

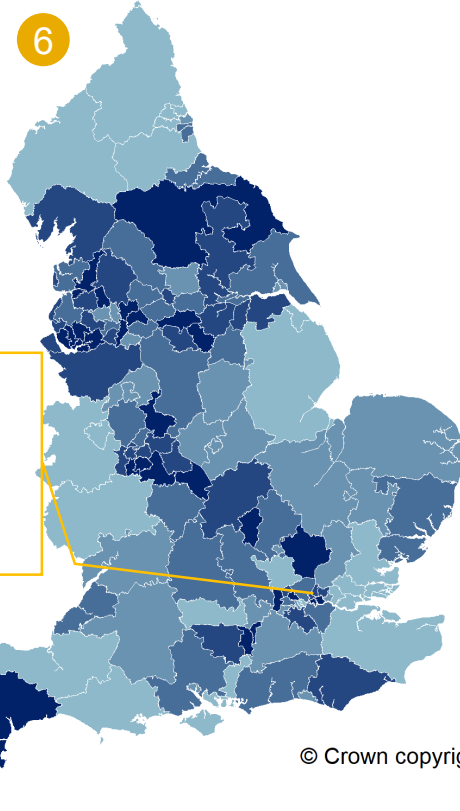
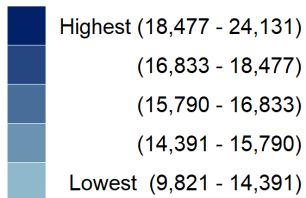
## Maps

- 1 Type of statistic** (e.g. rate, proportion)
- 2 Geographic boundaries**
- 3 Year of data presented**
- 4 Rate calculated per x number of people**
- 5 Optimum values** Low indicates lower values are preferential (high indicates higher values are preferential). Local interpretation maybe required for some indicators.

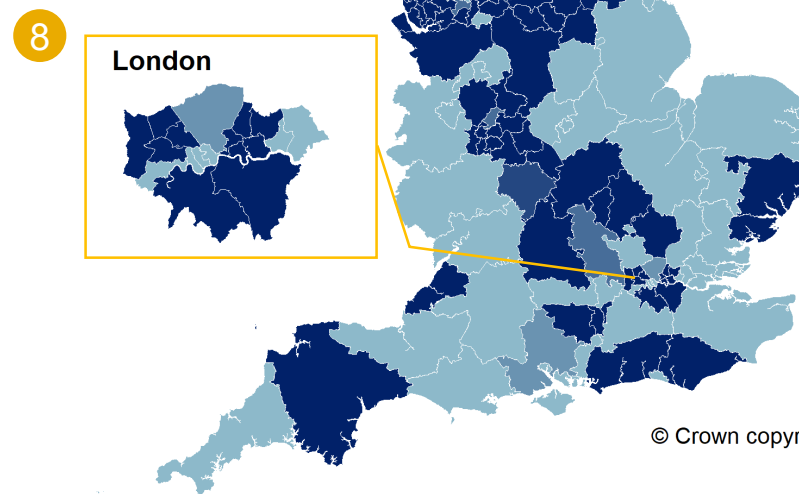
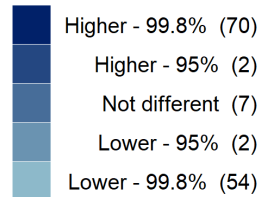
### Map 1a: Experimental statistic: Variation in rate of all vision outpatient attendances by clinical commissioning group (2019/20)

- 1** Directly standardised rate per 100,000 population
- 4** Optimum value: Requires local interpretation

#### Equal-sized quintiles of geographies



#### Significance level compared with England



## Quick user guide

- 6 Equal sized quintiles** The number of areas presented on the map are divided equally between the 5 categories with those with the highest values forming the 'Highest' group etc.

For example, in 2020 there were 135 clinical commissioning groups (CCGs), so 27 CCGs are in each category. **Darker** areas have the highest values.

- 7 Significance level compared with England** The **darkest** and **lightest** shading on map shows CCGs whose confidence intervals do not overlap with the England value.

The second **darkest** and **lightest** colours show areas where the England value falls between the CCG's 95% and 99.8% CI.

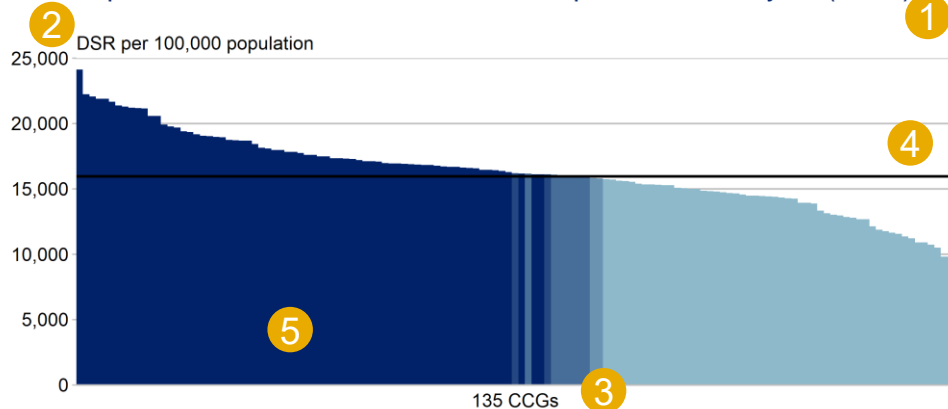
The number in brackets indicates the number of CCGs in each category.

- 8 London** is presented as a separate zoomed in map for clarity.

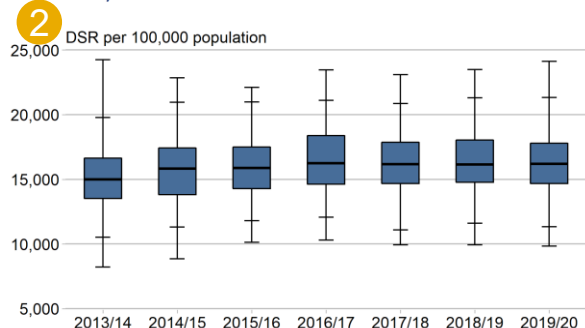
## Chart, box plot and table

- 1** Title shows indicator details including: value type, geography and year.
- 2** The y-axis plots the value and gives details of the value type e.g. rate / proportion and the unit e.g. per 100,000 population.
- 3** The x-axis shows the geography and the number of areas on chart.
- 4** The line shows the England average.
- 5** Each bar represents an area (e.g. a CCG). The height of the bar is relative to the value for that area. Collectively, the bars show the spread of values across England.
- 6** For each indicator, data is presented visually in a time series of box and whisker plots. The box plots show the distribution of data.

Column chart: Experimental statistic: Variation in rate of all vision outpatient attendances by CCG (2019/20)



Box plot time series: Experimental statistic: Variation in rate of all vision outpatient attendances by CCG (2013/14 to 2019/20)



Year	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	
Max-Min (Range)	16,023	14,006	11,987	13,143	13,161	13,556	14,310	No significant change
75th-25th percentile	3,115	3,599	3,206	3,737	3,189	3,275	3,117	No significant change
95th-5th percentile	9,266	9,640	9,187	9,034	9,764	9,708	10,003	No significant change
Median	14,990	15,825	15,875	16,231	16,177	16,153	16,194	INCREASING Significant

The colour of the bar represents how significant the area's value is in relation to England based on the area's confidence interval. Areas utilise the same colours and categories as the maps.

Areas that are significantly higher than England at a **99.8%** or **95%** level are shown as darker bars whereas those with lower significance to England, at a **99.8%** or **95%** level, are lighter. The colour in the middle represents areas that are **not significantly different** from England.

Where the significance bar chart is unavailable, the equal interval map colours have been used.

The line inside each box shows the median (the mid-point, so if the 135 CCGs were sorted in order of value, the value halfway between the CCGs in the 67<sup>th</sup> and 68<sup>th</sup> position would give the median). The bottom and top of the **blue box** represents the values which 25% and 75% of the areas fall below. 50% of the areas have a value within this range.

