The Royal College of Ophthalmologists

Summary of Certificate of Vision Impairment Survey December 2012

The College has continuously promoted the value of the Certificate of Vision Impairment (CVI) for patients. The CVI formally certifies a person as either sight impaired (partially sighted) or severely sight impaired (blind). The purpose of the CVI is to provide a reliable route for someone with sight loss to formally be brought to the attention of social care. In addition epidemiological analysis of CVI data provides information on the prevalence of sight loss.

In England, a new preventable sight loss indicator has been included in the Public Health Outcomes Framework[1]. The aim of this indicator is to help target resources to improve early detection of the three major causes of sight loss (glaucoma, age related macular degeneration (AMD) and diabetic retinopathy).

From April 2013 the indicator will be measured annually based on CVI data.
The numbers of CVIs issued in relation to adults has steadily fallen over the last few years and the College would like to try and understand some of the reasons for this ([2] and[3]).

A short online questionnaire was sent to College Members identified as UK Consultant Ophthalmologists in December 2012. A total of 1,193 individuals were sent the information. 292 responses were received (24.5% response rate) by 7 January 2013. The survey is now closed.

Key themes from the survey

A number of these themes may be interrelated e.g. 1, 3 and 6

1. **Lack of time** in clinic for proper discussion with patients about CVI was a consistent theme in the free text comments Q12 and in relation to the role of ECLOs.

2. **Improvements to the form/process** are needed - e.g. electronic form, guidelines for levels of vision suitable for registration do not appear on the form, and they take some finding on the web. There was strong qualified support for an electronic CVI process. However people remain wary of projects that are badly planned and not compatible with the realities of clinical

[1] Briefing on Public Health Indicator http://www.vision2020uk.org.uk/ukvisionstrategy/commhome.asp?section=221§ionTitle=Briefing+on+Public+Health+Indicator&preview=1

[2] . Causes of blind and partial sight certifications in England and Wales: April 2007- March 2008. Eye (Lond). 2010 Nov;24(11):16929. Epub 2010 Sep 17. Bunce C, Xing W, Wormald R. http://www.ncbi.nlm.nih.gov/pubmed/20847749

[3] 2008-2009 and 2009-2010 figures from the Certifications Office at Moorfields Eye Hospital

2013/PROF/196

practice or requirements of other related services (need for joined up planning and acceptance).

3. **Better education/information for clinicians and patients** on purpose of certification and potential benefits of registration would be helpful although most people did answer yes to Q3. In addition managers, allied health professionals and commissioners need to understand the role of the CVI and the public health indicator (Q6 and & associated free text comments Q7).

4. **Value of Eye Clinic Liaison Officers** for patients and clinicians especially in relation to pressures on consultant time (Q4 & free text comments).

5. **Record keeping and feedback** Documenting CVI conversations with patients and receiving feedback on certification and registrations. Although the majority of respondents to Q2 stated they kept a record of whether a patient has been offered a CVI some of the free text comments in response to Q12 noted showed how useful this can be if not already routinely recorded.

6. **CVI fee payments** – mixed response in free text comments but potentially this could be counteracted by better use of ECLOs and recognition of clinical time required to complete CVIs.

Current College work

The College is already working with Members and Stakeholders to promote best practice regarding the CVI process

1. **Raise awareness** of the importance of CVIs for patients and eye care services via initiatives such as this survey and possibly producing an ophthalmic services guidance document on the CVI.

2. Working with UK Vision Strategy on a communications plan for the **public health indicator**

3. Contributing to the **Advisory Group for Certifiable Visual Impairment Data and Information Management** including supporting the e-CVI pilot project and a streamlined data set for the e-CVI

4. Ongoing work with the **Vision 2020 UK Public Health Group**

5. Working on a CVI **regional teaching session road show** with RNIB, this is being led by Richard Wormald.

Recommendations in addition to the above work

1. **Local annual audit of CVIs** – suggest departments of individual consultants audit CVI s being issued on a regular basis. It is mentioned in the College glaucoma quality standards questionnaire.

2. Provide **links to information certification and registration** e.g. Atlas of Variation, and the NHS Information Centre http://www.ic.nhs.uk/pubs/blindpartiallysighted11 although this is registered not certificated information. The College could highlight existing data as a news feature on its website or in College News on an annual basis. Many of the free text responses especially in relation to benefits of an electronic CVI process felt that access to this information would be useful. The CVI office at Moorfields now releases CVI figures to the West Midlands Public Health Observatory which is responsible for feeding into the Public Health Indicator. These figures are apparently in the public domain.

3. **Update CVI information on College website** including guidelines for levels of vision suitable for registration including the fact that in significantly visually handicapped people registration, per se, does not necessarily permit higher levels of disability living allowance.

4. Discuss the issue of **possible amendments to the form** with the Advisory Group for Certifiable Visual Impairment Data and Information Management. Previously the Department of Health has been reluctant to amend the form. Is the form still owned by the DH (in each of the 4 home countries) and what is the mechanism for changing it?

5. Highlight that adequate Direct Clinical Care **administration time** for completion of CVIs should be provided in consultant timetables or that this can be aided by efficient use of ECLOs.

Professional Standards Committee
8 February 2013

Annex 1 Questions and responses

Question 1 asked respondents to note the region in which they practice. It has not been replicated below to keep this document succinct.

