

## 22. Sight registers

*This chapter provides guidance on:*

- *Section 77 of the Care Act 2014;*
- *The Care and Support (Registers) Regulations 2014.*

### **This chapter covers:**

- Registration;
- Certification;
- Transferring and retaining the Certificate of Vision Impairment (CVI);
- Making contact;
- Continuity of care;
- Care planning;
- Rehabilitation;
- Care and support for deafblind children and adults;
- Other registers.

**22.1.** Local authorities **must** keep a register of people who are severely sight impaired and sight impaired.

**22.2.** Registration is voluntary, however individuals **should** be encouraged to consent to inclusion on the register as it may assist them in accessing other concessions and benefits. The data which are provided on registration are also of benefit in service planning for health and care and support. However, individuals' access to care and support is not dependent upon registration, and those with eligible needs for care and support **should** continue to receive it regardless of whether they consent to inclusion on the register.

**22.3.** Local authorities **should** help health and social care organisations to work together to meet the needs of people who are sight impaired, for example, ensuring that care and support services know what help somebody needs in their home when they leave hospital. Timely assessment and care and support that is integrated with health care and person-centred offer the potential to make improvements in experience and outcomes of people who are sight impaired, as well as improving system efficiency. Effective collection of data on registered sight impaired people will also aid the planning and delivery of effective services.

## Registration

**22.4.** Local authorities **must** keep a register of people who are severely sight impaired and sight impaired. Local authorities may wish to use this opportunity to bring forward information from existing registers and update details, for example, to check if the information on the register is still current, for example a person may have moved out of the area.

**22.5.** The Certificate of Vision Impairment (CVI) formally certifies someone as being sight impaired or as severely sight impaired. A copy of the CVI should be sent to the relevant local authority by the hospital staff. However, people in receipt of a CVI should not be added to the local register until they have given their specific consent to the local authority for registration. If the person has given consent he or she may then be registered. Local authorities may take the date of certification given on the CVI as the effective date of registration. However, if consent has not been given, the person **should** still be offered a needs assessment.

**22.6.** The CVI is an important source of information for local authorities in relation to their registration duties. Local authorities should satisfy themselves that the CVI is completed correctly and contains signatures of both the ophthalmologist and patient when receiving a hard copy of the form. Electronic versions and copies of CVIs should be accepted for registration.

**22.7.** People who agree to be registered may be entitled to some benefits, for example, an increase in personal tax allowance, a reduction in the cost of a TV license, a free bus pass and parking concessions under the [Blue Badge Scheme](#).

**22.8.** It is important that strong links exist between local authorities, health services and voluntary organisations to identify those

who may benefit from registration. Appendix C of the UK Vision Strategy 2013 contains a tool that offers a pathway, approved by the Strategic Advisory Group of the UK Vision Strategy.

**22.9.** Schedule 2 of the 1989 Children Act requires local authorities to keep registers of disabled children, which must include children with sight impairments.

## Certification

**22.10.** The CVI is issued by a Consultant Ophthalmologist to the patient certifying as sight impaired or severely sight impaired. The DH guidelines in the “Certificate of Vision Impairment: Explanatory Notes for Consultant Ophthalmologists and Hospital Eye Clinic Staff” states who should be certified as severely sight impaired and sight impaired.

**22.11.** Certification is not the final stage, but often it is the point when people begin to accept the severity of their sight loss and get access to practical and emotional support.

**22.12.** It is expected that NHS services will keep the completed certificate, signed by the consultant and the patient, for their records. A copy of the certificate should be sent to the relevant local authority and the patient’s GP within five working days of its completion. The “Certificate of Vision Impairment *Explanatory Notes for Consultant Ophthalmologists and Hospital Eye Clinic Staff*” provides information on this.

**22.13.** The Public Health Outcomes Framework (Domain 4: Healthcare public health and preventing premature mortality) has the overarching objective to reduce numbers of people living with preventable ill health and people dying prematurely and has the “preventable sight loss” indicator. The CVI is the key data source for the preventable sight loss indicator and a copy of the form

is also sent to Moorfields Eye Hospital for epidemiological analysis of cases where sight loss is due to age-related macular degeneration, glaucoma, diabetic retinopathy and any other cause.