The whiskers mark the values at which 5% and 95% of areas fall below. The median and maximum values are also shown.

The time series allows us to see how the median has changed over time, but also whether the gap between the extreme values has changed.

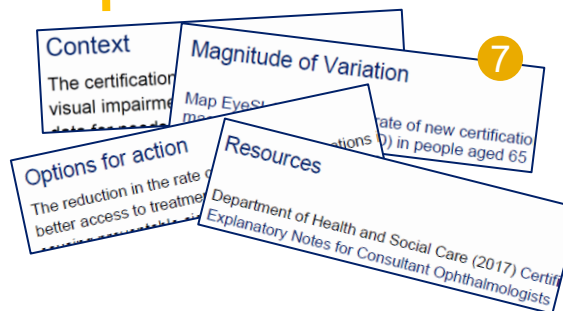
The table accompanying the box and whisker plots shows whether there has been any statistically significant change in the median, or in the degree of variation over time.

**7 Sections in the chapter**  
**Context** – an overview of why the indicator is of public health interest

**Magnitude of variation** – commentary in relation to the chart, box plot and table

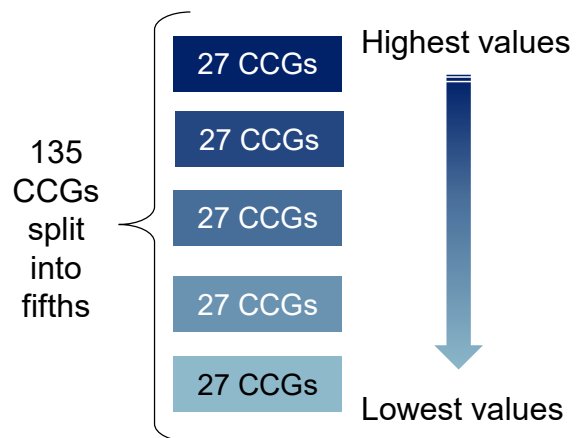
**Options for action** – suggestions for best practice

**Resources** – links to useful documents

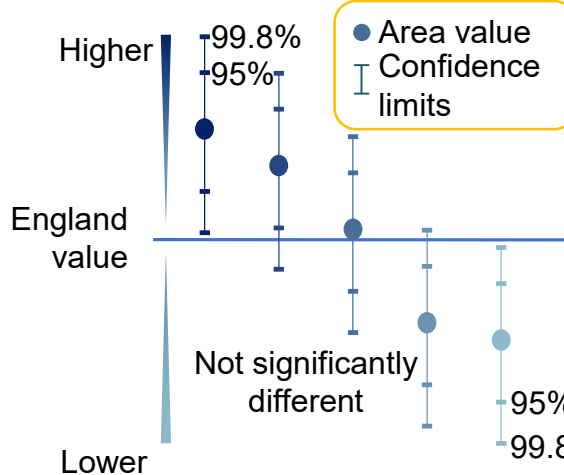


## How were the categories calculated?

### Equal-sized quintiles



### Significance to England



Confidence intervals give an estimated range in which the true CCG value lies.

Where the CCG's confidence interval does not overlap with the England value, the CCG is classed as being *significantly higher* or *lower* than England at a 99.8% level.

If the England value lies between the 99.8% and 95% CI, this value is classed as being *significantly higher* or *lower* than England at a 95% level.

Where the England value is between the upper 95% and lower 99.8% CI, the CCG is classed as *not being significantly different* from England.

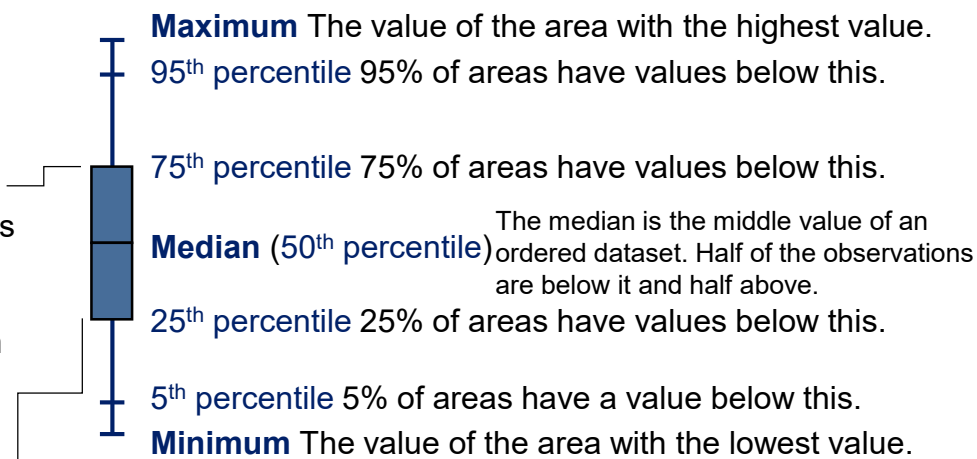
### Box & whisker plot

#### Whiskers

Show the extreme values in the dataset.

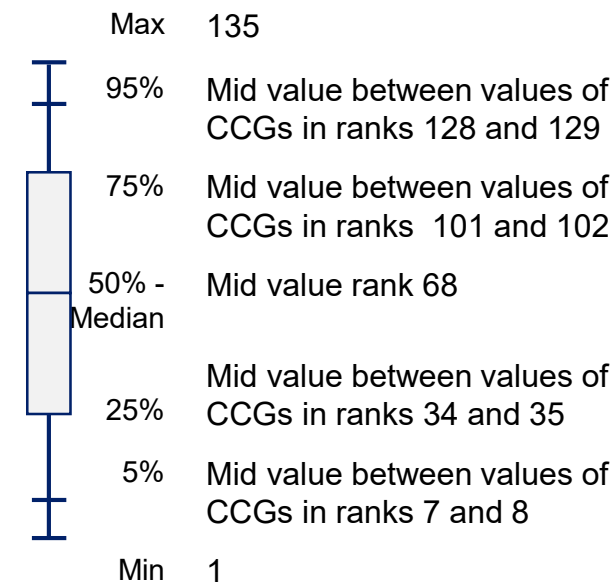
#### Box

50% of the data values lie between the 25<sup>th</sup> and 75<sup>th</sup> percentile. The distance between these is known as the inter-quartile range (IQR).



#### Box plot percentile

#### CCG rank position (135 CCGs in 2020)



# Sight loss outcomes

## New certificates of vision impairment

### Context

The primary purpose of the process of certification of vision impairment is to formally acknowledge a level of impairment in need of services for care and support in the community, to maintain independence and inclusion. The primary purpose of the data arising from the certification process is to identify and quantify this specific need.

The secondary use of the data arising from certification is for monitoring trends in the causes and distribution of vision impairment in the population to inform service planning and development and to be used as a proxy indicator of population eye health.