Q2. Do you keep a record of whether a patient has been offered a CVI?		
Answer Options	**Response Percent**	**Response Count**
Yes	72.8%	211
No	27.2%	79
	answered question	290
	skipped question	2

Q3. Are you aware of the benefits for the patient from registration which can only take place when the patient has been issued a CVI?		
Answer Options	**Response Percent**	**Response Count**
Yes	95.8%	277
No	4.2%	12
	answered question	289
	skipped question	3

This is at odds with the RNIB report findings in 'The Certification and registration Processes: Stages, barriers and delays' http://www.rnib.org.uk/aboutus/Research/reports/otherresearch/Pages/certification_registration_processes.aspx June 2012 although this did only involve 12 consultant ophthalmologists.

Q4. Do you agree that an Eye Clinic Liaison Officer is beneficial for patients as well as you in relation to CVIs?		
Answer Options	**Response Percent**	**Response Count**
Yes	96.1%	272
No	3.9%	11
	answered question	283
	skipped question	9

Q5. Do you agree that provision of a fee for completion of the CVI has any influence on CVI discussions with patients?		
Answer Options	**Response Percent**	**Response Count**
Yes	32.1%	93
No	67.9%	197
	answered question	290
	skipped question	2

2013/PROF/196

Q6. Do you think there is an incentive to not certify patients e.g. more certifications suggests more people the Hospital Eye Service is failing?			
Answer Options	Answer Options	Response Percent	Response Count
Yes	Yes	5.2%	15
No	No	94.8%	274
answered question	*answered question*	*289*	289
skipped question	*skipped question*	*3*	3

We did not find much support for this from our respondents although some of the free text answers to Q7 (**Q.7 If you answered Yes to the question above; how can this perception be dispelled?)** do show that there are some concerns relating to understanding the purpose and process for the CVI e.g. other team members e.g. nurses, managers. These can hopefully be addressed by better understanding of the CVI process amongst commissioners and colleagues.

Q8. Are you aware the Department of Health recommends the CVI be sent to the local social services department "within five working days"? See CVI: explanatory notes for consultants ophthalmologists and hospital eye clinic staff http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_078294.pdf (Accessed 3 December 2012)		
Answer Options	Response Percent	Response Count
Yes	47.6%	138
No	52.4%	152
	answered question	290
	skipped question	2

What is the significance of this target and should this be included in any future amended form (electronic or paper) or information about CVI? Where do ophthalmologists access CVI information from?

Q9. Do you think your department meets the above target?		
Answer Options	Response Percent	Response Count
Yes	23.4%	68
No	31.7%	92
Don't know	44.8%	130
	answered question	290
	skipped question	2

Q10. Do you agree that an electronic process for sharing CVI information would be useful?		
Answer Options	Response Percent	Response Count
Yes	83.1%	236
No	16.9%	48

answered question	284
skipped question	8

This does seem to be a relatively popular suggestion but see Q11 free text responses for qualifications or requirements for any electronic system.

Q11. Please explain your answer to the previous question
Summary of answers categorised as:

1. **General Support** - for an electronic system that could send information directly to social services, and the Moorfields CVI Office, from the respondents. However, it seems that respondents also expected to have direct access to any database to determine whether a patient has previously had a CVI issued, to undertake audit and to pull off data to help plan local services. Is this what is being proposed? What data is already available on national CVI etc? How can we promote this so people access what already exists?

2. **Audit** – improved access to data would help individuals or trusts audit this aspect of their services. Again what plans are there for this to be possible by individuals?

3. **Who will enter the information?** Currently consultants do not necessarily have to complete the whole paper CVI form but they are required to check the information and sign the form. How will this work for an electronic CVI and does it require consultants to complete the information? If so, time constraints may be a problem.

4. **Security/confidentiality**: any system must have appropriate security protection. How does patient consent fit in? Currently patients have to sign the form, how will this work for an online CVI?

5. **Help with planning services/commissioning** – the data from any online system can be used to inform local service provision.

6. **Concerns** that electronic systems often do not deliver the intended benefits. A few respondents also felt that the existing paper system is satisfactory.

Q12. Do you have any further comments in relation to this survey?
Summary of answers categorised as:

1. **Lack of time**: Concerns about the time it takes to speak to discuss CVI and its implications properly with a patient, time it takes to complete the form, time required for the complete process.

2. **Inadequacy of the CVI Form:** 'the cvi form is not very neat or compact the benefits should perhaps appear on the form'. Another comment was that the guidelines for levels of vision suitable for registration do not appear on

the form, that it would be useful if they could appear on the form or be easier to find perhaps on the College website.

3. **ECLOs** - related to time contestants and in addition to qu4 many respondents emphasises the value of Eye Clinical Liaison Officers

4. **Fees for CVI completion** – a number of respondents comments on the lack of fees for consultants who complete CVIs. The responses were mixed with some respondents stating they do not think a fee for CVI completion is justified, although a number of these did note it may have an impact on the decision on whether a consultant undertakes a CVI discussion especially in relation to constraints on clinical time. Other respondents felt that the fee should be paid.

5. **Record Keeping (failures) –** several respondents also mentioned that lack of information about whether a patient has previously been offered a CVI and either declined or had a CVI issued were also a problem.

6. **Positive reasons for decline in CVIs** – some respondents suggested that the reduction in CVIs could be due to improvements in services for glaucoma patients, AMD treatments and the Diabetic Screening Services.

2013/PROF/196