**22.14.** The Certifications Office at Moorfield's Eye Hospital receives the CVIs from hospitals across England and Wales for anonymised analysis by age, sex, visual status, location and ethnicity. These figures are reported to Public Health England, diabetic screening programmes so that they can monitor the numbers of newly certified people in their areas with potentially avoidable eye disease and to the CVI Committee. The CVI figures are benchmarked against the Health and Social Care Information Centre's (HSCIC) data on numbers of people newly registered so mapping health and social care data. The HSCIC's publication in September 2013 "Registers of people who are blind or partially sighted: SSDA902 return Information and guidance for the collection period 1 April 2013 – 31 March 2014" provides latest data information.

**22.15.** Local authorities should note that there will also be people who have a reduced/low vision but do not meet the criteria for certification who may need to be considered in service planning.

## Transferring and retaining the CVI

**22.16.** The CVIs should be kept until the person moves to another area or has passed away.

**22.17.** In the event of a person's death, the local authority should keep the CVI for least three years after the person's death as it may be necessary for tax purposes to establish if a deceased person was registered with a local authority.

## Making contact

**22.18.** Upon receipt of the CVI, the local authority **should** make contact with the person issued with the CVI (regardless of whether the person has decided to register or not) within two weeks to arrange their inclusion on the local authority's register (with the person's informed consent) and offer individuals a registration card as identified on the CVI registration form. Where there is an appearance of need for care and support, local authorities **must** arrange an assessment of their needs in a timely manner.

**22.19.** To minimise unnecessary costs and maximise the ability of people who have sight impairment, they **should** have early access to information and advice in an accessible format so that they can adapt to their situation as quickly as possible and obtain any aids and support that will help them to manage their lives better.

## Continuity of care

**22.20.** A person may decide to move home and live in another local authority area. In such circumstances local authorities **must** follow the process which is set out in chapter 18. This is aimed at ensuring that the person's care and support needs will continue to be met during their move. The process requires the original authority to provide the authority the person is moving to with relevant information to support the move such as a copy of the person's care and support plan, their latest assessment, and any other documentation the second authority requests. This **should** include a copy of their CVI. The second authority **should** register the person with the person's consent on their register, and the former authority should remove that person's name to avoid duplication.

## Care planning

**22.21.** *Providing excellent services for blind and partially sighted people – A guide for local authorities*, published by Royal National Institute for Blind People (RNIB) and Action for Blind People, is a good practice guide that helps inform local authorities' understanding of the extent and impact of sight impairment, the main causes and risk factors and the effects on people's lives.

**22.22.** A vital part of modern care and support is the care and support plan. Having carried out a needs assessment, local authorities must prepare a care and support plan for everyone with eligible needs or other needs which the local authority is going to meet. Where someone has a sight impairment, this should be recorded in the care and support plan. Further details are set out in chapter 10 of this guidance.

## Rehabilitation

**22.23.** Local authorities **should** consider securing specialist qualified rehabilitation and assessment provision (whether in-house, or contracted through a third party), to ensure that the needs of people with sight impairment are correctly identified and their independence maximised. Certain aspects of independence training with severely sight impaired and sight impaired people require careful risk management and should only be undertaken by professionals with relevant experience and training. This type of rehabilitation **should** be provided to the person for a period appropriate to meet their needs. This will help the person to gain new skills, for example, when training to use a white cane. As aspects of rehabilitation for people with sight-impairment are distinct from other forms of reablement, it **should not** be time prescribed. Local authorities should also

refer to the Association of Directors of Adults Social Services' (ADASS) position statement of December 2013.<sup>164</sup>

**22.24.** This makes it clear that rehabilitation for sight impaired people is a specific form of reablement. However, there are some intrinsic characteristics which define rehabilitation as being distinct from other forms of reablement. It is therefore not appropriate to take a one-size-fits-all approach, and local authorities need to ensure that individual needs are met appropriately.

## Care and support for deafblind children and adults

**22.25.** This guidance relates to adults with sight impairment only. Guidance in relation to care and support for deaf-blind children and adults is issued separately under different legal powers, and should be considered in parallel.

