to VINCYP be certified using the CVI Scotland process at age 16?

A.4 As certification requires to be by an ophthalmologist this may mean that the young person may need to attend a hospital appointment. At this appointment, the ophthalmologist will examine the young person and complete the form which the young person or carers will also sign.

A.5 The completed and signed CVI (Scotland) form will be sent from the hospital eye department to the Local Authority or Visual Impairment Society as is current practice (see paragraph 7 of the CVI Scotland Explanatory Notes).

A.6 An epidemiological “CVI Certification Data Collection spreadsheet” for epidemiological analysis and service planning will be completed by the NHS ophthalmology department. This will be sent to PHS to capture certification data centrally and securely (name, CHI number, visual certification status, diagnosis and date) if the young person gives their consent to their information being used to inform medical research and the planning of national and local services for people with sight loss.

A.7 If the young person has irreversible severe visual impairment and records are adequate, then the ophthalmologist may be able to complete the form without requiring the young person to have an appointment. In this case, the CVI (Scotland) form will be completed by the ophthalmologist and then sent to the patient or their guardian for them to sign and return so that it can be processed in the usual way.

If a child or young person is currently already certified and registered, how will they engage with the CVI process when they reach 16?

A.8 VINCYP does not record information on whether children and young people are currently registered, but as detailed above, VINCYP will write to the parent(s) / carer(s) of all young people notified to VINCYP at age 15.5 years to advise them that if the young person is visually impaired, they may be eligible for certification by an ophthalmologist as sight impaired (partially sighted) / severely sight impaired (blind). If the young person is **already registered**, certification through the adult CVI Scotland process is **not** required, and this is explained to them in the letter sent by VINCYP.

Will services change when a young person reaches age 16 years if they become certified?

A.9 If a young person remains at school after the age of 16 years, they will continue to be supported by the local VINCYP team whilst they are attending school. A multi-agency review prior to the young person leaving school (age 16-19 years) should take place to identify their needs and how these should be met on moving on to adult services. As part of this review, support from the Local Authority (or the agent acting on their behalf, such as the local Visual Impairment Society) will be identified. For those young people who are certified at 16 years, but remain in school, they may additionally, as part of the CVI Scotland process, be offered additional contact from adult visual impairment / sensory services.

Your rights: <https://beta.isdscotland.org/topics/eye-care/certificate-of-vision-impairment-cvi/>