INFORMATION ANALYSIS DIRECTORATE

2014 Northern Ireland Sight Test & Ophthalmic Public Health Survey

Department of Health, Social Services and Public Safety
www.dhsspsni.gov.uk

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Glossary

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3. DHSSPS – Department of Health Social Services and Public Safety
4. DRSS – Diabetic Retinopathy Screening Service
5. GOS – General Ophthalmic Services
6. HSCB – Health and Social Care Board
7. LCG – Local Commissioning Group
8. OCT – Ocular Coherence Tomograph
9. ONS – Office for National Statistics
10. OP – Ophthalmic Photography
11. PHA – Public Health Agency
12. RNIB – Royal National Institute for the Blind
13. WHO – World Health Organisation

Foreword

The Department of Health Social Services and Public Safety conducted the 2014 Northern Ireland Sight Test and Ophthalmic Public Health Survey in June 2014. The survey was commissioned in order to gauge overall sight test activity and the outcomes of this activity in Northern Ireland. This data will inform the commissioning, planning and delivery of eyecare services in Northern Ireland.

The findings from the survey will support the work of Developing Eyecare Partnerships[1] and add to the evidence base in relation to: the population demography, the presence of ophthalmic and medical conditions and the clinical outcomes for persons accessing eyecare services in Northern Ireland. The survey will also provide valuable evidence to assist in the planning of an approach to ophthalmic public health in Northern Ireland.

The key findings of the 2014 Sight Test and Ophthalmic Public Survey are as follows:

- A total of 90 practices returned survey data from 264 invited, giving a 34.1% return rate
- Information from 3,708 patient sight tests were submitted over the survey period – 2,737 were GOS tests (73.8%) and 956 were Private tests (25.8%)
- Spectacles or contact lenses were dispensed with 2,309 of the sight tests carried out (62.3%)
- For Private sight tests, 93.5% were provided to those aged 19-59, compared to 22.1% of GOS tests for the same age group
- The referral rate for patients in the survey period was 4.9%

DHSSPS would like to extend their thanks and appreciation to all stakeholders involved in the preparation, planning and delivery of 2014 Sight Test and Ophthalmic Public Health Survey. Particular thanks are extended to HSCB, PHA, DEP Task Group 1 and all ophthalmic practice and practitioners who participated in the survey.

1. **Introduction**

1.1 The Department of Health Social Services and Public Safety (DHSSPS) in conjunction with the Health and Social Care Board (HSCB) undertook the 2014 Sight Test and Ophthalmic Public Health Survey in June 2014. The previous Sight Test Survey in Northern Ireland was conducted in 2007 and another survey was deemed necessary in order to gather important information on the provision of eyecare services and ophthalmic public health in Northern Ireland.

1.2 "Developing Eyecare Partnerships, Improving the Commissioning and Provision of Eyecare Services in Northern Ireland" [1] (DEP) was launched in October 2012 and is a five year plan for the development of integrated eyecare service provision in Northern Ireland. The plan identifies twelve objectives which will facilitate the development of safe and effective eyecare pathways utilising the expertise of a skilled workforce with the necessary clinical leadership, training and development to support all staff. Integration and communication between those providing the care and the use of information technology will be central to the development of the pathways. The ultimate goal for DEP is the delivery of a holistic approach to eye health and care delivering patient centred care with improved patient outcomes and experience, supported by an ophthalmic public health framework which provides patients with appropriate information to make informed choices in relation to their eye health.

1.3 Objective four of DEP states:

"A Northern Ireland Sight test Survey will be re-commissioned in order to fully understand the level and type of demand for sight tests in GOS, to include referral patterns, demographics, co-morbidities and the level of private practice undertaken"

The information gathered from the 2014 Sight Test Survey will provide data to enable the planning, commissioning and delivery of eyecare services aligned to the vision of DEP.

1.4 This report details the methodology adopted, the results of the Survey and contextualises how aspects of the information gathered will assist the DHSSPS, the HSCB and the Public Health Agency (PHA) deliver the goal of DEP.

2. Design and Methodology

2.1 Sample

2.1.1 The sample size was determined from the Ophthalmic List. The list consisting of 262 Optometry practices in Northern Ireland providing General Ophthalmic Services (GOS) was used for the survey sample. All practices were contacted to ask their preferred survey format – an electronic version to be completed using a spreadsheet, or a postal copy of the survey. The number of individual practitioners that could be expected to be working at each practice was estimated by analysing GOS provision and payments data for all practices for a six month period from September 2013 to February 2014. This was necessary to determine how many survey invites each practice would receive. Depending on the GOS activity in each practice, the number of practitioners invited to participate in the survey ranged between 1 and 6. In the survey correspondence each practice was advised of the number of individual practitioners who were requested to complete the survey, recording all sight tests conducted during their nominated survey week.

2.2 Survey timetable and Invitation

2.2.1 Consultation with HSCB suggested that June would be a good time to conduct the survey as it was representative of a typical month of sight test activity, and avoided influence from the summer holiday period of July and August.

2.2.2 To avoid any time-of-month bias, practice invitations were divided across the 4 weeks of the survey by:

a) number of practices and practitioners being invited to take part and

b) their survey method (electronic or postal).

Table 2.2.3 – Distribution of survey invitations by method and week

	Week 1	Week 2	Week 3	Week 4
Electronic Practitioners	112	117	117	117
Electronic Practices	54	59	53	54
Postal Practitioners	25	21	21	21
Postal Practices	12	9	11	10

2.3 Design of questionnaire

2.3.1 In a departure from the 'diary' design of the previous Sight Test Survey in 2007, the 2014 survey sought to gather more information about the practice and the patient. In addition to Practice Code and the Personal Code of the individual optometrist conducting the sight test, the questionnaire also captured:

- Presence of specialist equipment at the practice – OCT; OP – Anterior; OP – Fundus
- Survey date
- Tests taking place 'after hours' – after 5.30pm
- Patient postcode
- Patient ethnicity, month/year of birth and gender
- Presence of conditions – diabetes, glaucoma, ocular hypertension and family history of glaucoma
- Attendance at Diabetic Retinopathy Screening Service (DRSS) in past 12-15 months for those with diabetes
- CVI eligibility
- Referrals and reasons for referral
- Dispensing and GOS voucher usage

A sample survey and accompanying documentation can be found in Annex A (1-4).

2.4 Development of electronic survey

2.4.1 As part of the sample development exercise, it became clear there was an appetite for a survey method that could be completed electronically. This had multiple benefits to practitioners in being easier to manage, quicker to input (especially when surveys were being filled in using information already held on practice IT systems) and aided analysis in avoiding the manual step of survey coding/input from postal copies. There was also scope to add validation and prompts to aid completion and help improve data quality.

2.4.2 Two approaches considered were a web based survey and a spreadsheet-styled questionnaire that could be completed and returned via email. The spreadsheet method was selected as the web based survey would have taken considerable time to code and test. Features of the spreadsheet survey included:

- Selectable answer options
- Data validation
- Missing data checks
- Supported multiple practitioners using single file (easy management)
- Automatic processing/coding for analysis (background feature)

A screenshot of the electronic survey can be found in Annex A (5).

3. Results – profiles of practices and patient demographics

Note: Unless otherwise stated, the base/denominator for patient level figures and percentages is all 3,708 patient tests.

3.1 Practice profile

3.1.1 In total, 90 practices from 262 invited submitted a survey to DHSSPS, giving a response rate of 34.4%. Table 3.1.2 shows the geographical distribution of all Northern Ireland practices and those that returned a survey.

Table 3.1.2 – LCG area of NI Practices and Survey Returns

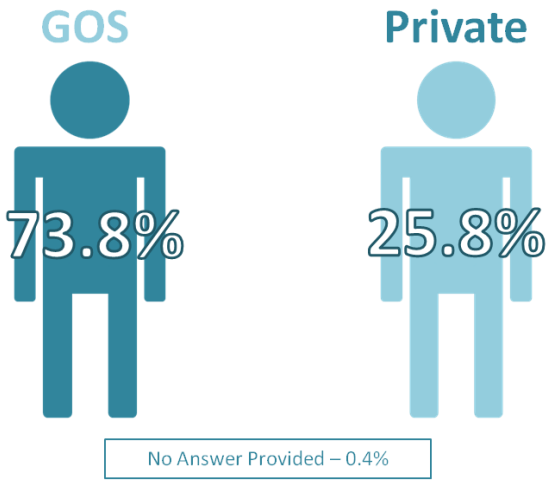
	Belfast	Northern	South Eastern	Southern	Western	**Northern Ireland**
All practices (% of NI practices)	58 (22.1%)	71 (27.1%)	46 (17.6%)	47 (17.9%)	40 (15.3%)	**262**
Survey returns (% of total returns)	15 (16.7%)	24 (26.7%)	14 (15.6%)	16 (17.8%)	21 (23.3%)	**90**

3.1.3 The average number of practitioners invited across all practices was 2.10, and the average survey return from practices was from 1.99 practitioners.

3.2 Patient profile – NHS/Private

3.2.1 In total 3,708 patient sight tests were recorded as part of the survey by the 90 practices. Of these, 73.8% were funded by General Ophthalmic Services[2] (GOS) and 25.8% were recorded as 'Private' patients, paying for their own eyecare service.

Figure 3.2.2 – Patient type: GOS and Private



3.2.3 A patient's access to GOS sight tests is affirmed if they meet one, or more, of the following eligibility criteria:

- aged under 16;
- aged 16, 17 or 18 and are in full-time education;
- aged 60 or over;
- registered as partially sighted (sight impaired) or blind (severely sight impaired);
- diagnosed with diabetes or glaucoma;
- aged 40 or over, and your mother, father, brother, sister, son or daughter has been diagnosed with glaucoma;
- advised by an ophthalmologist (eye doctor) that you are at risk of glaucoma;
- a prisoner on leave from prison;
- eligible for a Health Service complex lens voucher;
- receive Income Support;
- receive Income-based Jobseeker's Allowance (not Contribution-based);
- receive Pension Credit Guarantee Credit;
- receive Income-based Employment and Support Allowance (not Contribution-based);
- entitled to, or named on, a valid Health Service tax credit exemption certificate;
- on a low income and named on a valid HC2 (full help) or HC3 (partial help) certificate.