There are two categories of sight impairment, sight impairment and severe sight impairment. Each takes account of both visual acuity and field. Certification category is a key factor taken into consideration by local authorities when assessing levels of support that may be deemed appropriate. The criteria for these categories have been defined by the Department of Health and Social Care as follows:<sup>1</sup>

#### Certifiable sight impairment:

- Snellen visual acuity between 3/60 and 6/60 (or equivalent), with full field of vision
- Snellen visual acuity between 6/60 and 6/24 (or equivalent), with moderate visual field loss
- Snellen visual acuity 6/18 or better (or equivalent) with marked visual field loss for example homonymous hemianopia

#### Certifiable severe sight impairment:

- Snellen visual acuity worse than 3/60 (or equivalent) with a full visual field
- Snellen visual acuity between 3/60–6/60 with severe visual field loss
- Snellen visual acuity 6/60 or better (or equivalent) with clinically significant contraction of visual field e.g. bi-temporal hemianopia or reduction of inferior field

Patients meeting the criteria for either of these categories in their better seeing eye are eligible for certification by a consultant ophthalmologist.<sup>1</sup> Certification is neither mandatory nor automatic. It is a voluntary process requiring patient consent. Once a certificate of vision impairment (CVI) has been issued, a copy is given to the patient. In addition and with the patient's consent, copies are sent to the patient's GP, to their local authority for registration, and to the CVI data repository that is held at Moorfields Eye Hospital NHS Foundation Trust on behalf of the Royal College of Ophthalmologists.<sup>1</sup>

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<sup>1</sup> Department of Health and Social Care (2017) [Certificate of Vision Impairment: Explanatory Notes for Consultant Ophthalmologists and Hospital Eye Clinic Staff in England](#) [Accessed 15 Jul 2021]

The main causes of all types of certifiable vision impairment<sup>2</sup> in adults are:

- degeneration of the macula and posterior pole (mostly age related macular degeneration), 51.4% of all certifications
- glaucoma, 9.0% of all certifications
- inherited retinal disorders, 6.4% of all certifications
- diabetic retinopathy and maculopathy (diabetic eye disease), 5.9% of all certifications

In adults aged 16 to 64 years, the main cause of certifiable severe vision impairment is now inherited retinal disorders (20% of all severe sight impairment certifications), followed by diabetic retinopathy and maculopathy (14%).<sup>3,4</sup>

Since its establishment in 2012, the Public Health Outcomes Framework (PHOF) has included CVI as an indicator of preventable sight loss (indicator E12 within Domain E: healthcare and premature mortality).<sup>5</sup> The data for this indicator are provided by the CVI Data Repository. PHOF indicator E12 includes crude rates of all certification (both categories) for the three main causes of adult certification (age related macular degeneration (AMD), glaucoma and diabetic eye disease) and all cause certification. These are considered in detail in the following sections, but their inclusion in the PHOF provides a means for their regular reporting and review at local and national level.

More recently, National Institute for Health and Care Excellence (NICE) quality standards for adults with serious eye disorders also recommend timely certification as soon as they become eligible.<sup>6</sup>

## Certifications during the COVID-19 pandemic

Considerable efforts were made during the first and second waves of the pandemic to maintain ophthalmic services for new and existing patients at risk of permanent visual loss from delays in their treatment. As such there was a considerable drop in outpatient attendances, but also due in part to patient concerns about acquiring infection during their hospital visit, or that they had been classified as being vulnerable or were

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<sup>2</sup> Quartilo A, Simkiss P, Zekite A and others (2016) [Leading causes of certifiable visual loss in England and Wales during the year ending 31 March 2013](#) *Eye (Lond)* 2016 Apr; 30(4): 602–607 [Accessed 15 Jul 2021]

<sup>3</sup> Liew G, Michaelides M, Bunce C (2014) [A comparison of the causes of blindness certifications in England and Wales in working age adults \(16–64 years\), 1999–2000 with 2009–2010](#) *BMJ Open*. 2014;4:e004015 [Accessed 15 Jul 2021]

<sup>4</sup> Rahman F, Zekite A, Bunce C and others (2020) [Recent trends in vision impairment certifications in England and Wales](#) *Eye (London)* 2020 Jul;34(7):1271-1278 [Accessed 15 Jul 2021]

<sup>5</sup> Public Health England [Public Health Outcomes Framework](#) [Accessed 15 Jul 2021]

<sup>6</sup> National Institute for Health and Care Excellence (2019) [Serious eye disorders - quality statement 6: Certificate of vision impairment \(NICE quality standard \[QS180\]\)](#) [Accessed 15 Jul 2021]

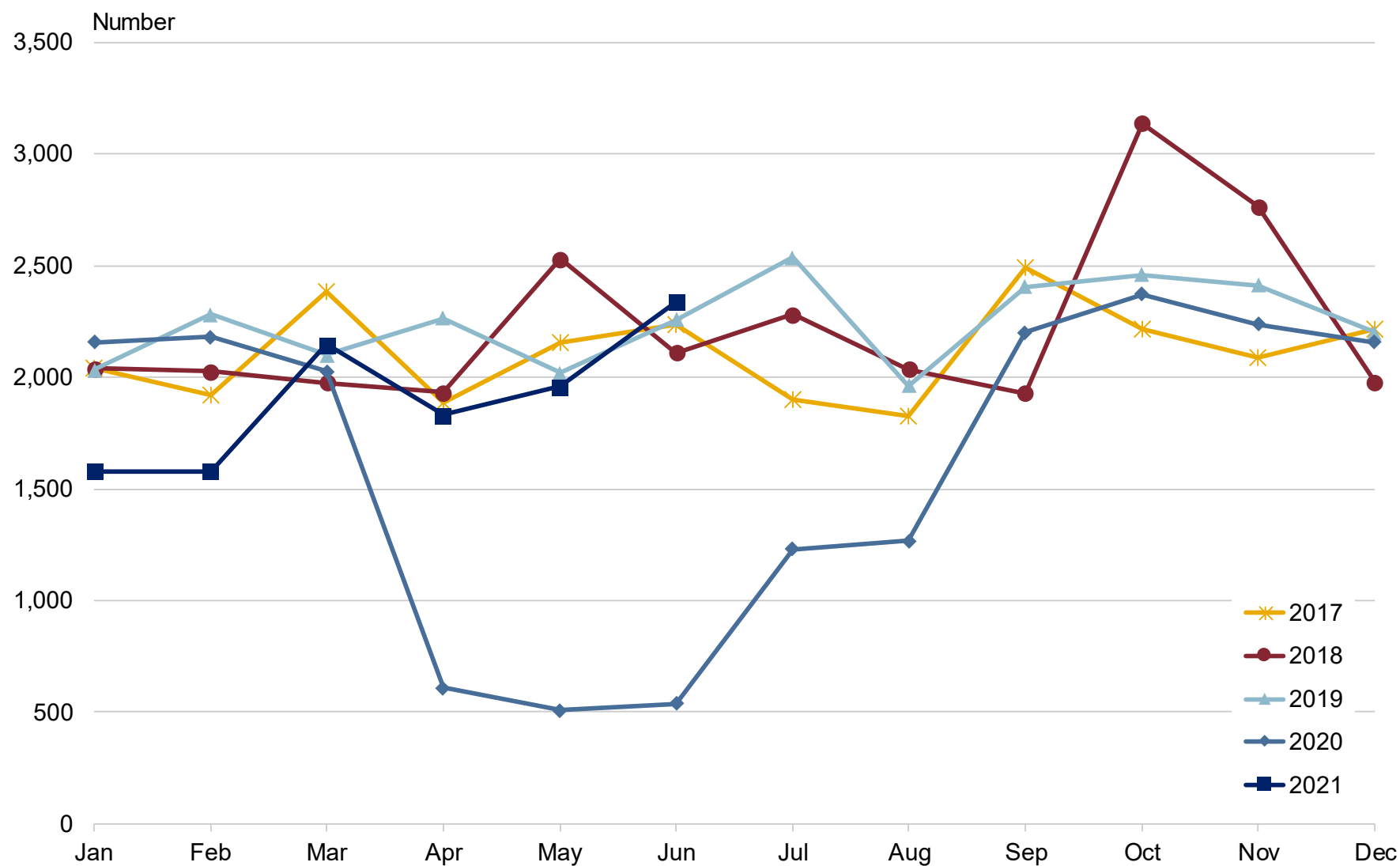
shielding.<sup>7,8</sup> The numbers of certifications during the period January 2017 to April 2021 are shown in Figure 7.1, demonstrating the impact of the pandemic. There was a sharp drop in the number of certifications during the first (April to June 2020) and second wave (January to February 2021) of the pandemic, with some recovery towards expected numbers during the intervening period. Nevertheless there is likely to be a backlog of eligible patients who have not yet been certified, and it is possible that in addition some patients may have suffered irreversible sight loss due to delays in treatment during the pandemic and have become eligible for certification. This is currently being investigated in a number of studies.

