

# Certifying patients as visually impaired: the start of a journey

In March 2017 there were 290,475 people registered as either visually impaired or severely visually impaired in the UK [1]. Patients registered as sight impaired benefit from financial support as well as practical help. Practical help is provided by social services in the form of special equipment and training [2]. Examples of financial support includes subsidised council tax bills, free public transport passes, and reduced fees for TV licences. There are some concerns that despite the advantages, not all eligible patients are being certified as sight impaired and are therefore missing out on these benefits [3]. This short article will explain who is eligible for certificates of visual impairment, the process of doing so, and some of the practical help that can be offered to improve the lives of those living with visual impairment.

## Eligibility [4]

Patients can either be classified as severely sight impaired or sight impaired. Those registered as severely sight impaired are eligible for greater degrees of support.

People can be classified as severely sight impaired if they fall into one of the three categories:

Severely sight impaired	
Group 1	Visual acuity worse than 3/60 (or equivalent)
Group 2	Visual acuity better than 3/60 but worse than 6/60 but also have contraction of their visual field
Group 3	Visual acuity of 6/60 or better with clinically significant contracted field of vision which is impairing the person, e.g. significant reduction in inferior field or bi-temporal hemianopia

People can be classified as sight impaired if they fall into one of the three categories:

Sight impaired	
Group 1	Visual acuity between 3/60 and 6/60 with full visual field
Group 2	Visual acuity between 6/60 and 6/24 with moderate contraction of visual field, e.g. superior or patchy loss, media opacities or aphakia
Group 3	Visual acuity of 6/18 or better with marked visual field defect, e.g. homonymous hemianopia

Ultimately it is a matter of professional judgement for the consultant whether the person's visual loss impairs their functional activities. Contribution from the Eye Clinic Liaison Officer (ECLO) or other clinic staff may be beneficial.

## The process

Once the decision to certify a patient as sight impaired has been made, the process is straightforward. The form was updated in August 2017 to simplify the process and avoid administrative time. Concern around presumed bureaucracy is one reason why clinicians are reluctant to complete the certification of visual impairment.

The consultant needs to complete part 1 and 2 of the Certificate of Visual Impairment (CVI) (Figure 1). Other eye clinic staff including the ECLO can complete other parts of the form.

The patient should be provided with the information booklet 'Sight Loss: What we need to know.' This has been written by people with sight loss.

The CVI acts as a formal referral route for someone with sight loss to social services.

Once completed, the form is sent to an ECLO who creates a Royal National Institute of Blind People (RNIB) number. The patient is registered with the local council and is

contacted by the sensory team who can arrange an assessment of the home and provide cane training if required. They are able to arrange instalment of handrails, provide mobility training, and give advice about everyday activities including food preparation.

## Low vision clinics

Patients can also be seen in low vision clinics. Patients who are not registered as sight impaired are also eligible to access these services. The purpose of these clinics is to give patients a better understanding of their condition, to re-engage them with treatment, and to assess their functional vision.

Often patients do not understand their condition and are



Figure 2: Low vision clinics can provide equipment like lights, magnifiers, filters and telescopes, and train patients to use them.

**Certificate of Vision Impairment for people who are sight impaired (partially sighted) or severely sight impaired (blind) – Updated August 2017**  
**Part 1: Certificate of Vision Impairment**

**Patient's details**

Title and surname or family name	
All other names (identify preferred name)	
Address (including postcode)	
Telephone number	
Email address	
Date of Birth (dd/mm/yyyy)	
Sex (delete as appropriate)	Female/Male/Unspecified
NHS Number	

**To be completed by the Ophthalmologist**

Tick the box that applies  
 I consider that:  This person is sight impaired (partially sighted)  
 This person is severely sight impaired (blind)

I have made the patient aware of the information booklet, 'Sight Loss: What we need to know' ([www.rnib.org.uk/sightlossinfo](http://www.rnib.org.uk/sightlossinfo))  
 Yes/No - delete as appropriate

Has the patient seen an Eye Clinic Liaison Officer (ECLO)/Sight Loss Advisor?  
 Yes/Referred/Not available - delete as appropriate

Signed \_\_\_\_\_ Date of examination \_\_\_\_\_

Name (print) \_\_\_\_\_  
 Hospital address \_\_\_\_\_

NB: the date of examination is taken as the date from which any concessions are calculated

For Hospital staff: Provide/send copies of the CVI as stated below  
 An accessible signed copy of the CVI form to the patient or parent/guardian if the patient is a child  
 Pages 1-5 to the patient's local council if the patient (or parent/guardian if the patient is a child) consents, within 5 working days  
 Pages 1-5 to the patient's GP, if the patient (or parent/guardian if the patient is a child) consents.  
 Pages 1-6 to The Royal College of Ophthalmologists, c/o Certifications Office, Moorfields Eye Hospital, 162 City Road, London, EC1V 2PQ, or by email: [certs@cvi@rco.org](mailto:certs@cvi@rco.org) if the patient (or parent/guardian if the patient is a child) consents.

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Figure 1: CVI (Certificate of Visual Impairment).



Figure 3: Adaptations like increasing light or reducing glare can significantly improve vision and ultimately quality of life.

pessimistic about their future. Having longer appointments where complex concepts can be clearly explained can be very reassuring for patients. Functional visual assessments aim to identify how patients are using their vision and to understand why they are struggling with everyday tasks. Training, like eccentric fixation training where patients are trained to use better areas of their vision, can dramatically improve their visual function.

These clinics can also provide equipment to patients to aid their visual function and train them in their use. These include lights, magnifiers, filters, and telescopes. They have a wide variety of equipment and techniques available as not all equipment will be suitable for every patient. Simple adaptations like increasing light or reducing glare can significantly improve vision and ultimately quality of life.

There are huge benefits of being registered which should be considered for individuals with sight impairment. Becoming registered opens doors which gives them access to support and may well allow them to continue having ongoing useful vision.

#### References

1. Registered Blind and Partially Sighted People, England 2016-17. NHS Digital <https://digital.nhs.uk/data-and-information/publications/statistical/registered-blind-and-partially-sighted-people/registered-blind-and-partially-sighted-people-england-2016-17>
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3. Simkiss P, et al. Making certification and registration consistent in England, 2013, RNIB.
4. Department of health, Certificate of Vision impairment, Explanatory notes for Consultant Ophthalmologists and Hospital Eye Clinic Staff in England, August 2017.

(All links last accessed September 2019).

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