3.3 Patient profile – Age

Table 3.3.1 – Age bands of GOS and Private Tests

Age Band	GOS	% GOS	Private	% Private	Total	Total %
Under 4	12	0.4%	0	0.0%	12	0.3%
4 – 15	575	21.1%	9	0.9%	584	15.9%
16 – 18	143	5.2%	6	0.6%	149	4.0%
19 – 59	603	22.1%	892	93.5%	1495	40.6%
60 and over	1,397	51.2%	47	4.9%	1444	39.2%
Total	**2,730**	**100.0%**	**954**	**100.0%**	**3684**	**100.0%**

Note: N=3684 – 24 patients did not have both GOS/Private and age group information needed for this table

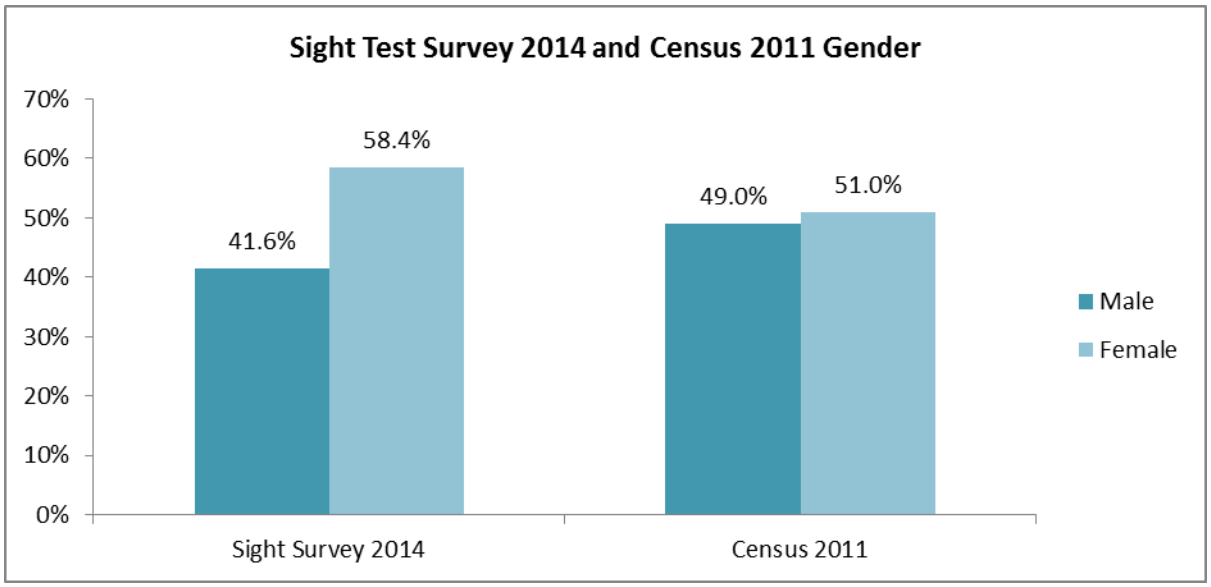
3.3.2 More than 90% of Private tests were carried out on the 19-59 age group, with GOS tests largely being taken by younger (<16, 21.5%) and older (>=60, 51.2%) age groups.

3.3.3 This aligns with expectation in that those age groups eligible for GOS sight tests would be taking advantage of them, that is, persons in full time education under 19, and those aged 60 and over. The 22.1% in the 19 to 59 age group can be accounted for by the application of other GOS eligibility criteria for example; presence of diabetes/glaucoma, persons aged over 40 with a family history of glaucoma, those in receipt of certain types of benefits and those registered as partially sighted or blind (See 3.2.3 for full list).

3.3.4 Those receiving Private sight tests are almost exclusively in what might loosely be termed the ‘working age’ group, 19 to 59 years. A small portion of those in the 60 and over age group (4.9%) also received Private tests, despite eligibility for a free NHS test. The reason(s) for this figure cannot be gleaned from any other survey variable and hence suggestions can only be posed for this finding. For example; these patients may be ineligible for other reasons, perhaps being non-UK residents, having previously accessed GOS and within the recommended sight test interval, or not providing the necessary information to access GOS.

3.4 Patient profile – Gender and Ethnicity

Figure 3.4.1 – Sight test survey population compared to Census 2011 - Gender



3.4.2 More females had eye tests during the survey period than males – this difference is greater than the Census 2011[3] population figures for gender. While this may suggest that females have greater need for ophthalmic care, an alternative explanation could be that males are less proactive in seeking or attending sight tests. Recent analysis of dental procedures showed a possibly comparable trend in male/female attendance – more women attended for 'preventative' procedures such as cleaning and polishing, whereas men attended for noticeably more treatments such as fillings.

3.4.3 Reason for attendance at sight tests was not something captured within our survey, but may be worth consideration for future work.

3.4.4 The 2014 Sight Test and Ophthalmic Public Health Survey included an option for 'Other' genders to be specified within the responses. This was included in order to be inclusive of those individuals who do not identify with a male or female gender. There were no instances of this option being used within the survey – this may be a result of the surveys being filled in by practitioners and not the individual patients, who may not have needed to share their gender identity for the purposes of the test or may not have been comfortable doing so.

Figure 3.4.5 – Sight test survey population compared to Census 2011 – Ethnicity - Minorities

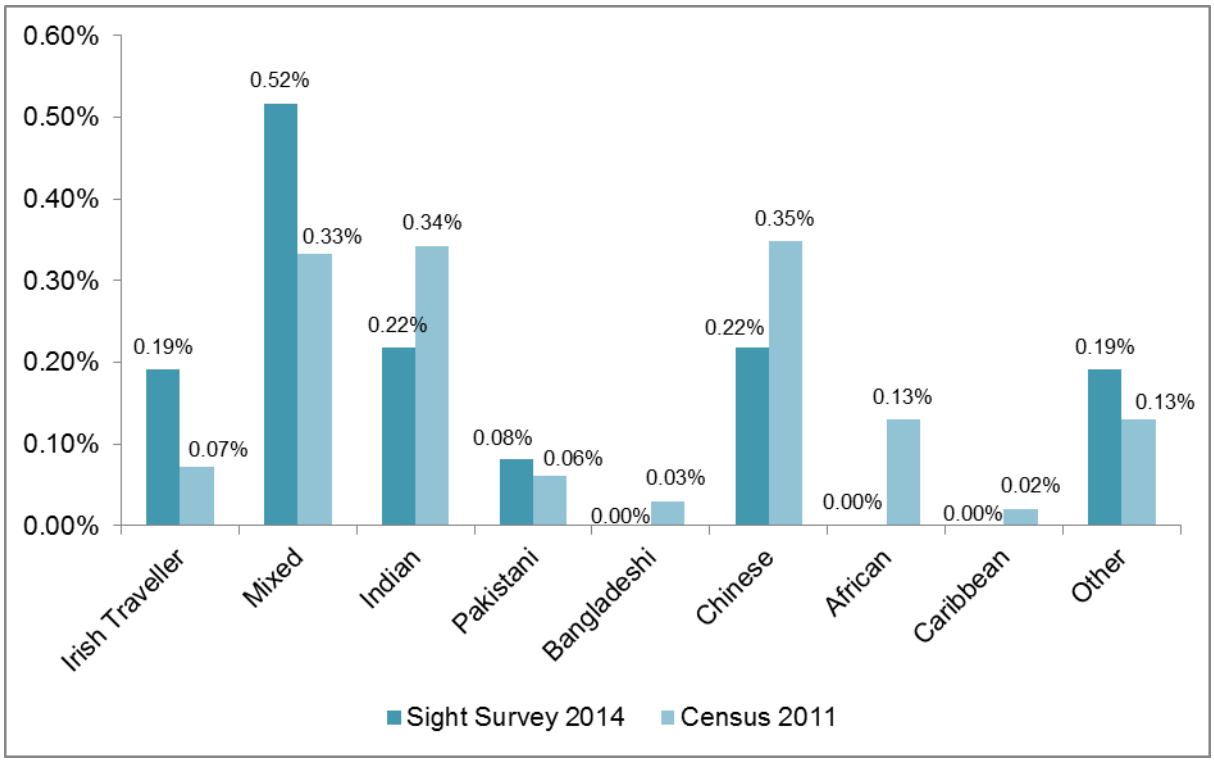
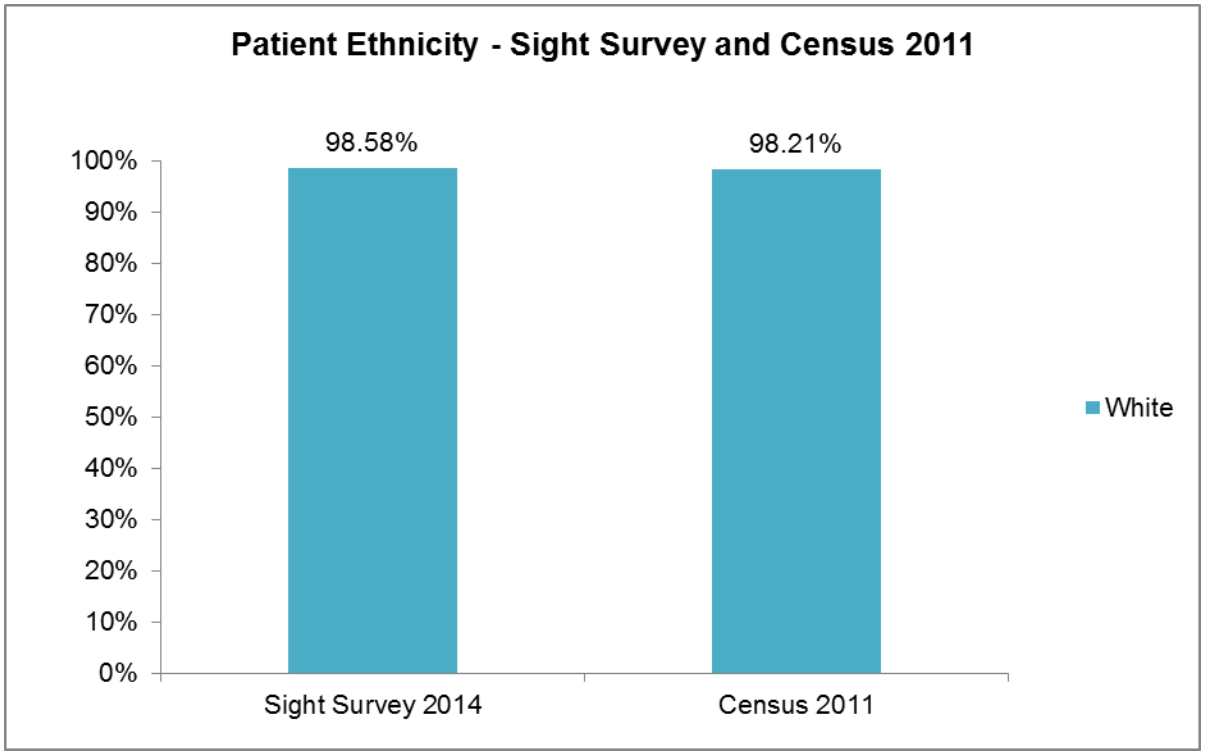


Figure 3.4.6 - Sight Test survey population compared to Census 2011 – Ethnicity - White



Note:

1) Due to the high prevalence of 'White' ethnicity in the survey, the charts comparing Sight Survey and Census 2011 have been split into two charts above allowing for easier visual comparison.

2) Ethnic categories for our survey were adapted from ONS guidance[4] on surveys in Northern Ireland. Due to space constraints on our surveys, some categories we omitted based on expected low prevalence – an 'Other' option was provided for any results that did not fit within the provided categories.

3) The full question and answer options for ethnicity can be found in Annex A (2) at Question 4. For the purposes of comparison to Census 2011 data, 'White and Black Caribbean', 'White and Black African' and 'White and Asian' have been recoded as 'Mixed'. The 'Arab' category from our survey did not have a directly comparable Census 2011 option, but it was not selected in any surveys so does not feature in either chart.

3.4.7 Given the relatively small number of returns, we would expect some variation in the survey returns compared to Census 2011 data. These small differences are observed in Figure 3.4.5 and include some groups that are slightly over-represented, and some groups that are slightly under-represented.