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<sup>7</sup> Wickham L, Hay G, Hamilton R, and others (2020) [The impact of COVID policies on acute ophthalmology services - experiences from Moorfields Eye Hospital NHS Foundation Trust](#) *Eye* 34, 1189–1192 [Accessed 15 Jul 2021]

<sup>8</sup> Jayaram H, Strouthidis NG, and Gazzard G (2020) [The COVID-19 pandemic will redefine the future delivery of glaucoma care](#) *Eye* 34, 1203–1205 [Accessed 15 Jul 2021]

**Figure 7.1: Numbers of certificates of visual impairment for epidemiological analysis received at the Royal College of Ophthalmologists for England and Wales (January 2017 to June 2021)<sup>9</sup>**



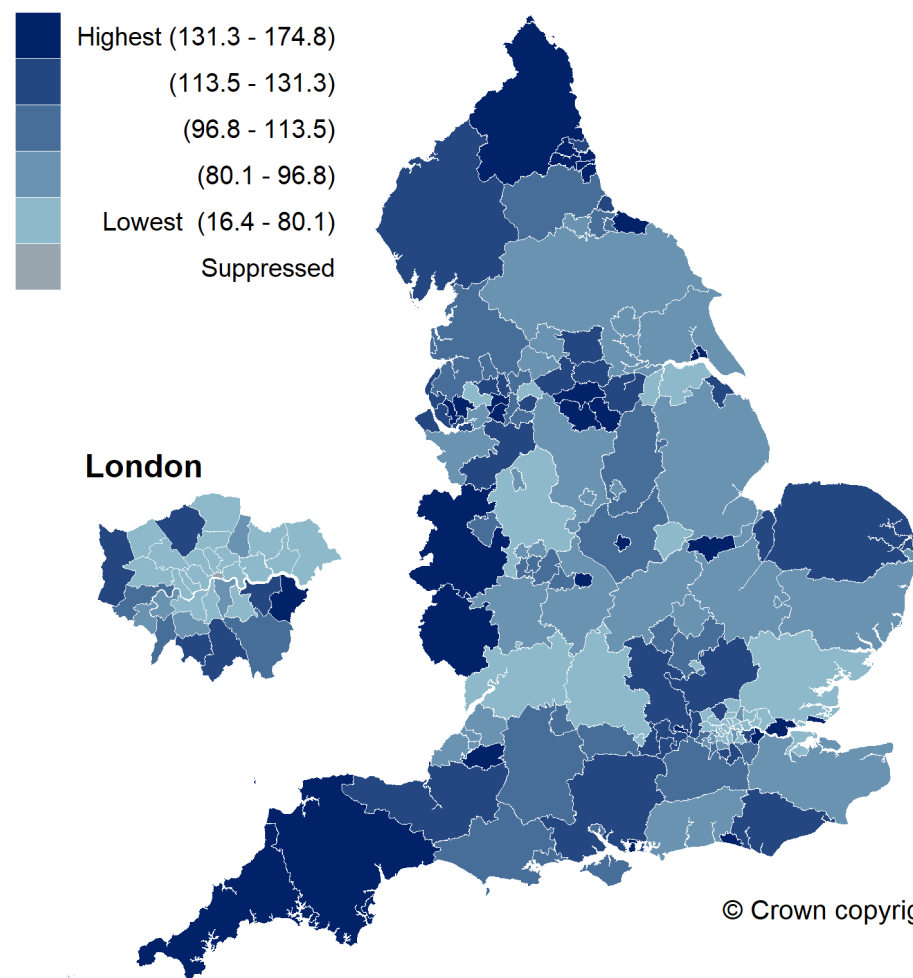
<sup>9</sup> Data source: Royal College of Ophthalmologists Certifications Office based at Moorfields Eye Hospital

# Map 7a: Variation in rate of new certifications of visual impairment (CVI) due to age related macular degeneration (AMD) in people aged 65 years and over by upper-tier local authority (2019/20)

