**Certification and Registration Processes - good practice guidelines for Eye Clinic Liaison Officers (ECLOs)**

It is suggested that ECLOs read this Guideline alongside the Dept of Health Explanatory notes for Ophthalmologists (England) found here:

<https://www.gov.uk/government/publications/guidance-published-on-registering-a-vision-impairment-as-a-disability>

Please see the Appendix for other country specific details.

## Introduction

Supporting and promoting the Certification and Registration processes form an important part of the ECLO role. The processes can be confusing and appear complicated, both for patients and hospital staff, and ECLOs are well placed to help, guide and support people through them to enable the best outcomes for people affected by sight loss.

Certification & registration should always be offered to those who are eligible, and ECLO’s should provide information and support to enable an individual to make an informed choice. ECLOs provide the link between patient, hospital and community services to facilitate a smooth Certification and Registration pathway.

## The five purposes of a CVI:

1. Certifies that an individual is visually impaired (VI) according to nationally set categories
2. Provides a formal referral for the local authority (LA) social services sensory team or contracted assessment provider, and highlights that the person may have needs arising as a result of their visual impairment.
3. Provides supporting evidence for Welfare Benefits, Tax Allowance and other concessions. There is no automatic entitlement to welfare benefits but the CVI provides supporting evidence for a claim
4. Data Collection: Epidemiological and numerical data based on CVI registrations nationally is measured and collated annually. This data informs local planning - e.g. access needs, provision, development and funding of local services to meet local demand. It also helps to support local and national campaigns.
5. Is a direct link to the NHS (England) Public Health Outcomes Framework - Preventable sight loss Indicator. Measures and monitors the rate of sight loss through chronic glaucoma, age-related macular degeneration, and diabetic retinopathy per 100,000 of the population.

## Good Practice Guidelines for ECLOs

The certification process is a Department of Health process which should be hospital led and supported by the ECLO. We recommend that ECLOs do not take sole responsibility for this process, as there needs to be some hospital responsibility for ensuring Department of Health guidelines are met. In addition, it is worth stating that payment for completion of CVIs is a contractual agreement between specific Consultant Ophthalmologists and local commissioners. It will vary dependent on when contracts commenced and the local authority or commissioner. Supporting this part of the process is not part of the role of an ECLO.

Key roles for the ECLO are outlined below.

### Raising awareness and staff training

* Raise awareness with ophthalmologists and all eye clinic staff of the importance of certification and registration and timely referral for rehabilitative support. Advise how you can support / facilitate processes within your department.
* Reinforce the message that certification is life changing for patients, as opposed to the end of a process. This can include the provision of information about the benefits and concessions, and information about the services available and their impact. Stress the importance of a CVI as a “passport” for concessions
* Offer training to new / junior doctors as part of their induction – helping them to understand this key document and process (this training may also be appropriate for pre-registration Optometrists and Orthoptists on placements if they are on placements in your hospital)
* Attend and offer to speak at Clinical Governance / Audit meetings, use case studies / asking patients to tell their story to demonstrate the value of interventions and services offered as a result of certification and registration. Highlight the impact for patients that staff may not be as familiar with – for example, validation for employment services and welfare benefits. If possible, consider feeding back to referring hospital staff so they can see the outcome of the process.

### Patient information and support

* Provide additional time and accurate information to patients before and at the time of certification. This should including resources, such as "Sight Loss: What we need to know", and information about Registration and Concessions – all being offered in accessible formats
* Inform people what the steps are in the certification and registration processes enabling patients to make an informed choice. Provide emotional and practical support throughout the process
* Explain next steps and what to expect – that the person is likely to receive an initial phone call as part of the assessment process. In some cases, you may also want to provide information about preparing for a Social Care Assessment if this is unfamiliar for the individual. Inform the patient of any known local information / delays to the process to help manage expectations and advise who to contact re any process concerns/delays
* Draw attention to the patient information pages including the information about driving.