4. Results – survey questions

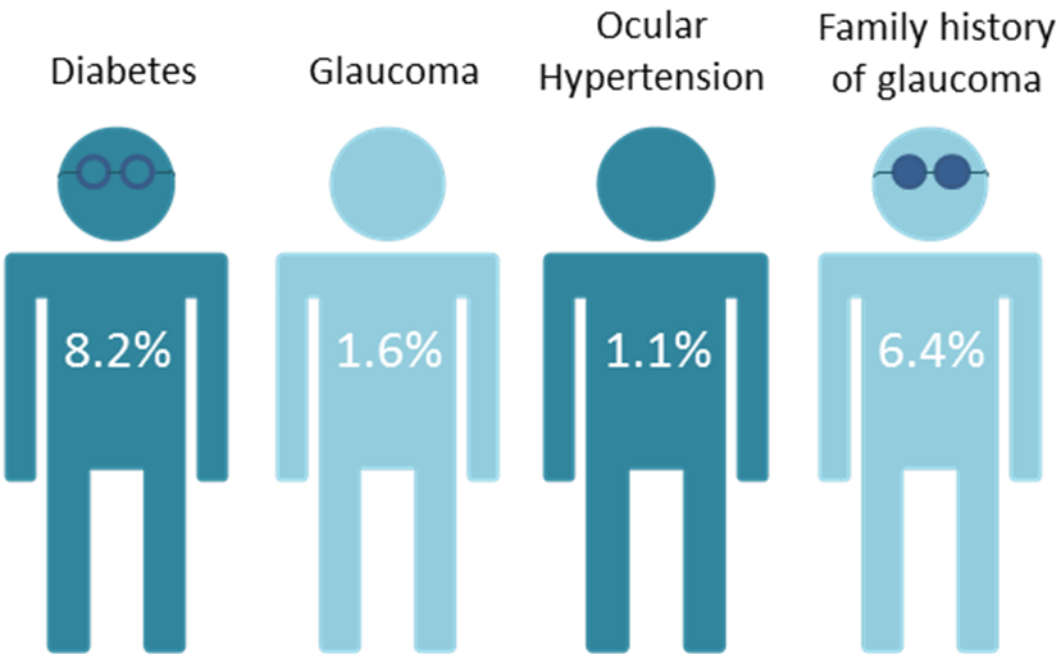
4.1 Presence of conditions

4.1.1 The incidence of three medical and ophthalmic conditions and one risk factor were investigated in the survey – the presence of diabetes, glaucoma, ocular hypertension and a family history of glaucoma. A Yes/No option was available and the results are outlined below in Table 4.1.2:

Table 4.1.2 – Results for survey question 'Are any of the following conditions present?'

Diabetes	Yes	304	8.2%
	No	3363	90.7%
	No Answer Provided	41	1.1%
	Total	**3708**	**100.0%**
Glaucoma	Yes	60	1.6%
	No	3604	97.2%
	No Answer Provided	44	1.2%
	Total	**3708**	**100.0%**
Ocular Hypertension	Yes	39	1.1%
	No	3595	97.0%
	No Answer Provided	74	2.0%
	Total	**3708**	**100.0%**
Family history of glaucoma	Yes	237	6.4%
	No	3429	92.5%
	No Answer Provided	42	1.1%
	Total	**3708**	**100.0%**

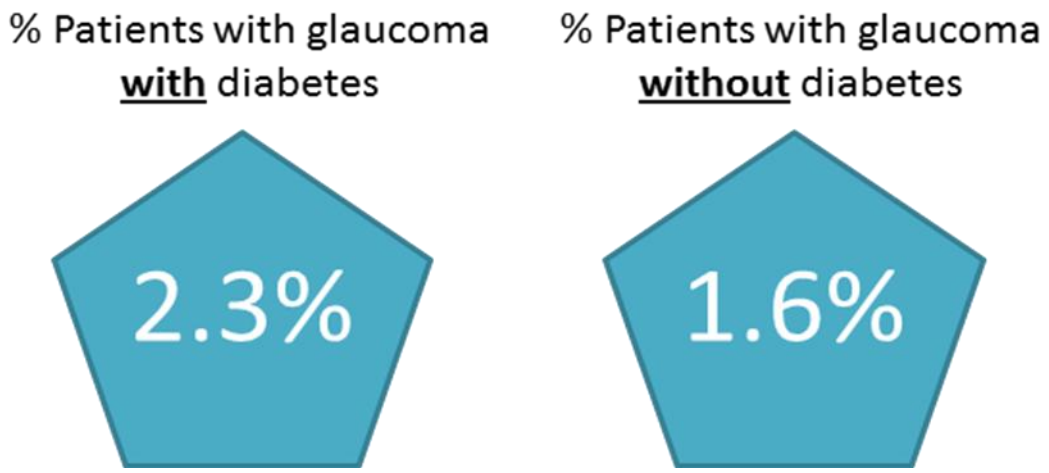
Figure 4.1.3 – Presence of Diabetes, Glaucoma, Ocular Hypertension and Family History of Glaucoma - % of all sight test survey patients with each condition present



4.1.4 Figure 4.1.3 shows the percentages of those who were noted as having each condition or status at the time of their sight test. For comparison, the General Practice Quality and Outcomes Framework (QOF) published data[5] for 2013/14 shows prevalence of Diabetes in Northern Ireland to be approximately 4% (note that QOF figures include only those aged 17 and over, where the Sight Test Survey figures relate to all ages where diabetes is present).

4.1.5 Those recorded with diabetes (with a few exceptions such as those under 12 years of age or those patients who meet the exception criteria) will be referred for Diabetic Retinopathy screening as part of their care. Presence of diabetes can result in the development of ophthalmic conditions such as diabetic retinopathy and an increased risk of other conditions, both ophthalmic and systemic. Diabetic Retinopathy is a leading causing of blindness and visual impairment in those of working age in the UK[1].

Figure 4.1.6 – Difference between those with and without diabetes and the presence of glaucoma



4.1.7 Figure 4.1.6 provides information on those patients with and without diabetes and the co-existence of glaucoma. There are several identified risk factors for glaucoma. Diabetes as an associated risk factor for glaucoma has been the subject of significant academic debate. It is suggested however that clinicians and ophthalmic professionals should be aware of the possibility that diabetic patients have an increased risk of developing glaucoma.

4.2 Diabetes and Diabetic Retinopathy Screening Service (DRSS)

4.2.1 Question 9 of the survey looked at those who had previously been noted as having Diabetes, and how many had attended the Northern Ireland Diabetic Retinopathy Screening Service (DRSS) in the previous 12-15 months. Attendance at this screening service is seen as key to identifying diabetic retinopathy and using early detection to help prevent possible diabetic eye complications.

4.2.2 Of the 303 patients identified as having diabetes, 203 (67.0%) of those were recorded as having attended DRSS in the recommended time frame. Suggestions as to why approximately one third of diabetics who accessed a sight test during the survey period and reported not having attended DRSS can be posed. For example, it could be the case that some of those 100 patients had only recently been given a diagnosis of diabetes and were scheduled to attend, but the information gathered from the survey does not provide satisfactory evidence to validate this suggestion.

4.2.3 Further investigation of the demography of these patients is recorded in Section 5 of this report which discusses the survey in the context of DEP in Northern Ireland.

4.2.4 Given the importance of screening in the process of early detection and prevention of sight loss, there is merit in investigating if the 67.0% DRSS attendance rate in the survey is representative of attendance rates for the service. The most recent figures available for comparison come via the PHA, and suggest an uptake rate of 77% across 71,472 patients offered screening for the 2012/13 period.

4.3 Certificate of Visual Impairment (CVI) Eligibility

4.3.1 22 persons or 0.6% of all the sight tests carried out as part of the survey were eligible to receive a Certificate of Visual Impairment (CVI). Persons who are eligible for both 'Registration' and/or 'Certification' of Visual Impairment must meet certain criteria based on their visual function. Certification is currently undertaken by a Consultant Ophthalmologist. A copy of the current CVI form, the World Health Organisation (WHO) grading for visual impairment and information on the terms on "sight impaired/severely sight impaired" are included at Annex B (1-3).

4.3.2 It is important that commissioners of health and social care and those charged with the delivery of public health strategies have information on the levels of CVI in their population in order to conduct appropriate health needs assessments and plan and deliver effective health and social care services for those with visual impairment.

4.3.3 Further comment on the issue of CVI and how it is being addressed is included in Section 5.6.

4.4 Referrals to secondary care

4.4.1 The number of patients referred and the primary reason for referral were captured for all practices. In total, 180 patients (4.9%) were referred to secondary care from which 168 reasons were captured (5 reasons were not provided and a further 7 'Other' reasons were not filled in giving a total of 12 'unknowns').

Table 4.4.2 - Survey responses for 'reason for referral' question

Q12i - What was the reason for referral?	Anterior Eye	19	10.6%
	Cataracts	42	23.3%
	Glaucoma	15	8.3%
	Low Vision	2	1.1%
	Macular Degeneration - Dry AMD	9	5.0%
	Macular Degeneration - Wet AMD	4	2.2%
	Ocular Hypertension	5	2.8%
	Orthoptics	6	3.3%
	Other	73	40.6%
	No Answer Provided	5	2.8%
	Total	**180**	**100.0%**

4.4.3 With a very high proportion of identified reasons being 'Other' (40.6%), an exercise was carried out by HSCB to reclassify these into categories that would provide a better picture of the specific type of referrals reasons coming from practices. When the option for 'Other' was selected as a reason for referral the practitioner was requested to enter a descriptor for the referral.

Table 4.4.4 below outlines the re-categorisation of referrals and Annex A (6) includes a full explanation of how each response was re-categorised.

Table 4.4.4 - Referral reasons including 'Other' referrals re-categorized into 13 groups

Referral Category	Count	% of all referrals
Anterior Eye	29	16.1%
Cataract	42	23.3%
Contact Lens Service	0	0.0%
Eye Casualty	1	0.6%
Glaucoma Service	24	13.3%
GP	9	5.0%
Laser	2	1.1%
Low Vision Service	2	1.1%
Neurological	3	1.7%
Orthoptics	6	3.3%
Paediatric	2	1.1%
Retinal	36	20.0%
Visual Loss	12	6.7%
No Answer Provided	12	6.7%
Total	**180**	**100.0%**

Note: Annex A (6) details the original categories (including 'others') and their reclassification

4.4.5 From the new categories, we observe Cataract (23.3%), Retinal (20.0%), Anterior Eye (16.1%) and Glaucoma Service (13.1%) to be the top reasons for referral in the survey.

4.4.6 In order to illustrate the broad spectrum of referrals and relate these to the parts of the eye where a potential problem existed, necessitating referral and further investigation, all 168 referrals (where information was available) were grouped into the following categories for ease of interpretation and analysis:

a) Anterior Eye and Adnexa

b) Cataract

c) Glaucoma

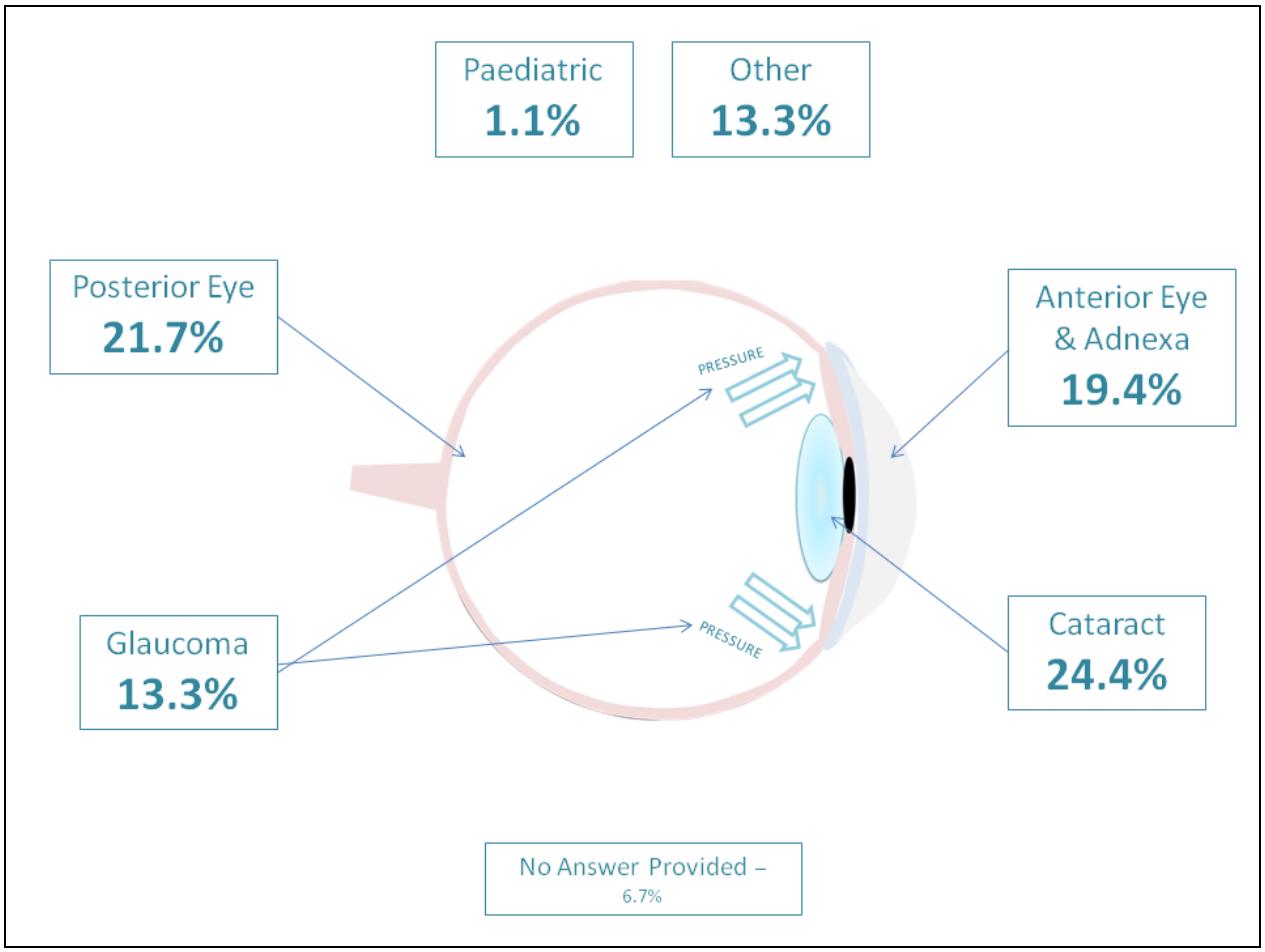
d) Posterior Eye

e) Paediatric

f) Others

Figure 4.4.7 attempts to give a visual representation of the broad referral categories relative to the basic anatomical structure of the eye.

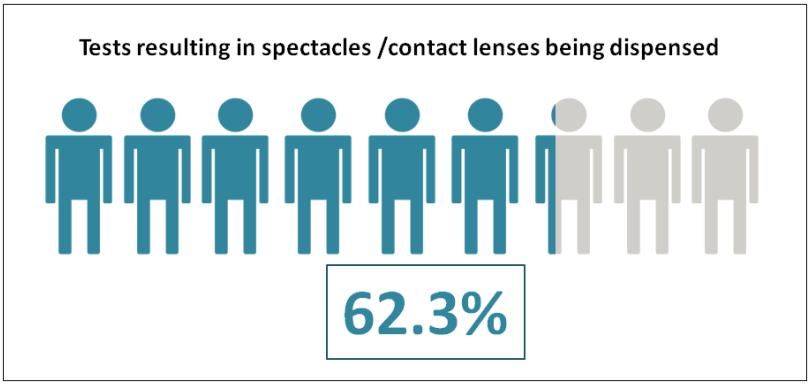
Figure 4.4.7 - Referral reasons by area of the eye they relate to (N=180)



4.5 Sight Tests Outcomes - Dispensing and General Ophthalmic Services (GOS) Vouchers

4.5.1 Of the 3,708 sight tests carried out during the survey period, 2,309 (62.3%) of them resulted in spectacles and/or contact lenses being dispensed to the patient.

Figure 4.5.2 Sight test outcome – dispensing of appliances



4.5.3 The 2,309 tests with dispensed items were split 72.7% GOS patients and 27.0% Private (with 0.3% of patients without an answer provided in the survey). Dispensed items under GOS are facilitated by the issue of a GOS Voucher (GOSV) which a patient uses towards the cost of an optical appliance.

4.5.4 In consideration of the fact that the majority of patients within the survey population had accessed eyecare under GOS (73.8%), the finding in respect of eligibility for GOSV is to be expected. However it is important to point out that GOS Sight Test eligibility does not automatically entitle a patient to assistance with their spectacles.

4.5.5 In the survey, 65.2% (623 of 956) of Private patients received a dispensed item following their test, compared to 61.3% (1,679 of 2,737) of GOS patients.

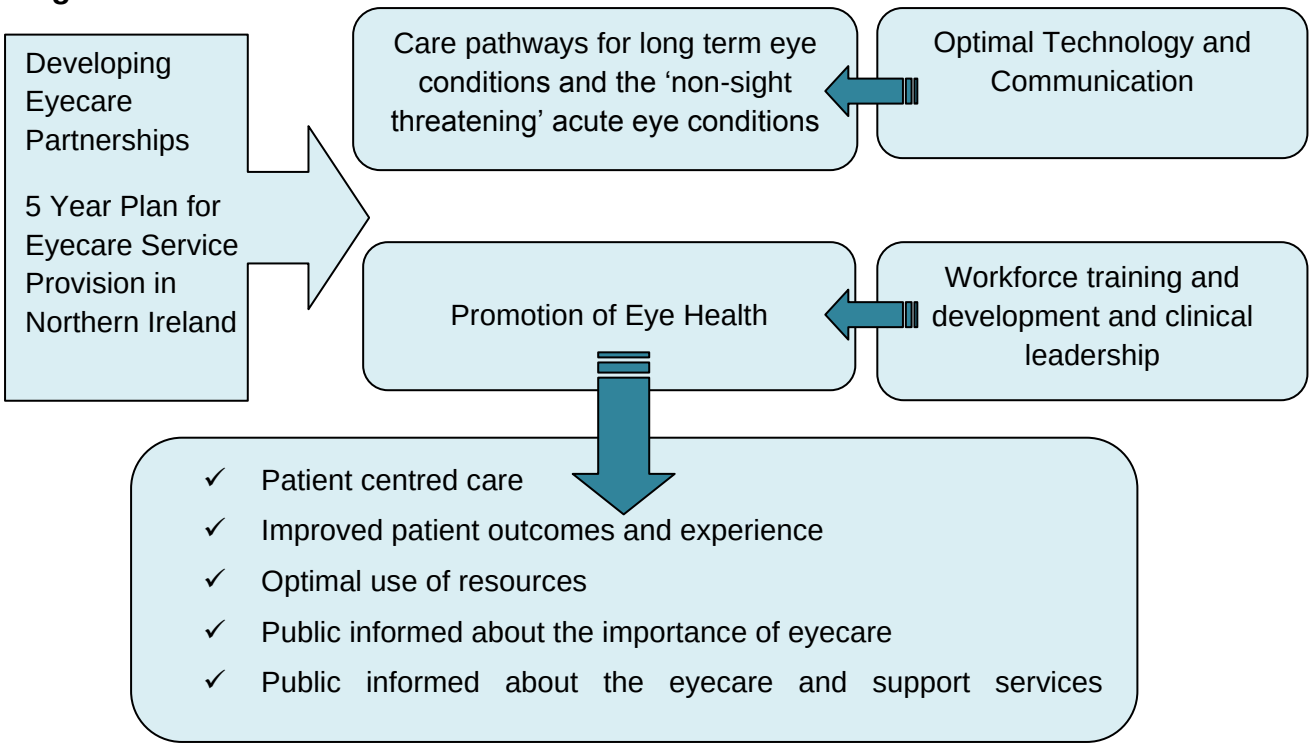
5. Contextualisation - Developing Eyecare Partnerships and the 2014 Sight Test and Ophthalmic Public Health Survey

5.1 Context

5.1.1 "Developing Eyecare Partnerships, Improving the Commissioning and Provision of Eyecare Services in Northern Ireland"[1] (DEP) is a five year plan for eyecare service reform in Northern Ireland.

5.1.2 As previously stated (section 1.2) the goal of DEP is the delivery of integrated eyecare service provision through the development of eyecare pathways supported by optimal diagnostic and treatment technologies, communication and the use of a skilled workforce. In addition DEP aims to address the promotion of eye health and awareness of sight loss and support services. Issues such as patient activation and health literacy will inform this ongoing work. Figure 5.1.3 provides a high level overview of the vision of DEP.

Figure 5.1.3



5.1.4 In order to place the 2014 Sight Test and Ophthalmic Public Health Survey in the context of DEP, various outputs from the survey can be used to demonstrate how the gathering and analysis of information and data on eyecare service activity in primary care can inform the commissioning, planning and delivery of all eyecare services – both primary and secondary.

5.1.5 In determining the relevance of various outputs from the survey it is necessary to place them in the context of what DEP is tasked to deliver on.

Objective six of DEP states:

"There will be a regional approach to the development of integrated care pathways for long-term conditions to include glaucoma, cataract, diabetic retinopathy, macular degeneration and low vision; these pathways will adopt the ten principles of service change in order to enhance access, and improve eye health outcomes."

Objective nine of DEP states:

"A regional pathway will be developed for the diagnosis and management of the "acute eye*" across the primary, community and hospital interfaces. This pathway will need to consider how best to maximise resources-both human and financial-and be commissioned and delivered within an appropriate governance framework."

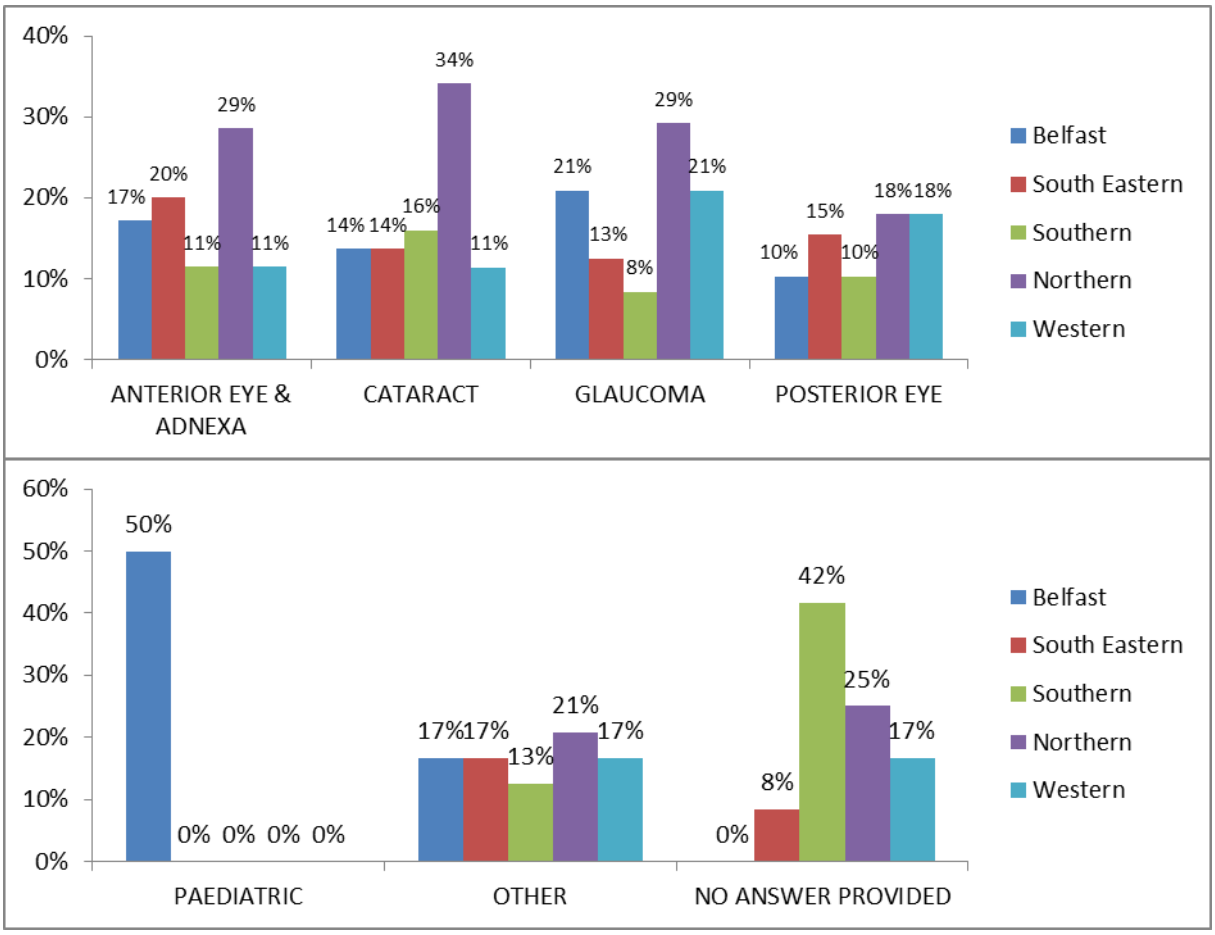
****acute non-sight threatening eye conditions***