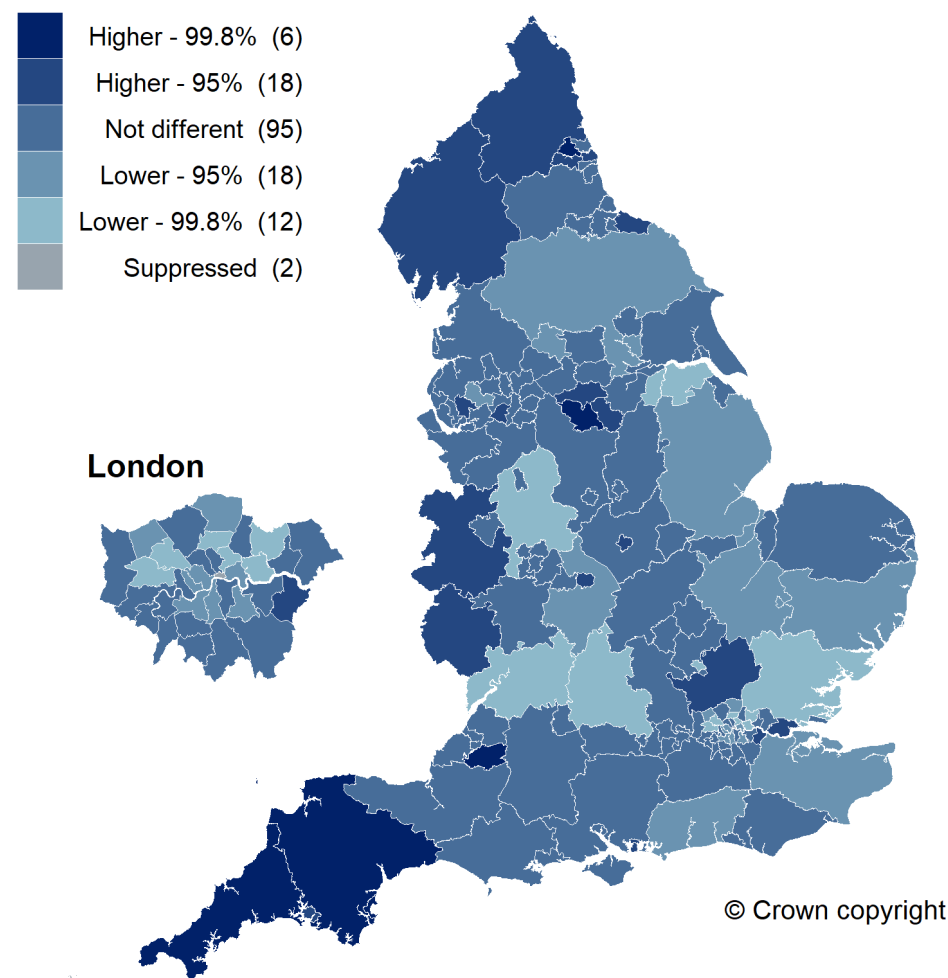
Crude rate per 100,000 population

Optimum value: Requires local interpretation

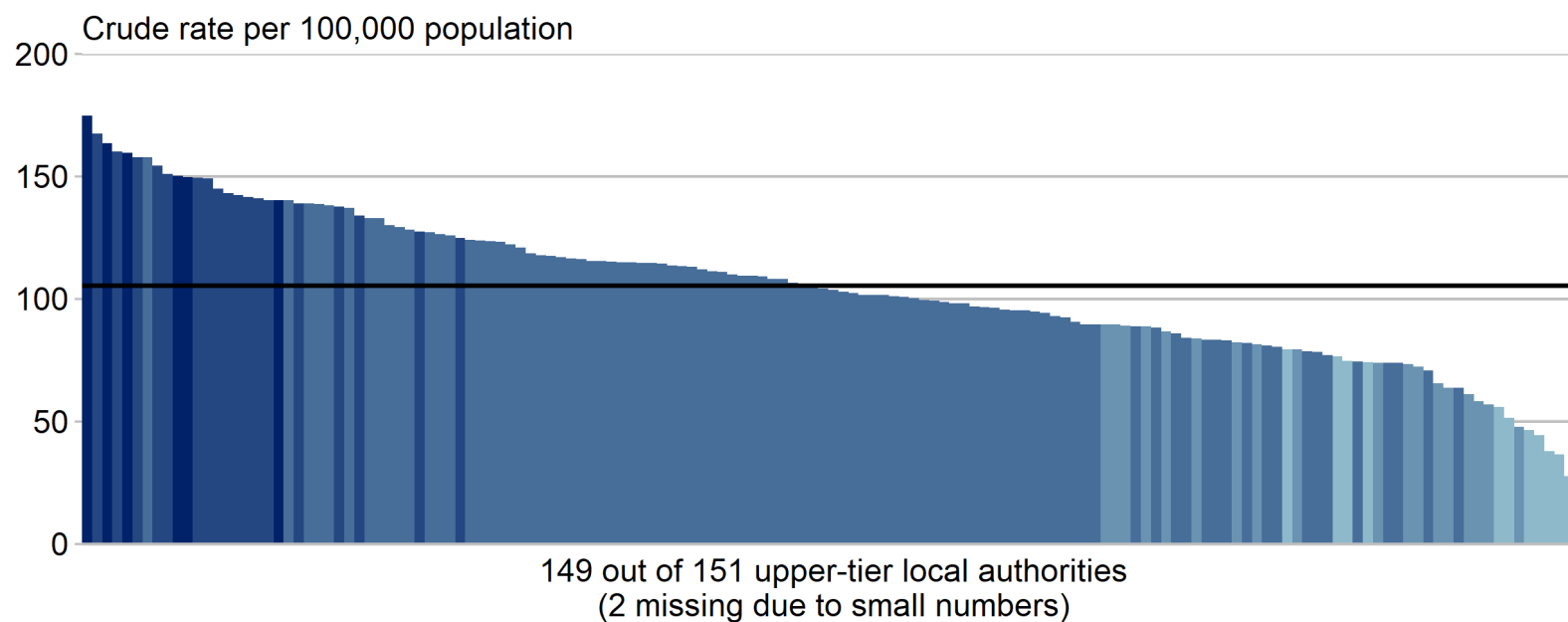
## Equal-sized quintiles of geographies



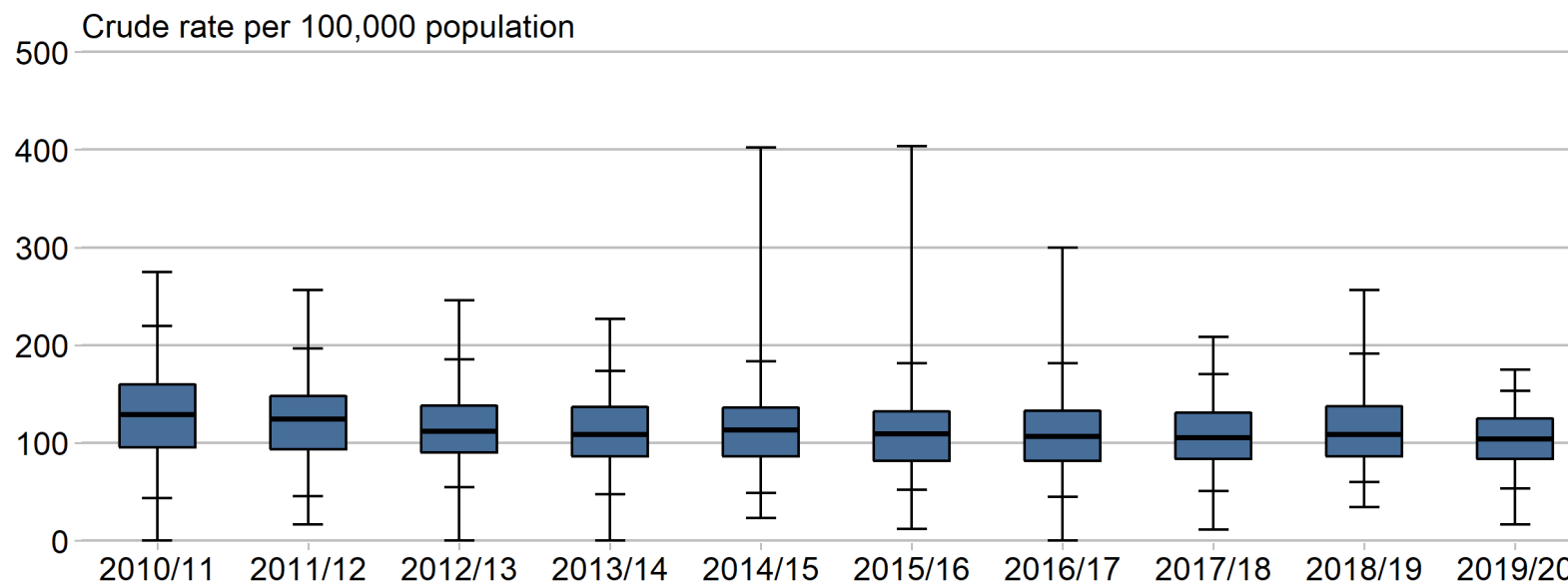
## Significance level compared with England



**Column chart: Variation in rate of new certifications of visual impairment (CVI) due to age related macular degeneration (AMD) in people aged 65 years and over by upper-tier local authority (2019/20)**



**Box plot time series: Variation in rate of new certifications of visual impairment (CVI) due to age related macular degeneration (AMD) in people aged 65 years and over by upper-tier local authority (2010/11 to 2019/20)**



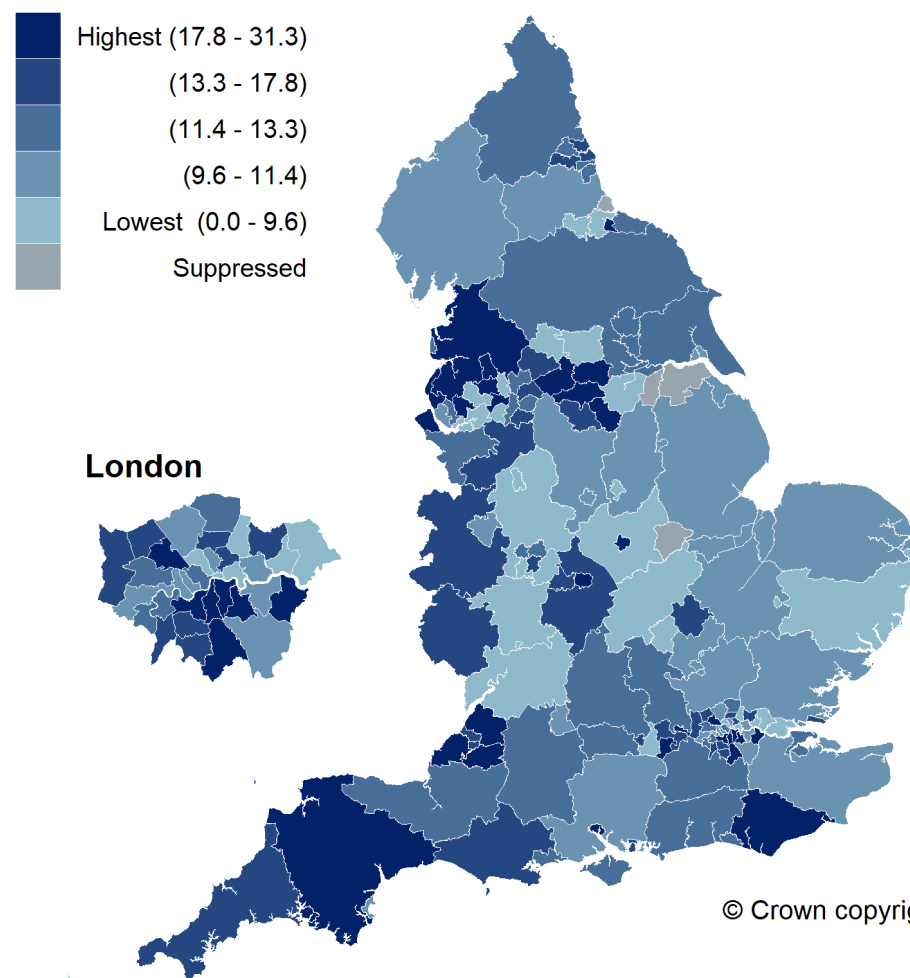
Year	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	
Max-Min (Range)	274.5	239.5	246.0	227.1	378.9	391.8	299.6	196.9	222.1	158.4	No significant change
75 <sup>th</sup> -25 <sup>th</sup> percentile	64.3	54.5	48.4	50.9	50.1	50.5	51.4	47.9	51.6	41.5	NARROWING Significant
95 <sup>th</sup> -5 <sup>th</sup> percentile	176.2	151.3	130.6	126.2	135.1	129.2	136.7	119.3	131.7	99.9	NARROWING Significant
Median	128.8	124.5	111.6	108.5	113.2	109.3	106.6	105.3	108.2	103.9	DECREASING Significant

