Updated CVI form and explanatory notes

1. What is your name?

2. What is your email address?

Can we use your email address to update you with progress on this consultation?

(Required)

Yes, please keep me up to date on progress

3. If you are replaying on behalf of your organisation, what is the name of your organisation?

Optical Confederation

What is your job role?

Policy Officer

Explanatory notes

1. Is the judgement of the consultant ophthalmologist of the person's visual function, the best basis to certify people with sight impairment if they do not meet the visual acuity criteria?

No

This is currently the case. However as pressures on hospital resources increase - as they surely will as the population ages - it may be sensible to consider widening this to include other registered eye health professionals working under agreed protocols.

For example, a patient who has been diagnosed with dry AMD, and no other eye health issues, might well be discharged to their community optometrist for monitoring on the understanding that certification will be required when the patient's condition reaches a certain point.

In line with such a discharge protocol there is no reason why the optometrist or low vision optician should not be able to certify by agreement with the patient when that point is reached, informing the diagnosing ophthalmologist, the CVI Unit registry and, with the patient' permission, their GP, any local ECLO or low vision service and social services for registration purposes. This would reduce pressure on hospital eye departments as well as making best use of the totality of NHS resources. Activity and outcomes should of course be monitored and audited in the community in the normal way.

2. Is the process of completing and disseminating the CVI appropriate and in line with what currently happens?

No

1. The option of notifying the patient's normal or referring optometrist or community optical practice should be included in Part 4 of the form.

Relying on the patient, their carer or care home to remember to notify their optometrist is unsound practice. Many such patients may well have co-morbidities that overshadow their eye health needs, which may therefore be overlooked by non-eye health professionals.

2. Parts 1 and 2 of the form should be mandatory and the data collected capable of being used anonymously or pseudonymously for analysis, audit and planning purpose. Part 3 should be optional, with the patient having choices over who this information is shared with within the NHS and social care system.

3. Is the process of completing and disseminating the CVI up to date and in line with IT and internet developments?

No

CVI completion, transmission to others (with the patient's permission) and any blocks on that should be managed electronically, and the health departments and NHS agencies should set a clear timetable for this to save money later. As the number of CVIs registered per annum rises, the information they contain will be essential for planning and auditing purposes to meet need.

By the end of this Parliament, e-CVI via one route or another should be the norm throughout the NHS and social care, and this personal information should be included in the EPCR in due course.

4. Do the revised guidance notes capture the necessary details to help medical staff complete the CVI form effectively?

No

Paragraphs 36-39 are outdated and unhelpful. The completion of CVIs should be mandatory for all NHS eye departments, included in all NHS contracts (including block), within consultants' and other relevant ophthalmologists' job descriptions (in line with Royal College clinical standards) and the contract price.

Paragraphs 37-39 are private matters for ophthalmologists and their employers, not for public guidance.

This form and guidance makes no mention of what should happen to non-NHS patients, whether being treated in NHS or independent facilities, to whom this guidance should also apply.

About the Certificate of Vision Impairment (CVI) form

1. **Does this new form capture all the necessary details? If not, what is missing?**

No

Yes clinically but with additions as noted above in response to Question 2 (repeated here for convenience).

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2. Have you any other points to make?

The idea of updating both the form and guidance is a sound one as both are overdue for revision. The new drafts are the solid minimal change option. However, regrettably, they are based on the traditional model of CVI and audit which we know many hospitals and ophthalmologists do not follow. It would be a missed opportunity not to address these issues and move the whole sector on for the benefit of patients, as set out in this response.