5.2 Additional Analysis – Referrals

5.2.1 In addressing DEP Objectives six and nine (noted above) the information from the 2014 Sight Test and Ophthalmic Public Health Survey provides valuable benchmarking information on ophthalmic referrals across Northern Ireland which will help inform the work ongoing to implement Objective six.

5.2.2 In attempting to relate the 'ophthalmic referrals' survey outputs to DEP and the ongoing work within the Health and Social Care Board, it is useful to breakdown 'referral activity' in relation to referrals at Local Commissioning Group level. Local Commissioning Groups (LCGs) are charged with the commissioning of health and social care services to the population they serve based on identified needs. Figure 5.2.3 illustrates the breakdown of all ophthalmic referrals made during the survey period grouped into the six high level categories and broken down by the LCG region where the patient lives.

Figure 5.2.3 Referral categories by Patient's LCG



Note: Some patients did not have a valid postcode/LCG so totals within conditions will not always sum to 100%

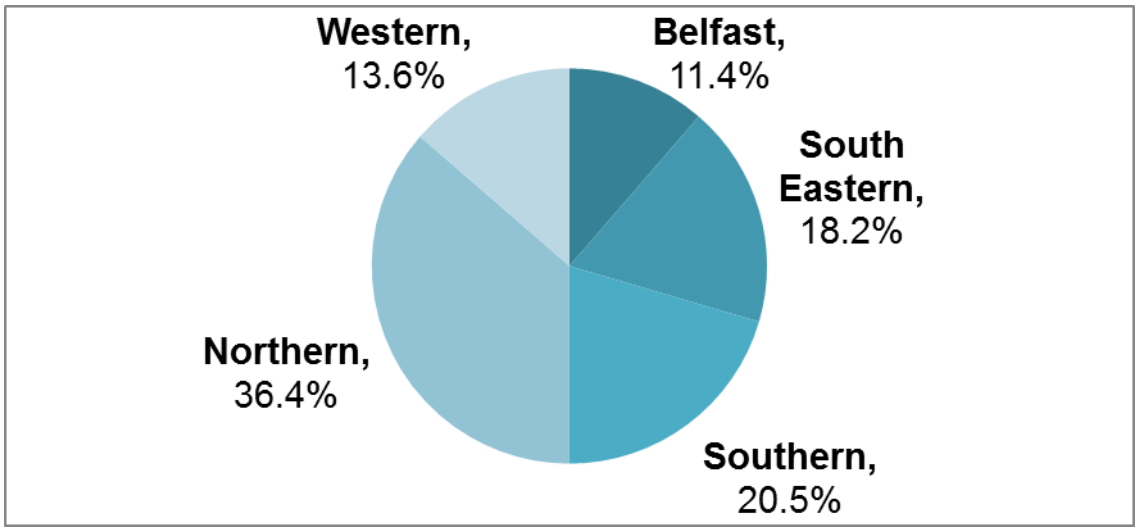
5.3 Cataract

5.3.1 Cataract is for the most part an eye condition affecting mainly, but not exclusively, older people. A previous HSCB audit of referrals into secondary care ophthalmology clinics has attributed cataract as the reason for approximately 25% of all referrals. The 2014 Sight Test and Ophthalmic Public Health Survey provided evidence to support this earlier audit.

5.3.2 In late 2013 the Health and Social Care Board introduced a refined cataract referral pilot in primary care optometry practices in the Belfast and Southern LCG areas. The aim of the pilot was to ensure that all referrals for cataract were not only clinically indicated, but that patients were also more informed about cataract surgery and therefore were more involved in the referral 'decision making' process. A dedicated 'refined cataract referral' form was developed which facilitated the recording of pertinent clinical and lifestyle information to better inform secondary care clinicians about the patient and their condition. The purpose of the refined referral pilot was to ensure that only those individual patients who needed and wanted surgery were referred for assessment.

5.3.3 Figure 5.3.4 annotates cataract referrals during the survey period by LCG area. It is acknowledged that although Belfast had the second lowest survey return rate, the area had the lowest referral rate for cataract. Information on referral rates per LCG prior to the survey is not readily available and hence no firm statement can be made in relation to the effectiveness of the refined cataract referral pilot in the Belfast LCG area. However inference could be drawn that it has at least contributed to a reduction in inappropriate referrals in the Belfast LCG area. Work to audit the impact of the pilots will be undertaken by the Belfast and Southern LCGs in early 2015.

Figure 5.3.4 LCG breakdown of cataract referrals during survey period



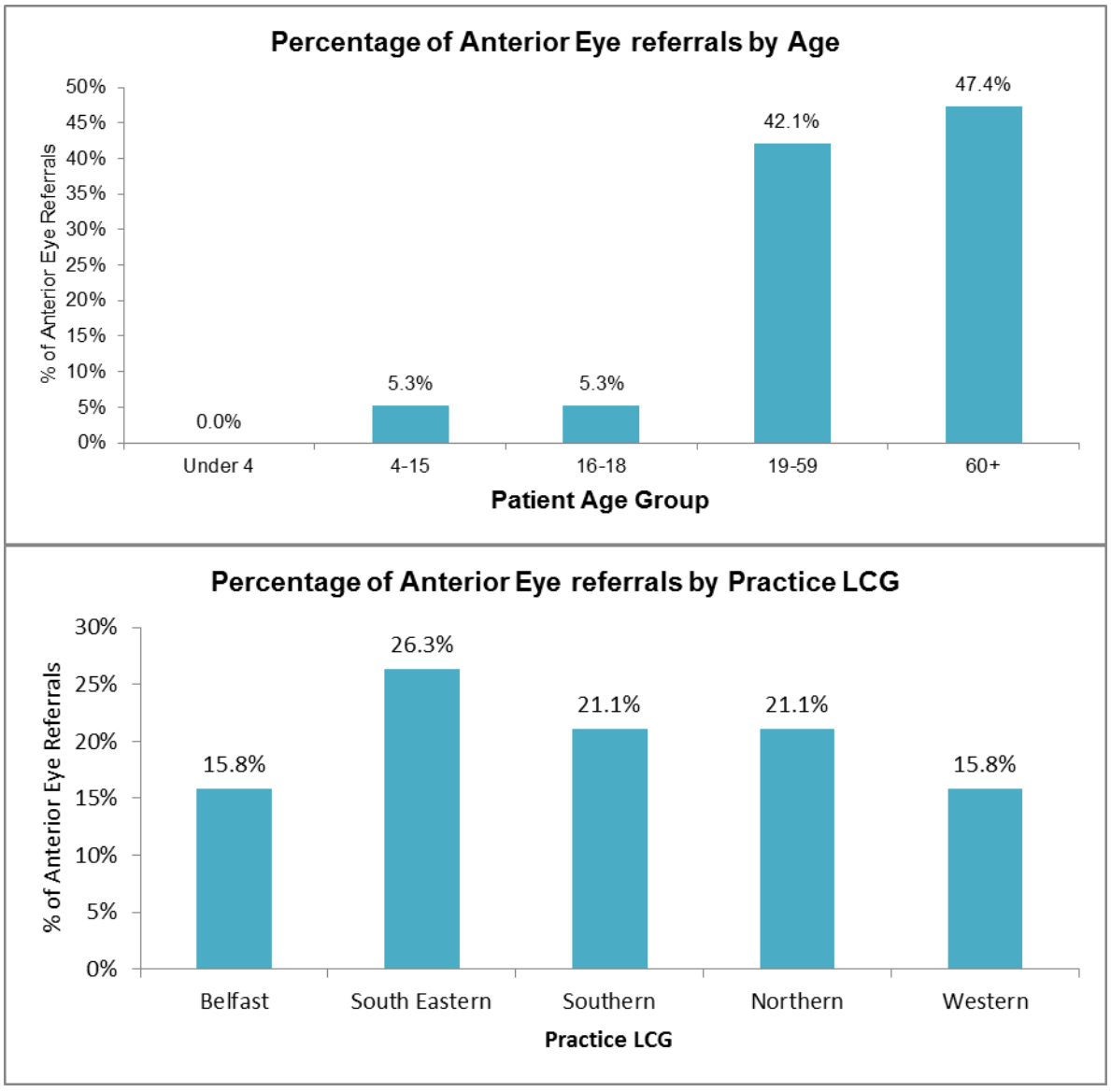
5.4 Anterior Eye

5.4.1 As noted in 5.1.5, DEP Objective nine relates to the development of a regional pathway for patients who present with non-sight threatening conditions affecting the anterior part of the eye. These non-sight threatening acute eye conditions typically include problems such as: conjunctivitis (bacterial/viral/allergic), episcleritis, sub-conjunctival haemorrhage, corneal foreign body, corneal abrasion and blepharitis. It is known that many patients with these conditions self-present to their General Practitioner (GP) or hospital eye casualty units to have their eye condition assessed and treated.

5.4.2 Over the past decade, throughout the UK, services have been developed to facilitate the assessment and treatment of patients, with the common anterior eye conditions mentioned, in primary care optometry practices. In September 2014 the Southern LCG with support from the HSCB initiated the Southern Primary Eyecare Assessment and Referral Service (SPEARS) in the Armagh/Dungannon locality of the Southern LCG area.

5.4.3 Figure 5.4.4 illustrates the ages of patients who were referred for assessment of an anterior eye problem and the LCG of the Optometry practice which they attended. This information is valuable as a snap-shot of referral activity for anterior eye problems. The SPEARS pilot will utilise this data in the audit and evaluation of the service in the Armagh/Dungannon locality.

Figure 5.4.4 'Anterior Eye' category referrals by Patient Age (group) and by LCG area



5.5 Diabetic Retinopathy

5.5.1 As discussed in 4.2, 67% of patients with diabetes who accessed sight tests during the survey period reported having attended the Northern Ireland Diabetic Retinopathy Screening Service (NI DRSS) in the preceding 12-15 months. This time frame is the recommended screening interval for diabetic retinopathy.