# Map 7b: Variation in rate of new certifications of visual impairment (CVI) due to glaucoma in people aged 40 years and over by upper-tier local authority (2019/20)

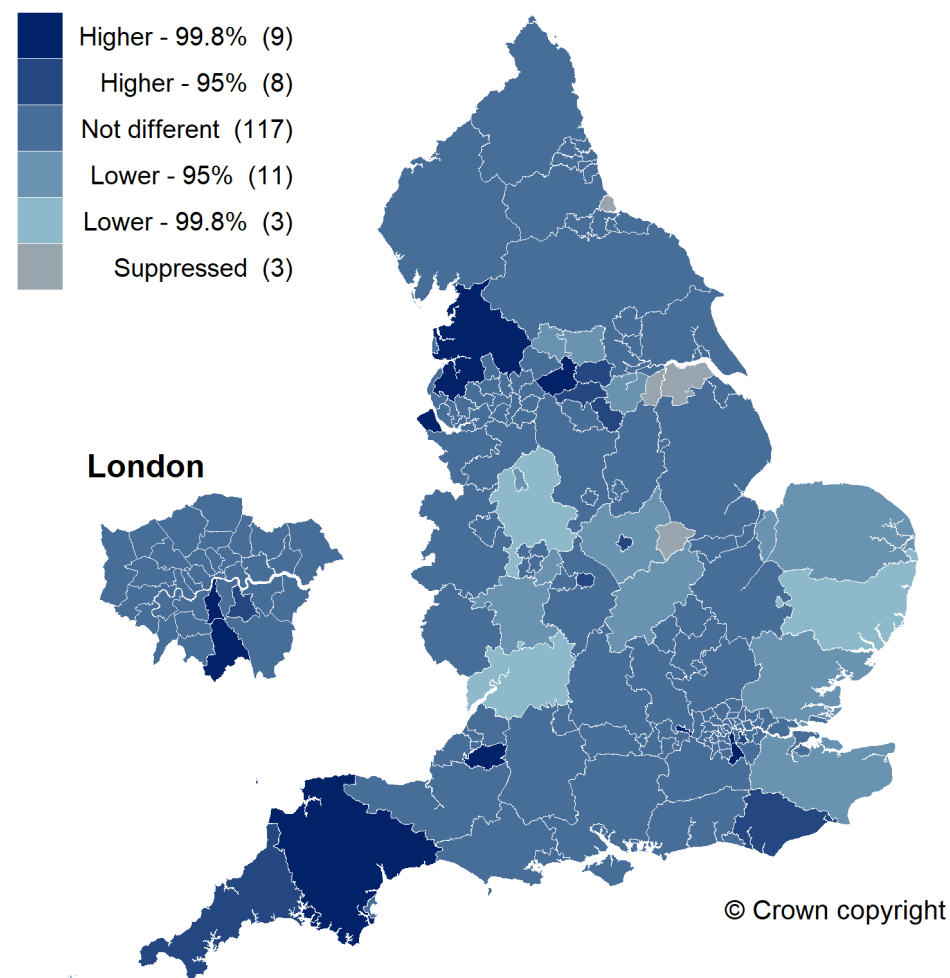
Crude rate per 100,000 population

Optimum value: Requires local interpretation

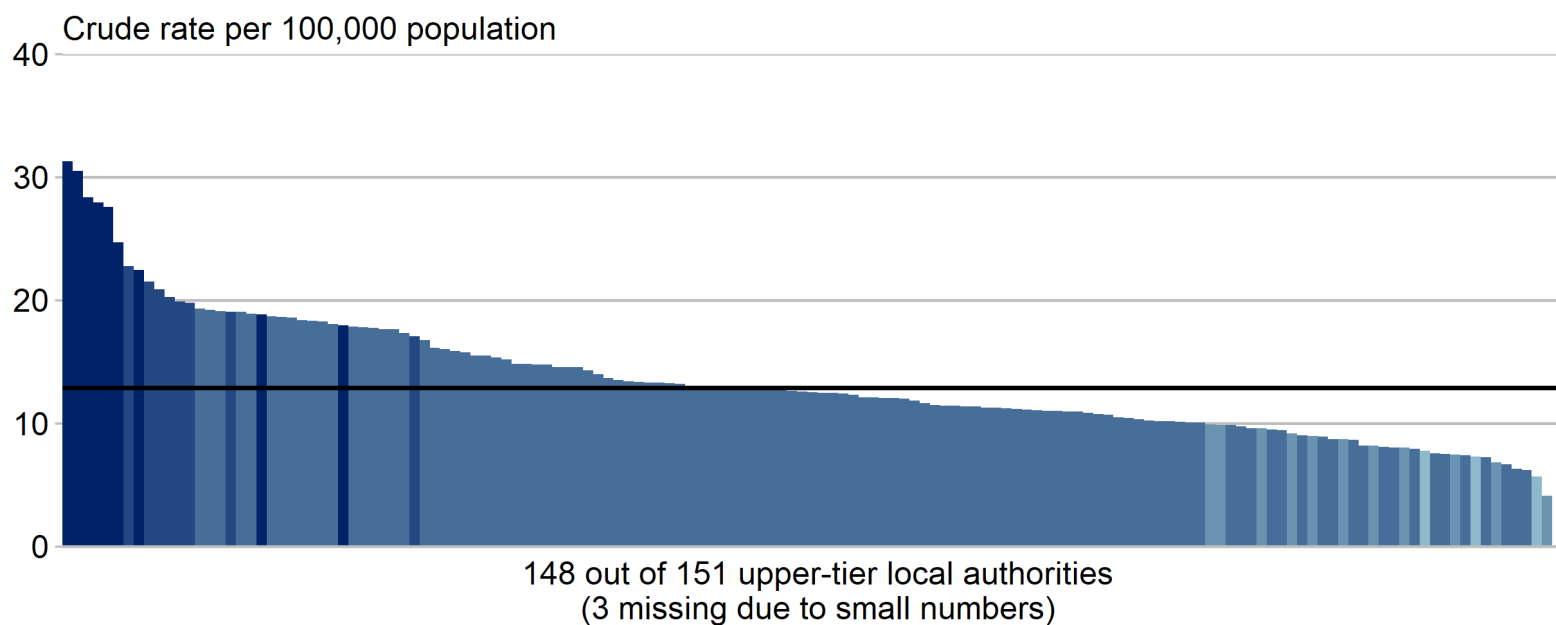
## Equal-sized quintiles of geographies



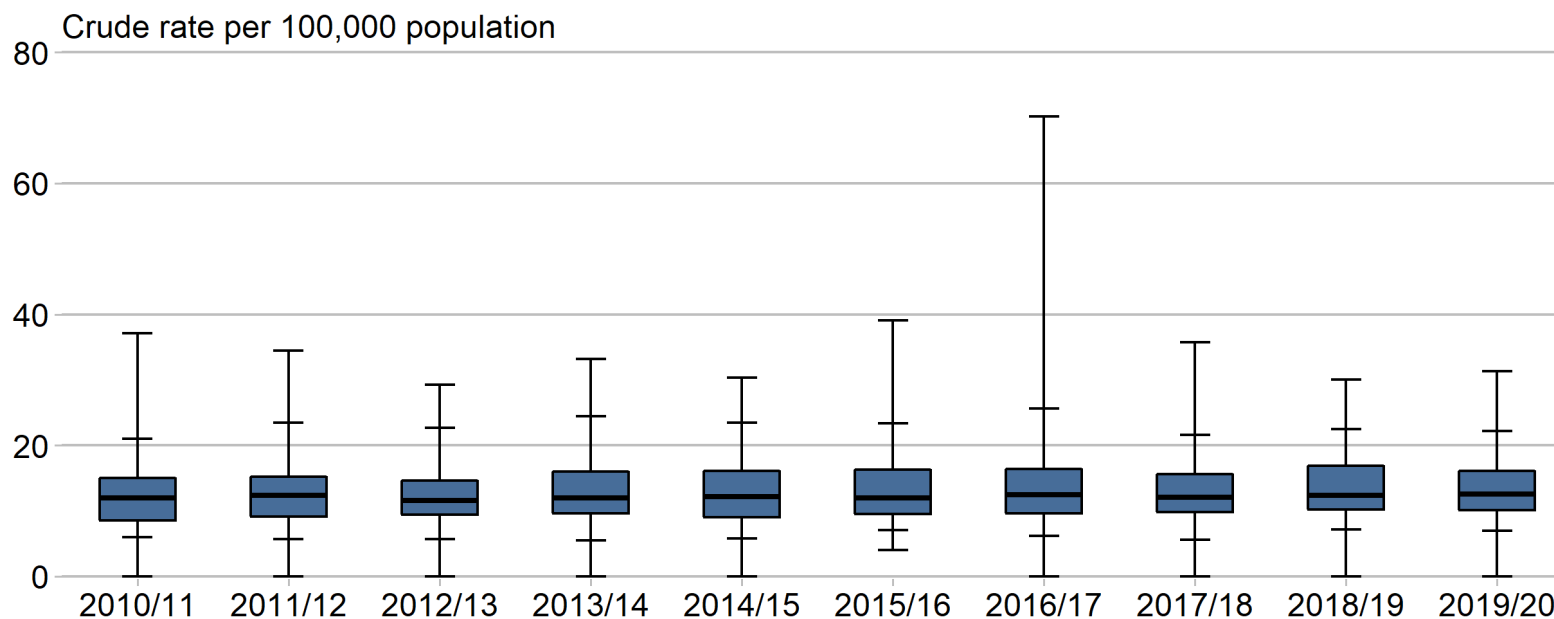
## Significance level compared with England



**Column chart: Variation in rate of new certifications of visual impairment (CVI) due to glaucoma in people aged 40 years and over by upper-tier local authority (2019/20)**



**Box plot time series: Variation in rate of new certifications of visual impairment (CVI) due to glaucoma in people