### Assisting with forms and processes

* Completion of forms - it is expected in most countries that ECLOs will assist in the completion of the social needs section of the CVI form. It is always worth ECLOs ensuring that all other sections are fully completed before leaving the hospital to facilitate accurate data collection, prompt contact with the patient and appropriate accessible format information.
* Discuss and agree with local Sensory partners how to raise awareness of an identified risk or a need for urgent assessment. In some areas it may be possible to include this information on the CVI, in others it may be preferred that the ECLO makes a separate referral to highlight need.
* In consultation with the hospital team, assist with streamlining processes and CVI record systems (see below)
* Support the development of positive relationships between your department, low vision clinics and local sensory teams / Rehab providers / holders of the register.
* Promote the use of other referral methods, i.e. the RVI and LVL forms. For those who are not eligible, ready or wishing to consent to certification but still require support from social services, the Referral of Vision Impaired Patient (RVI) form (or local equivalent) acts as a referral for eye clinics to send a patient to social services. The LVL (low Vision Leaflet) can be used by people to self-refer themselves to social services from high street optometry.

### Data and record keeping

It is recommended by the Department of Health that the hospital keeps a list of patients certified as sight impaired or severely sight impaired for local internal audit purposes. This record should be on a protected hospital system, in compliance with GDPR.

* ECLOs can contribute to record keeping within the department to ensure CVIs are processed and tracked in a timely manner.

### Initiation of CVI

* ECLOs should initiate a CVI, if a patient is eligible, and this has not been identified by the Clinical Team, but it would be appropriate.
* ECLOs should discuss this process with individual Consultants to agree a process that works for all locally.

**Signing a CVI**

In some cases, to assist or speed the process of completing a CVI, you may feel it appropriate to offer to sign a CVI on behalf of a patient if they consent (this consent should be recorded in your patient records).  If this is something you may do, we would recommend that you discuss this with the Information Governance or Ethics Legal Team within your hospital Trust before taking this approach.  It is stated on the form that a "representative" may sign on behalf of a patient, some NHS Trusts take this term in its legal form and an ECLO would therefore not be an appropriate signatory. It is therefore recommended that you clarify in writing that your Trust is happy for you to sign as a representative and keep this on record for your service.

## Summary of Certification process and recommendations for timescales

## CVI Process

## 1. Certification (Dept of Health recommends 5 days to complete this part of the process)

Certification/Registration options explained - remember certification, registration and assessment are three separate processes and a CVI is not an automatic agreement to them all.

CVI completed, signed by ophthalmologist

CVI Signed by the patient (ideally when patient is in clinic to avoid a delay / posting for a signature)

CVI sent from hospital eye service (HES) to social care

## 2. Registration (Dept of Health recommends 10 days to complete this part of the process following receipt of CVI)

Social service or service provider receives CVI and contacts the patient to explain and offer assessment and registration (can be telephone or letter).

NB This part of the process is usually conducted by a generic Social Care Contact team by phone, not necessarily the Sensory Team.

## 3. Assessment (Dept of Health recommends assessment within 2 weeks of receipt of CVI)

Usually assessed via a home visit (by a Rehabilitation Officer for the Visually Impaired (ROVI), Specialist Social Worker or Agent) if an assessment was agreed at the initial contact call.

## 4. Service Provision (Dept of Health recommends that provision of rehabilitation or aids commences within 28 days of receipt of CVI)

Usually aids are delivered and demonstrated by Sensory Team in the individual's home. This is also the expected timeframe for rehabilitation training to commence.

NB Assessment and Service Provision are dependent on patient consent. Timescales vary greatly across the nations.

Where necessary ECLOs may be required to advocate and to highlight level of need/risk.

## Appendix 1 – country specific details

### Certificate of Vision Impairment Documentation

# England

There are five CVIs in use in England:

* CVI England, CVI interactive (fill in on screen), CVI easy read letter, CVI plain text, CVI large print form
* An eCVI was used for a four-year pilot 2013-17 at Moorfields [see here](https://www.rnib.org.uk/nb-online/ecvi-pilot)
* CVI England (Revised by the Department of Health & Royal College of Ophthalmologists in 2017 with major input from RNIB and ECLOs) - this is used for adults and children and was most recently updated in September 2018. Please ensure you always use the latest version.

### **Disseminating the CVI:**

* 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.
* A copy of the CVI is placed in the patient's hospital notes or electronic record
* Pages 1-6 to The Royal College of Ophthalmologists, c/o Certifications Office, Moorfields Eye Hospital, 162 City Road, London, EC1V 2PD, or by nhs.net secure email to

meh-tr.CVI@nhs.net if the patient (or parent/guardian if the patient is a child) consents.

### **Social care duties on receipt of CVI**

On receipt of a CVI, in addition to providing an assessment of the patient’s social care needs, the local authority or an organisation working on their behalf should also contact the patient to offer and explain the benefits of registration. Registration is voluntary, and whilst it is essential to obtain some benefits and concessions, it is not a prerequisite for accessing support from social services.