5.5.2 For those 100 patients who reported not having attended DRSS the age breakdown is illustrated in Figure 5.5.3. Figure 5.5.4 illustrates the LCG for these patients. DEP Objective 6 cites diabetic retinopathy as a long term eye condition and the HSCB and PHA as joint leads for the implementation of DEP are required to work with the NI DRSS to ensure that all patients who require this service have ready access to the service in order to improve eye health outcomes.

Figure 5.5.3 Percentage of patients who did not attend DRSS by age group

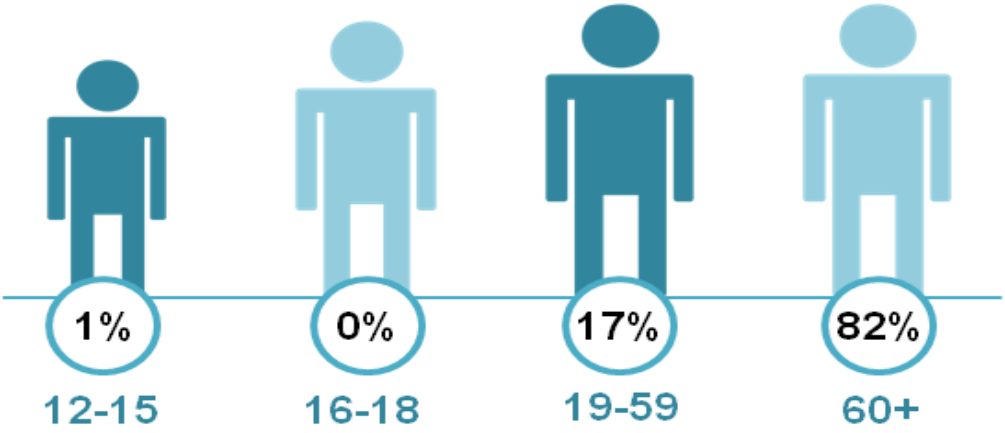
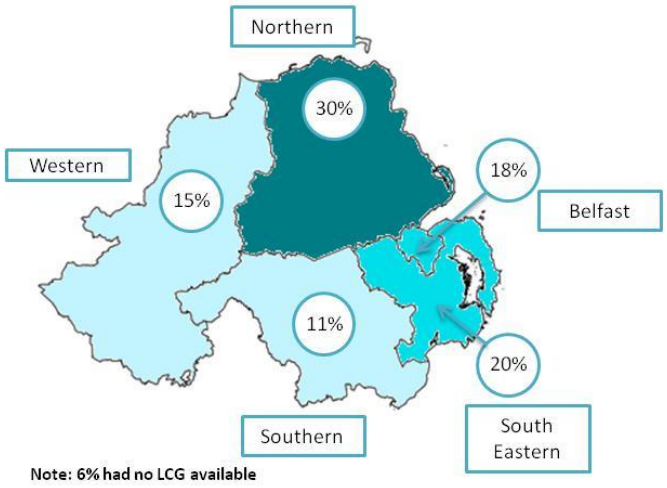


Figure 5.5.4 Total percentage of those not attending DRSS by Patient LCG



5.6 Certification of Visual Impairment (CVI)

5.6.1 It is estimated that 1.8 million people in the UK are living with significant visual impairment with the number of people with sight loss expected to increase two fold by 2050[6]. Eye conditions including: macular degeneration, cataracts, diabetic retinopathy and glaucoma are the major causes of sight loss. Uncorrected refractive error, the absence of an appropriate spectacle or contact lens correction, is an additional contributory to sight loss. Although the latter is less of a problem in developed countries, it should not be ignored. Recent work has been undertaken by Royal National institute for the Blind (RNIB)[7] across the UK to understand what barriers exist for patients in accessing eyecare services including, eye examinations and appropriate spectacle/contact lenses for the correction of refractive error.

5.6.2 Addressing avoidable sight loss has consequences beyond the obvious benefits for an individual and their ability to live and work independently. Sight loss has other concomitant effects such as: increased costs of health expenditure, diminished quality of life, increased risk of falls, increased social isolation and reduced chances for employment.

5.6.3 Sight loss and the prevention of avoidable sight loss is a public health priority for all regions in the UK. Integral to this public health approach is the implementation of the UK Vision Strategy[8] by the four home nations. The strategy is supported by key stakeholders and individuals including; each of the four nation governments, statutory and health and social care bodies, eyecare professionals and voluntary organisations.

Note: More information on CVI can be found in Section 4.3.

5.6.4 In order to evaluate the success of any ophthalmic public health framework and the work to promote eye health, it is essential that measurements of the levels of sight loss are known for all ages groups within the population so that progress can be measured.

Objective one of DEP states:

"HSC Organisations will collaborate with other organisations to deliver on the aims set out in 'Fit and Well-Changing Lives 2012-2022)[9] and other related strategies, in order to contribute to the promotion of good eye health and prevent eye disease."

Objective seven of DEP states:

"There will be high level regional measurements to facilitate the monitoring and evaluation of the new eyecare service model and associated pathways. This will include input, output and outcomes measurements."

5.6.5 In order to deliver on DEP Objectives one and seven, the HSCB and PHA as joint implementation leads for DEP, have allocated these objectives to task groups (DEP Task Group 5 and 3 respectively). The raw data and information from the 2014 Sight Test and Ophthalmic Public Health Survey will inform the work of these task groups. The revised approach to the survey and the inclusion of new variables to facilitate measurement will provide additional and enhanced information to support this ongoing work.

5.6.6 A sub group of DEP Task Group 5 is examining the issue of CVI registration in Northern Ireland with a particular focus on eyecare pathways to ensure that blind/partially sighted certification and registration processes are appropriately conducted.

5.7 Ophthalmic Public Health Information

5.7.1 Given the importance of demographic data and the outcomes of sight tests undertaken in primary care as a source of information to assist in the work of DEP, the HSCB and PHA may wish to consider the development of an enhanced data set which would include some or all of the elements captured during the sight test survey. For example the capture of information on: gender, ethnicity, eligibility for CVI and the primary reason for referral where appropriate.

5.7.2 The availability of improved information on the profile of patients accessing primary care optometry services will complement information currently held within health and social care and the voluntary sector in relation to the accessibility, uptake and outcomes for patients receiving eyecare services. This may assist in informing any needs based assessments undertaken in the planning, commissioning and delivery of integrated eyecare services by HSCB and PHA as joint implementation leads for DEP.

Annex A (1) Invitation letter for postal surveys

Health and Social Care Board

Department of Health, Social Services and Public Safety
www.dhsspsni.gov.uk

19th May 2014

Dear Optometrist

The Department of Health Social Services and Public Safety in conjunction with the Health and Social Care Board are undertaking the 2014 Sight Test and Ophthalmic Public Health Survey. The last Sight Test Survey took place in 2007 and there is a clear and identified need to undertake another survey in order that important information on the provision of eyecare services and ophthalmic public health is captured and analysed. This information gathered will provide data to enable the planning, commissioning and delivery of eyecare services in line with "Developing Eyecare Partnerships", the five year plan for the development of integrated eyecare service provision in Northern Ireland.

All optometry practices in Northern Ireland will be surveyed. The number of actual optometrists participating in the survey in any one practice has been stratified to take into account the GOS Sight Test activity within each optometry practice.

YOUR PRACTICE IS REQUESTED TO COMPLETE ONE SURVEY STARTING WEEK COMMENCING xx JUNE 2014. PLEASE COMPLETE ONE FULL QUESTIONNAIRE FOR EACH PATIENT EXAMINED.

PLEASE NOTE: For single-handed practices, or practices where only one or two optometrists work, the principal optometrist should complete the survey.

The 2014 Sight Test and Ophthalmic Public Health Survey:

1. The survey will be undertaken over a four week timeframe with a sample of all the NI optometry practices participating in each of the four weeks.

2. The survey which will be completed by the nominated optometrist(s) will be for activity for ONE SPECIFIC WEEK. The actual week is annotated on the enclosed survey paperwork. All the sight test activity (per patient episode) should be recorded on the survey documentation.

3. Please note that there is one actual hard copy survey document which should include ALL the sight test activity and associated information requested.

4. Please ensure that when you are completing the survey that you answer and complete ALL PARTS AND QUESTIONS as a partially completed entry for any one patient episode renders it an invalid entry.

5. Completed postal surveys should be returned within 10 DAYS of the completion of the survey to:

Information and Analysis Department

Department of Health Social Services and Public Safety

Annex 2, Room 2

Castle Buildings

Stormont Estate

Belfast BT4 3SJ

6. If you have any queries in relation to the survey please contact the optometric adviser in your local HSCB office who will be able to assist with your query.

We would ask that you complete and return your survey as it is an essential tool which DHSSPS and HSCB will use to gather important and relevant information on eyecare provision and ophthalmic public health in Northern Ireland. Your contribution is greatly appreciated and all practices which return their surveys will receive a copy of the report in autumn 2014.

Yours faithfully

_____ _____

Mr Raymond Curran

Assistant Director, Head of Optometry

Directorate of Integrated Care

Health and Social Care Board

Service Delivery Directorate

DHSSPS

Mr Bryan Dooley

Head of General Dental &

Ophthalmic Services & Prisoner

Healthcare

Annex A (2) Postal survey

Health and Social Care in Northern Ireland

Department of Health, Social Services and Public Safety

Practice Code

Personal Code

2014 Sight Test and Ophthalmic Public Health Survey

Date of Test (dd mm yyyy)	DD	MM	YYYY
Was test after 5.30pm?	Yes ☐	No ☐	
Patient Postcode			

1. Is this patient a GOS patient, or a Private patient?

GOS ☐	Private ☐

2. When was the patient born?

Month	Year

3. Gender of patient

Male ☐	Female ☐	Other ☐

4. Ethnicity of patient *(select one only)*

White ☐	Irish Traveller ☐
White and Black Caribbean ☐	White and Black African ☐
White and Asian ☐	Indian ☐
Pakistani ☐	Bangladeshi ☐
Chinese ☐	African ☐
Caribbean ☐	Arab ☐

Other ☐

Please specify 'other' here as appropriate

5-8. Are any of the following conditions present? *(select all that apply)*

5. ☐ Diabetes	6. ☐ Glaucoma
7. ☐ Ocular Hypertension	8. ☐ Family history of glaucoma

If 'Diabetes' was selected in previous question...

9. ... Has the patient attended the diabetic retinopathy screening service (DRSS) **in the past 12-15 months?**

Yes ☐	No ☐

10. Was patient eligible to receive CVI?

Yes ☐	No ☐

11. Was patient referred?

Yes ☐ *Go to Q12*	No ☐ *Go to Q13*

12. What was the **primary** reason for referral? *(select one only)*

Anterior Eye ☐	Cataracts ☐
Contact Lens Clinic ☐	Glaucoma ☐
Low Vision ☐	Macular Degeneration – Dry AMD ☐
Macular Degeneration – Wet AMD ☐	Ocular Hypertension ☐
Orthoptics ☐	Other ☐

13. Did test result in spectacles / contact lenses being dispensed?

Yes ☐	No ☐

14. Was GOS voucher used for dispensed items?

Yes ☐	No ☐

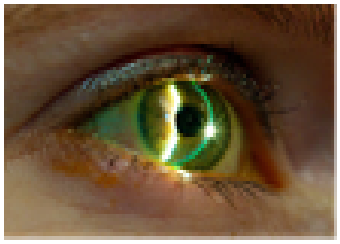
Guidance

- Please 'tick'(✓) your selected answer
- If an error is made, mark an 'X' and tick correct answer
- All questions are mandatory except Question 9 and 12
- Please include practice and personal code with each sheet, and attach the cover sheet to responses

Sight Test and Ophthalmic Public Health Survey – Email: sightsurvey@dhsspsni.gov.uk – Telephone: 028 905 22494
Submit responses to Sight Survey, Room 2, Annex 2, Castle Buildings, Stormont Estate, Belfast, BT4 3SQ

Annex A **(3) Information Flyer**

Health and Social Care Board



Department of Health, Social Services and Public Safety

2014 Sight Test and Ophthalmic Public Health Survey

- The 2014 Sight Test and Ophthalmic Public Health Survey will take place during June 2014.
- The commissioning of the survey is an identified objective within 'Developing Eyecare Partnerships' and will provide valuable information on eyecare provision and ophthalmic public health in Northern Ireland. The survey is being delivered by the Department of Health Social Services and Public Safety (DHSSPS) in conjunction with the Health and Social Care Board (HSCB).
- Primary care optometrists have a valuable role to play in provision of information in relation to eye health and service provision in Northern Ireland.
- By providing information on the care you provide, you are assisting in raising the profile of ophthalmic public health and contributing to the collection of vital data to assist in the planning of integrated eyecare services.
- All optometry practices are invited to participate in the survey for a period of ONE WEEK. The week for participation of your practice in the survey will be assigned by DHSSPS.
- Some practices will receive more than one survey for completion by optometrists in the practice (some as many as six) depending on levels of GOS service provision.
- Full information on the survey and guidance for completion will be issued to practices from mid-May 2014.