aged 40 years and over by upper-tier local authority (2010/11 to 2019/20)**



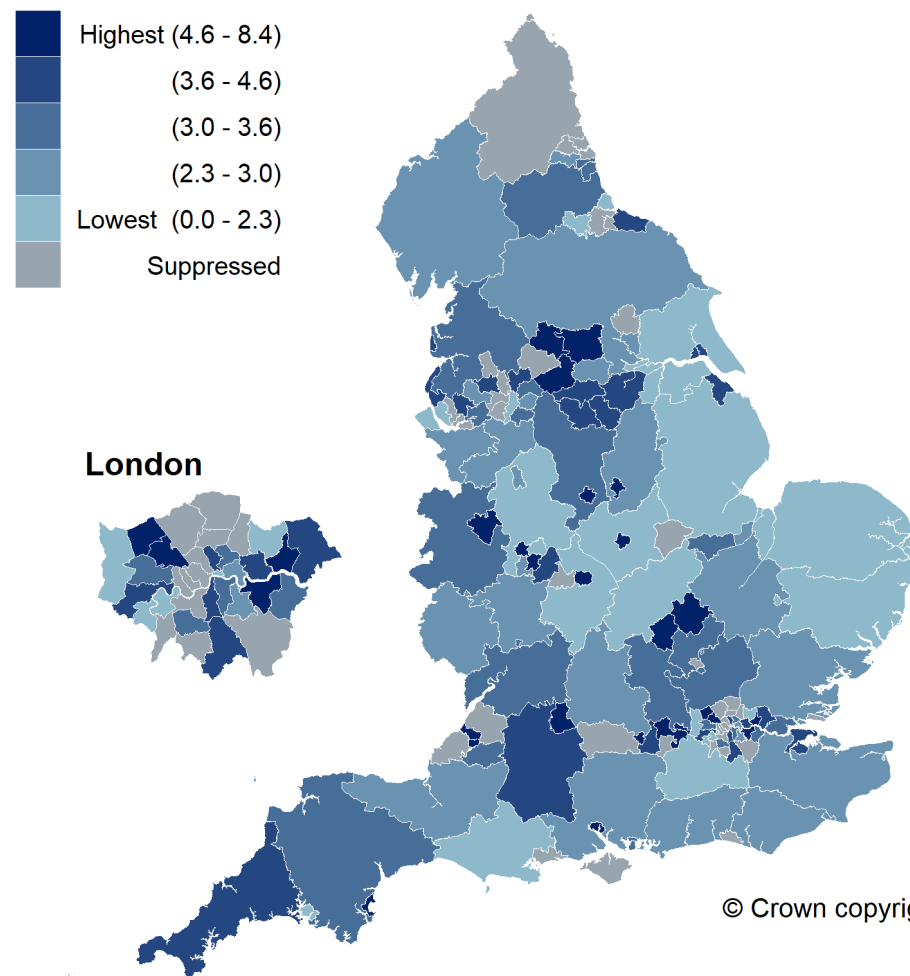
Year	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	
Max-Min (Range)	37.1	34.5	29.3	33.2	30.3	35.1	70.2	35.8	30.1	31.3	No significant change
75 <sup>th</sup> -25 <sup>th</sup> percentile	6.5	6.1	5.2	6.4	7.1	6.8	6.8	5.8	6.6	6.0	No significant change
95 <sup>th</sup> -5 <sup>th</sup> percentile	15.1	17.7	17.0	18.9	17.7	16.3	19.4	16.0	15.4	15.1	No significant change
Median	11.9	12.4	11.6	11.9	12.1	12.0	12.4	12.1	12.4	12.5	No significant change

# Map 7c: Variation in rate of new certifications of visual impairment (CVI) due to diabetic eye disease in people aged 12 years and over by upper-tier local authority (2019/20)