Children's CVIs do not automatically get sent to the education sensory team, a separate referral is usually expected. The CVI is sent to social care, but is followed up inconsistently and it is worth exploring this locally to inform the support you provide and referrals you make.

The Care Act 2014 requires local authorities to establish and maintain a register of people who are sight impaired or severely sight impaired.

It is also recommended that the hospital keeps a list of patients certified as sight impaired or severely sight impaired for local internal audit purposes.

### De-registering in England

The consultant ophthalmologist should write a letter to the patient’s GP and copy it to the local authority (and the patient) informing them that the patient is no longer certified. If the patient is registered, the local authority should make arrangements to de-register the patient, and the patient should be advised to contact any relevant benefit providers (as they may not be entitled to the benefits that have been available to them.)

# Northern Ireland

CVI-NI-2017 (A) (for adults) - copy sent to Sensory Team only.

CVI should be documented in hospital notes and in the Consultant's letter to GP, but no copies sent. Patient receives a patient information sheet from the CVI and a patient information pack from the Sensory Team.

CVI-NI-2017 (C) (for children) - acts as referral to children's social services NOT education. "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."

Epidemiological data is collated 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

Completion of the personal and social circumstances sections of the form is encouraged by ECLOs in NI or other eye clinic staff.

### **Social care duties on receipt of CVI**:

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.

De-registering in NI - 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

# Wales

CVIW (introduced September 2016) was revised in 2023. Current documents are here [NHS Wales CVI manual 2023](https://www.nhs.wales/sa/eye-care-wales/eye-care-docs/cvi-lvsw-ehew-clinical-manual-nov23-pdf/) - no specific instructions for children, paediatric eye conditions are included in the CVIW.

Copies: Original to be stored by the Hospital, copy to patient and then if consenting to GP, Social Care, Low Vision Service Wales and Epidemiological Data Collection.

Epidemiological data is collated by The Royal College of Ophthalmologists, c/o Certifications Office, Moorfields Eye Hospital, 162 City Road, London, EC1V 2PD

Social care duties on receipt of CVI: Upon receipt of the completed CVIW form, social services departments of local authorities should contact the person to offer them registration on its registers and offer to carry out an assessment of need.

De-registering is not defined in Welsh explanatory notes.

# Scotland

CVI (Scot) - over 16's only (introduced in April 2018 revised in April 22)

[CVI Scot Guidance Materials.pdf](file:///C:\Users\cathie_b\AppData\Local\Temp\2\Temp1_Scotland%20CVI%20documents%202022%20(002).zip\670327_SCT1021481720-005_CVI%20Form%20and%20Guidance%20Materials_P11%20(1).pdf)

[CVIScot 4.22.pdf](file:///C:\Users\cathie_b\AppData\Local\Temp\2\Temp1_Scotland%20CVI%20documents%202022%20(002).zip\670323_SCT1021481720-001_CVI%20Form%20and%20Guidance%20Materials_p9.1.pdf)

Disseminating the CVI Subject to patient consent, NHS Ophthalmology Departments will be able to pass the completed CVI Scotland form to the Local Authority or agency acting on their behalf (e.g. local Visual Impairment Society) so that they can provide an assessment and support to the person. The Local Authority or their agent will also be able to ‘register’ the person if the person consents to registration. No patient copy is provided.

Epidemiological data: An online web form has been developed to collect a small subset of the data recorded on the CVI Scotland form. A member (or members) of vision support staff or administrative and clerical staff should be identified in each eye department who will be responsible for submitting this data. It would be helpful if information on Certification from completed CVI Scotland forms could be entered and submitted on to the web platform within one week of the interaction with the patient where the patient has given their consent for their data to be shared.

Local Authorities (or their agents such as the Local Visual Impairment Society) will also be submitting information to Information Services Division (ISD) Scotland on Registration following their interaction(s) with the client. Once a decision on registration has been made, information on the decision should be recorded on the web platform within 2 weeks by the Local Authority or the Agency working on its behalf if the person has given the consent for their information to be shared.

De-registration: Removal from the register is possible 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.

Children under 16 years of age in Scotland are not considered for certification or registration but are supported by the Visual Impairment Network for Children and Young People (VINCYP) pathway. Provision is made for transferring to a CVI at age 16 but this involves referral back to the Hospital Eye Service to see an Ophthalmologist to assess if certification criteria are met. See “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” within the explanatory notes.

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