YOU ARE ASKED TO PLEASE MAKE EVERY EFFORT TO COMPLETE AND RETURN THE SURVEY(S) AS INSTRUCTED

Annex A (4) Survey Guidance

Cover Sheet and Guidance

Q1. Practice Code	
Q2. Personal Code	

Q3. Specialist Ophthalmic Equipment Available on Premises:	
OCT ☐	OP - Anterior ☐
OP – Fundus ☐	

General Guidance

- Please 'tick'(✓) your selected answer
- If an error is made, mark an 'X' and tick correct answer
- All questions are mandatory except Question 9 and Question 12 – only answer these if answers to previous questions make them applicable to that patient
  For example, only answer Question 9 where you have ticked Question 5 (Diabetes)
- Please include practice and personal code with each sheet, and attach this cover sheet to responses
- Each pack and cover sheet should be completed by ONE practitioner. If your premises has been asked for responses from multiple practitioners, you should have received a pack and cover sheet for each to complete independently
- Question 3: Abbreviations are as noted below.
  OP = Ophthalmic Photography
  OP- Anterior = Anterior Segment Camera
  OP- Fundus = Fundus Camera
- Question 10: Eligibility for CVI Registration is determined by the World Health Organisation definition of Low Vision as detailed in the following table. Please use this definition when answering question 10 of the Sight Test and Ophthalmic Public Health Survey.

Category of Visual Impairment	**Visual Acuity with best possible correction**	
	Maximum less than	**Minimum equal to or better than**
Low Vision 1	6/18 (20/60) LogMAR 0.5	6/60 (20/200) LogMAR 1.0
2	6/60 (20/200) LogMAR 1.0	3/60 (20/400) LogMAR 1.3 CF at 3m
3	3/60 (20/400) LogMAR 1.3 CF at 3m	1/60 (20/1200) LogMAR 1.8 CF at 1m

Blindness 4	1/60 (20/1200) LogMAR1.8 CF at 1m	Light Perception (PL)
5	No Perception of Light (NPL)	
6	Undetermined or unspecified	

Returns

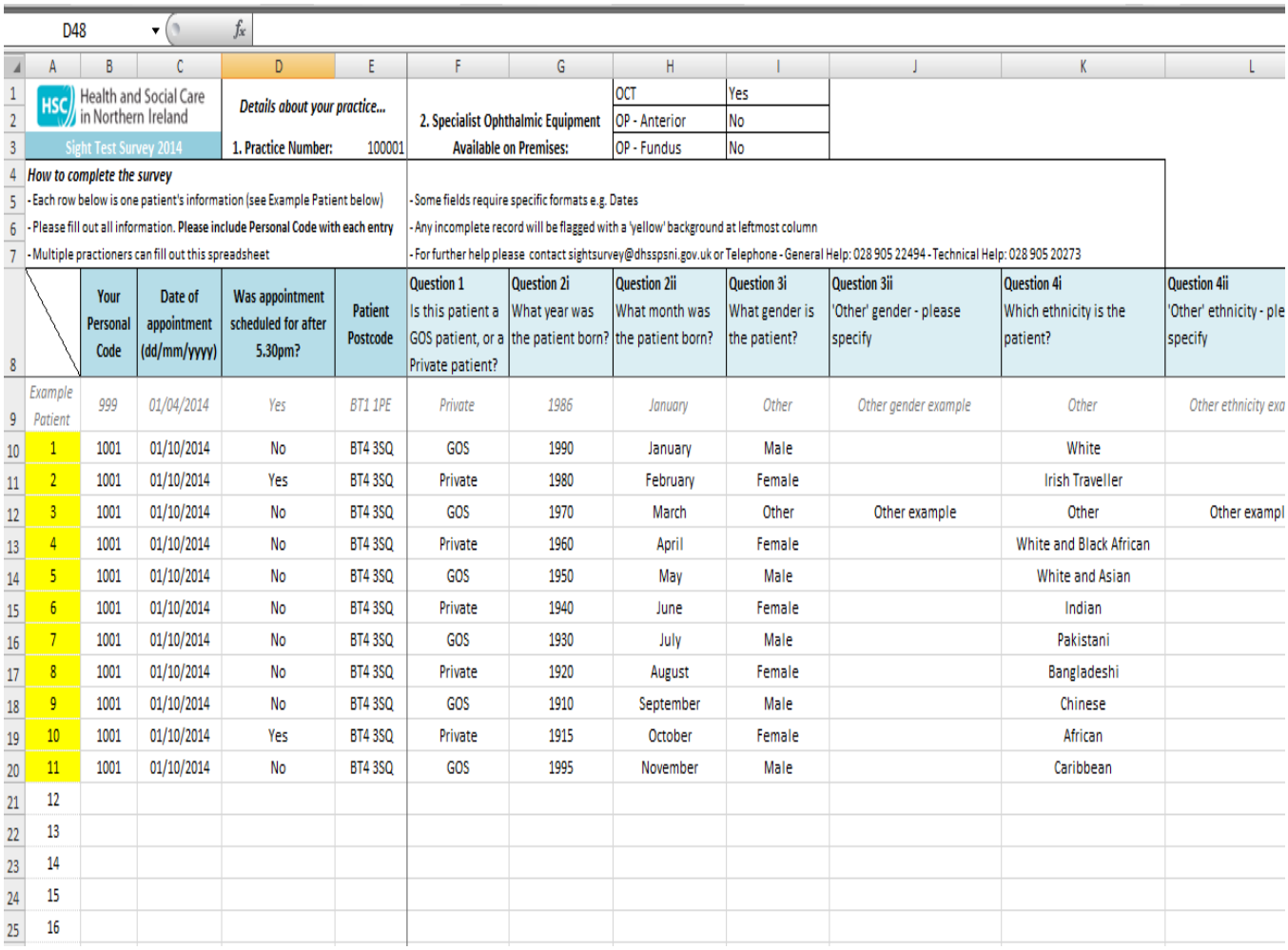
- We request that you return your results by post within a week of completion to:
  Sight Survey, Room 2, Annex 2, Castle Buildings, Stormont Estate, Belfast, BT4 3SQ

Help / Contact

Sight Test and Ophthalmic Public Health Survey Team

- Email: sightsurvey@dhsspsni.gov.uk
- Telephone: 028 905 22494

Annex A (5) Electronic Survey



D48

	A	B	C	D	E	F	G	H	I	J	K	L
1	HSC Health and Social Care in Northern Ireland			*Details about your practice...*				OCT	Yes			
2						2. Specialist Ophthalmic Equipment		OP - Anterior	No			
3	Sight Test Survey 2014			1. Practice Number:	100001	Available on Premises:		OP - Fundus	No			
4	***How to complete the survey***											
5	- Each row below is one patient's information (see Example Patient below)					- Some fields require specific formats e.g. Dates						
6	- Please fill out all information. **Please include Personal Code with each entry**					- Any incomplete record will be flagged with a 'yellow' background at leftmost column						
7	- Multiple practioners can fill out this spreadsheet					- For further help please contact sightsurvey@dhsspsni.gov.uk or Telephone - General Help: 028 905 22494 - Technical Help: 028 905 20273						
8		**Your Personal Code**	**Date of appointment (dd/mm/yyyy)**	**Was appointment scheduled for after 5.30pm?**	**Patient Postcode**	**Question 1** Is this patient a GOS patient, or a Private patient?	**Question 2i** What year was the patient born?	**Question 2ii** What month was the patient born?	**Question 3i** What gender is the patient?	**Question 3ii** 'Other' gender - please specify	**Question 4i** Which ethnicity is the patient?	**Question 4ii** 'Other' ethnicity - ple specify
9	*Example Patient*	*999*	*01/04/2014*	*Yes*	*BT1 1PE*	*Private*	*1986*	*January*	*Other*	*Other gender example*	*Other*	*Other ethnicity exa*
10	1	1001	01/10/2014	No	BT4 3SQ	GOS	1990	January	Male		White	
11	2	1001	01/10/2014	Yes	BT4 3SQ	Private	1980	February	Female		Irish Traveller	
12	3	1001	01/10/2014	No	BT4 3SQ	GOS	1970	March	Other	Other example	Other	Other exampl
13	4	1001	01/10/2014	No	BT4 3SQ	Private	1960	April	Female		White and Black African	
14	5	1001	01/10/2014	No	BT4 3SQ	GOS	1950	May	Male		White and Asian	
15	6	1001	01/10/2014	No	BT4 3SQ	Private	1940	June	Female		Indian	
16	7	1001	01/10/2014	No	BT4 3SQ	GOS	1930	July	Male		Pakistani	
17	8	1001	01/10/2014	No	BT4 3SQ	Private	1920	August	Female		Bangladeshi	
18	9	1001	01/10/2014	No	BT4 3SQ	GOS	1910	September	Male		Chinese	
19	10	1001	01/10/2014	Yes	BT4 3SQ	Private	1915	October	Female		African	
20	11	1001	01/10/2014	No	BT4 3SQ	GOS	1995	November	Male		Caribbean	
21	12											
22	13											
23	14											
24	15											
25	16											

Annex A (6) Reclassification of referrals

Original Survey Classification	Reclassified into 13 categories	Reclassification into 6 categories (for Figure 4.4.7)
Anterior Eye	Anterior Eye	Anterior Eye & Adnexa
Cataracts	Cataract	Cataract
Contact Lens Clinic	Contact Lens Service	Anterior Eye & Adnexa
Glaucoma	Glaucoma Service	Glaucoma
Low Vision	Low Vision Service	Other
Macular Degeneration - Dry AMD	Retinal	Posterior Eye
Macular Degeneration - Wet AMD	Retinal	Posterior Eye
Ocular Hypertension	Glaucoma Service	Glaucoma
Orthoptics	Orthoptics	Anterior Eye & Adnexa
"Others"		
Blood Pressure Check	GP	Other
Blurred Vision	Visual Loss	Other
Central Scotoma	Visual Loss	Other
Corneal Abrasion	Anterior Eye	Anterior Eye & Adnexa
CRVO	Retinal	Posterior Eye
Diabetic Retinopathy	Retinal	Posterior Eye
Dry Eyes	Anterior Eye	Anterior Eye & Adnexa
Episodic Visual Disturbance	Visual Loss	Other
Eye Infection	Anterior Eye	Anterior Eye & Adnexa
Field Loss	Visual Loss	Other
Flashes and Floaters	Retinal	Posterior Eye
Fundal Pigmented Lesion	Retinal	Posterior Eye
Fundus Lesion	Retinal	Posterior Eye
GP for hayfever TX antihistamines	GP	Other
Headaches	GP	Other
Hospital Eye Department Retinal	Retinal	Posterior Eye