## Other registers

**22.26.** Local authorities **may** also establish and maintain a register of people living in their area that have a disability (a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities) or who need care and support or are likely to do so in the future.

**22.27.** Inclusion on registers is voluntary and with the individual's informed consent. However local authorities **should** encourage individual's consent to inclusion on the register as such registers may support the establishment of an accurate and useful local record of people whose needs may change over time, for example:

<sup>164</sup> <http://www.vision2020uk.org.uk/library.asp?libraryID=4329&section=000100050005>

- someone with a progressive long-term condition whose needs may increase over time; or
- when the person on whom they are mainly dependent for their care has stopped providing care; or
- those who are ordinarily resident but may be receiving temporary care and support out of area, or in-patient treatment in health services, but who are likely to require care and support on their discharge or return.

**22.28.** For information on ordinary residence and out of area placements see chapter 17 of this guidance. This information can help local authorities to plan and commission services appropriately for those who need or are anticipated in the future to need care and support. This information could be useful, for example, in helping the local authority to meet its obligation to take steps to prevent reduce or delay needs, which requires local authorities to consider the importance of identifying adults whose needs are not being met and to arrange the provision of local preventative services, facilities and resources for its population. It may also support the local authority to undertake its “market shaping” function, which requires the local authority to consider identifying current and future needs and how providers might meet that demand. For further detail see chapter 4 of this guidance.

**22.29.** Local authorities may wish to link the information collected to the Joint Strategic Needs Assessments as well as the Joint Health and Wellbeing Strategies. They may also, as part of local JSNA and Health and Wellbeing Strategy development, want to look at this information alongside complementary information from other partners, for example, information drawn appropriately from registers of people with learning disabilities or

particular health conditions which are held by GPs, in order to produce a comprehensive and accurate shared local picture.

## Links to other relevant guidance and documentation

The benefits of registering as blind or partially sighted

[http://www.nhs.uk/ipgmedia/national/royal%20national%20institute%20of%20blind%20people%20\(rnib\)/assets/standard-sizedversionofthebenefitsofregisteringasblindorpartiallysighted.pdf](http://www.nhs.uk/ipgmedia/national/royal%20national%20institute%20of%20blind%20people%20(rnib)/assets/standard-sizedversionofthebenefitsofregisteringasblindorpartiallysighted.pdf)

The Adult UK sight loss pathway is a process map for the Seeing it my way outcomes framework.

<http://www.vision2020uk.org.uk/ukvisionstrategy/page.asp?section=299&sectionTitle=Adult+UK+sight+loss+pathway>

ADASS’s position statement of December 2013

<http://www.vision2020uk.org.uk/library.asp?libraryID=4329&section=000100050005>

The DH guidelines in *Certificate of Vision Impairment: Explanatory Notes for Consultant Ophthalmologists and Hospital Eye Clinic Staff*:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/127399/CVI-Explanatory-notes-in-DH-template.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127399/CVI-Explanatory-notes-in-DH-template.pdf).

The Health and Social Care Information Centre (HSCIC) publishes the number of people registered with councils with Adult Social Services Responsibilities in England.

[http://www.hscic.gov.uk/media/12854/SSDA902InformationGuidanceProForma2013-14pdf/pdf/SSDA902\\_InformationGuidanceProForma\\_2013-14.pdf](http://www.hscic.gov.uk/media/12854/SSDA902InformationGuidanceProForma2013-14pdf/pdf/SSDA902_InformationGuidanceProForma_2013-14.pdf)

Making local councils more transparent and accountable to local people

<https://www.gov.uk/government/policies/making-local-councils-more-transparent-and-accountable-to-local-people/supporting-pages/single-data-list>

Care and support for Deafblind adults and children

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_101113.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_101113.pdf)

Providing excellent services for blind and partially sighted people – A guide for local authorities

<http://www.actionforblindpeople.org.uk/assets/Uploads/downloads/ExcellentServicesGuide.pdf>

Progress in Sight, the ADSS National Standards

<http://www.adss.org.uk/eyes.shtml>)