Macular Lesion	Retinal	Posterior Eye
Naevus	Retinal	Posterior Eye
Non-specific eye pain	Anterior Eye	Anterior Eye & Adnexa
Paediatric Ophthalmology	Paediatric	Paediatric
Opacification of IOL	Laser	Cataract
Ptosis	Anterior Eye	Anterior Eye & Adnexa
Pupils	Neurological	Posterior Eye
R.A.E.S	Eye Casualty	Other
Recurrent Episcleritis	Anterior Eye	Anterior Eye & Adnexa
Reduced Vision	Visual Loss	Other
Refraction Clinic	Paediatric	Paediatric
Retinal Detachment	Retinal	Posterior Eye
Retinopathy from raised blood pressure	Retinal	Posterior Eye
Retinoschisis	Retinal	Posterior Eye
Referral to GP – Suspect diabetes	GP	Other
V/A loss following stroke	Visual Loss	Other
Vision reduced epiretinal membrane	Retinal	Posterior Eye
Visual fields	Visual Loss	Other
Watering eye	Anterior Eye	Anterior Eye & Adnexa

Annex B (1) Certification of Visual Impairment – Northern Ireland

Certificate of a Person as Sight Impaired / Partially Sighted, or as Severely Sight Impaired / Blind - Part 1

To be completed by a Consultant / Senior Ophthalmologist

A. Patient's details *(complete manually or use hospital patient long label identifier)*

Title and Surname									**Details of general practitioner**	
Other names									Name	
Address									Address	
									Tel.	
Daytime Tel:										
	D	D	M	M	Y	Y	Y	Y	**Details of local HSST/ agent**	
Date of birth									Name	
Postcode	**BT**								Address	
Gender (please tick)	Male			Female					Tel.	
Principal Cause of Visual Impairment										
Primary Diagnosis Right									**Primary Diagnosis Left**	
Other Diagnosis Right									**Other Diagnosis Left**	
Other Relevant Findings										
Type of Registration:	**BLIND**								**Partially sighted**	

B. VISUAL FUNCTION **Visual acuity** - Snellen or Snellen equivalent (LogMAR or functional assessment, e.g. hand movement or finger counting)	Right eye	Left eye
Unaided		
Best corrected		
Best corrected (Binocular Vision) (if different from above)		

Field of vision *(Tick box if abnormal)*					**Low vision service** *(Tick one box)*	
Extensive loss of binocular peripheral field	Y		N		To be assessed	
					Already been assessed	
Extensive loss of central visual field	Y		N		Not relevant or the patient does not want an assessment	
Hemianopic field loss	Y		N			
Describe nature of field loss (right, left, Homonymous etc)						
Does sight vary markedly in different light levels? ☐ Yes ☐ No ☐ Don't know						

Consultant signature:_____**date:** _____

A copy of this form will upon completion by Ophthalmologists & social services be forwarded to and should be retained by the Patient, referring Hospital, Patient's GP and Social Services Trust. A copy of this page must be sent to Prof AJ Jackson for Epidemiological analysis (See explanatory notes for instructions and address).

CVI-NI 2007 1

Certificate of a Person as Sight Impaired / Partially Sighted, or as Severely Sight Impaired / Blind - Part 2 & 3

To be completed by, or on behalf of, Social/Rehab worker in consultation with the patient

(N.B. Part 1: is completed by a Consultant / Senior Ophthalmologist)

D. Certificate of eligibility to be registered blind or partially sighted

Hospital Name		**Diagnosis for registration** (tick box):	
Patients Name			
Patients Address			
Date of Birth		**BLIND** (or Severely Sight Impaired)	
Post Code	**BT**	**PARTIALLY SIGHTED** (or Sight Impaired)	
OR affix patient label identifier here.			

Date of examination:

D	**D**	**M**	**M**	**Y**	**Y**	**Y**	**Y**

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

E. Other relevant factors about the patient *(For each question tick either 'Yes' or 'No')*

	Yes	No
Does the patient live alone?		
Does the patient have a hearing impairment / additional disability? If yes, Expand:		
Would the patient benefit from information about practical matters such as:		
mobility		
Managing at Home		
reading requirements		
Employment		
Emotional support		
Any specific risks identified / anxieties expressed:		
Is the patient: Retired ☐ Employed ☐ Unemployed ☐ Full-time/Part-time Education ☐		

Patients Name	
Date of Birth	

F. Ethnic origin *(This information is needed for service and epidemiological monitoring)*

White		Bangladeshi		Mixed ethnic group (please write in)
Chinese		Black Caribbean		
Irish Traveller		Black African		Any other ethnic group (please write in)
Indian		Black Other		
Pakistani				

G. Patient format preferences

The patient would prefer further information:

☐ in large print ☐ on tape ☐ on computer disk ☐ in braille

☐ by email to _____ @_____

The language the patient prefers to receive information in is _____

NB: See the checklist of people to send copies to, at the head of this form. The local Health and Social Services Trust will be the one that covers the place where the patient lives.

I understand that in the case of a child, under Article 14 of the Education (Northern Ireland) Order 1996, the following duties are placed on health and social services authorities.

If a Health and Social Services authority, in the course of exercising any of its functions in relation to a child who has not attained the lower limit of compulsory school age, forms the opinion that he has, or probably has, special educational needs, that authority shall —

(a) Inform the child's parent of its opinion and of its duty under this paragraph and paragraph (2); &

(b) After giving the parent an opportunity to discuss that opinion with an officer of the authority, bring it to the attention of the appropriate board.

Part 3: to be completed by the patient or representative

- I consent to the information on this form being passed to the local Health and Social Services Trust, my GP, Education and library Board and to those charged with collecting information for Epidemiological analysis, with a copy being kept by the hospital. I will also be given a copy.
- I understand that my Health and Social Services Trust will arrange for me to be registered with them if I so wish.
- My attention has been drawn to the 'Notice to driving licence holders'.

Signature: - _____ Date:-_____

I am

☐ the patient

☐ the patient's representative. My name is (please print)_____

Professional's signature:_____date: _____

About this Certificate

The *Certificate of Vision Impairment* (CVI - NI 2007) replaces the CVI - NI 2005. A consultant ophthalmologist may use it to certify that the named patient is eligible to be registered as sight impaired / partially sighted, or as severely sight impaired / blind under the provisions of the Supplementary Benefits (Requirements) Regulations (NI) 1983. The patient's local Health and Social Services Trust with social services responsibilities, or its designated agency, will arrange with the explicit consent of the patient, for his or her name to be added to the relevant register. If the client so wishes, it will also carry out an assessment of needs, and provide information about the services and benefits available to people who are sight impaired or blind.

Advice for patients

Use of this form does not affect the provision of any medical care. It establishes that your consultant ophthalmologist considers you *eligible* to be registered. ***You will not be added to the local register until you have given your specific consent to your local community Trust or primary care Trust.***

Registration is voluntary, and you can choose to have your name taken off at any time. Choosing not to be registered may affect your entitlement for some statutory financial benefits. Also, registration means that you will be regarded as 'disabled' under the Disability Discrimination Act (DDA). If you are registered, your local Trust should offer you a card confirming your registration.

Your Health and Social Services Trust has a legal duty to advise you of the range of services available to people with sight problems and to carry out an assessment of your needs, irrespective of whether or not you choose to be registered.

If you have any difficulties in relation to these matters, you can obtain independent advice from:

- The RNIB Helpline. Tel. 08457 669999 (local call rate)

If you have a driving licence, please read the important 'Information for driving licence holders'.

Information for driving licence holders

Every driver must be able to read a pre-September 2001 format number plate at 20.5 metres (or a post September 2001 format number plate at 20 metres) in good light.

If your sight is affecting your ability to drive or if the eye specialist has advised you that you are not safe to drive, you are required to contact the:

Driver Licensing Division
Medical Section County Hall
Castlerock Road
Coleraine BT51 3TB
Tel. 02870 341469

The Driver Licensing Division must be told at once if:

- You **NOW** have any physical or mental disability or condition which affects your fitness as a driver or which might do so **IN THE FUTURE** (you do not need to tell Driver Licensing Division if the effect of the disability or the condition is not expected to last more than 3 months).
- You come to know **IN FUTURE** that you have such a disability or condition.

Failure to comply is a criminal offence. Drivers who do not meet the vision requirements and who come to the attention of the police may be liable for a fine of up to £1,000.

Annex B (2) World Health Organisation (WHO) Visual Impairment

Category of Visual Impairment	**Visual Acuity with best possible correction**	
	Maximum less than	**Minimum equal to or better than**
Low Vision 1	6/18 (20/60) LogMAR 0.5	6/60 (20/200) LogMAR 1.0
2	6/60 (20/200) LogMAR 1.0	3/60 (20/400) LogMAR 1.3 CF at 3m
3	3/60 (20/400) LogMAR 1.3 CF at 3m	1/60 (20/1200) LogMAR 1.8 CF at 1m
Blindness 4	1/60 (20/1200) LogMAR1.8 CF at 1m	Light Perception (PL)
5	No Perception of Light (NPL)	
6	Undetermined or unspecified	

Annex B (3) Information on other terminology

In addition to the World Health Organisation categories of visual impairment in the United Kingdom the terms “sight impaired” and “severely sight impaired” are used.

In order to be certified as **severely sight impaired (blind),** sight has to fall into one of the following categories, while wearing any required glasses or contact lenses:

I. visual acuity of less than 3/60 with a full visual field
II. visual acuity between 3/60 and 6 /60 with a severe reduction of field of vision, such as tunnel vision
III. visual acuity of 6/60 or above but with a very reduced field of vision, especially if a lot of sight is missing in the lower part of the field.

In order to be certified as **sight impaired (partially sighted),** sight has to fall into one of the following categories, while wearing any required glasses or contact lenses:

I. visual acuity of 3/60 to 6/60 with a full field of vision
II. visual acuity of up to 6/24 with a moderate reduction of field of vision or with a central part of vision that is cloudy or blurry
III. visual acuity of up to 6/18 if a large part of your field of vision, for example a whole half of your vision, is missing or a lot of your peripheral vision is missing.

References

1. Developing Eyecare Partnerships, Improving the Commissioning and Provision of Eyecare Services in Northern Ireland. Department of Health Social Services and Public Health (DHSSPS), October 2012 - http://www.dhsspsni.gov.uk/eyecarestrategy2012.pdf

2. Health and Personal Social Services, General Ophthalmic Services Regulations (Northern Ireland) 2007.

3. Census 2011 - http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136 [Age Single Year and Sex by Administrative Geographies]

4. ONS ethnicity guidance - http://www.ons.gov.uk/ons/guide-method/measuring-equality/equality/ethnic-nat-identity-religion/ethnic-group/index.html#11

5. QOF diabetes - http://www.dhsspsni.gov.uk/index/statistics/qof/qof-achievement/qof-lcg-13-14.htm

6. Access Economics, 2009. Future Sight loss UK1: The economic impact of partial sight and blindness in the UK adult population. RNIB.

7. RNIB Community Engagement Project - https://www.rnib.org.uk/sites/default/files/Pilot_eye_health_interventions.doc

8. UK Vision Strategy 2013-2018, http://www.vision2020uk.org.uk/ukvisionstrategy

9. Fit and Well-Changing Lives 2012-2022: A Strategic Framework for Public Health. Department of Health Social Services and Public Safety (DHSSPS) 2012.