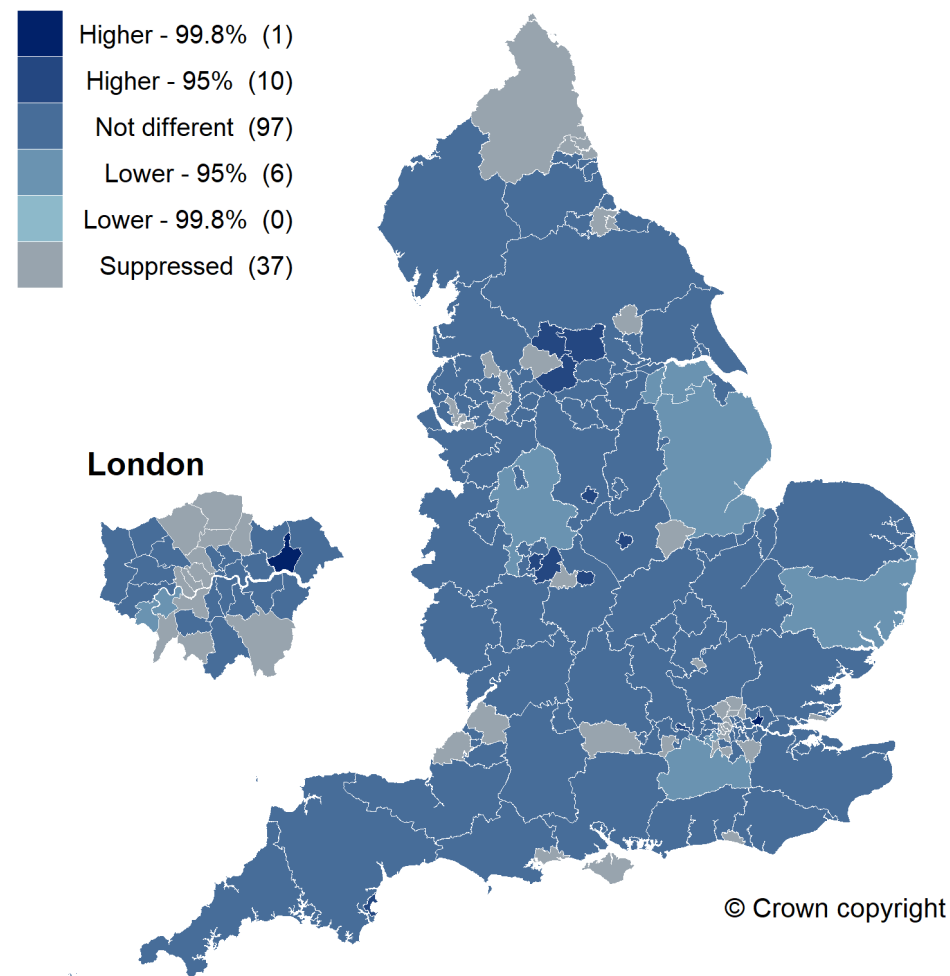
Crude rate per 100,000 population

Optimum value: Requires local interpretation

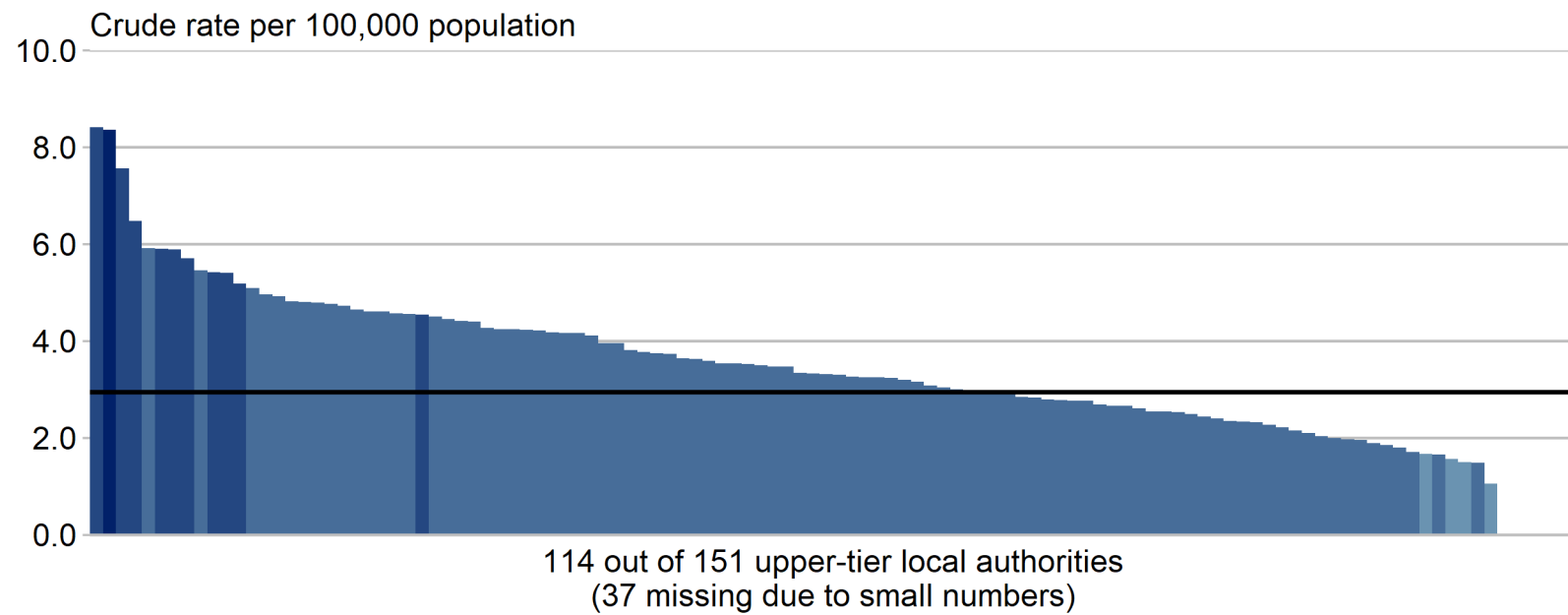
## Equal-sized quintiles of geographies



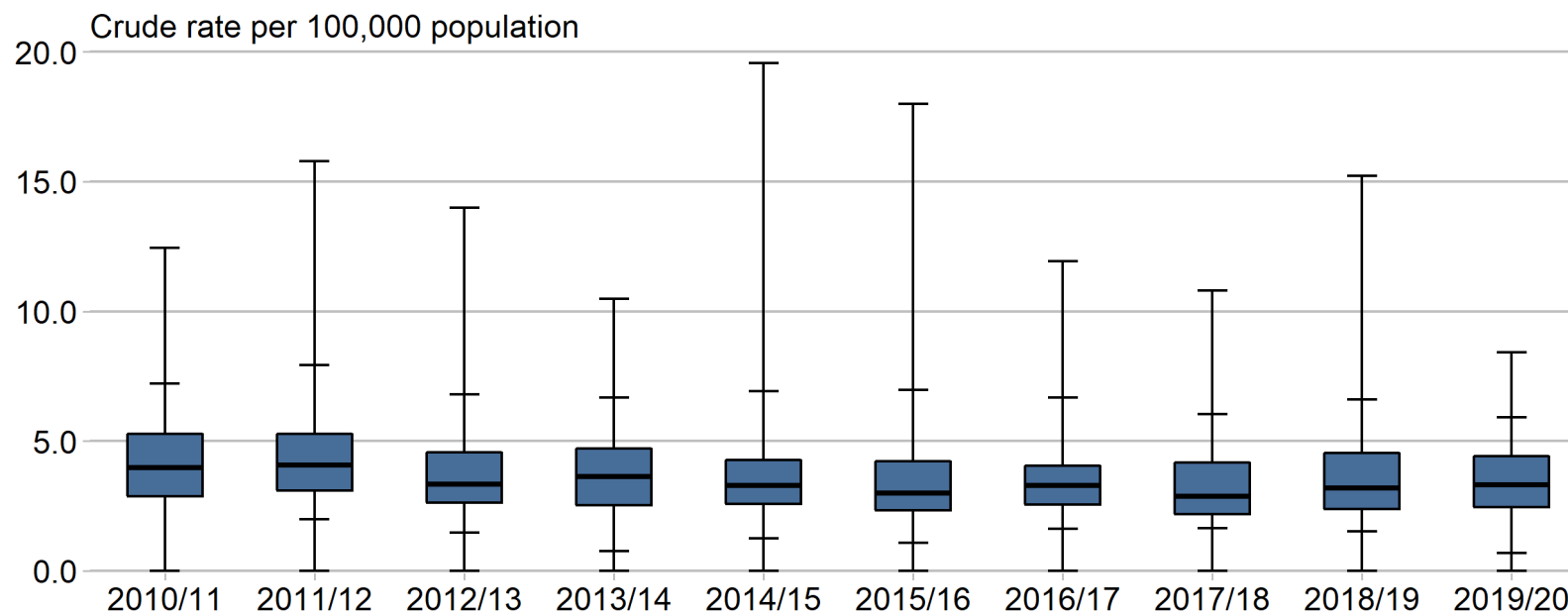
## Significance level compared with England



**Column chart: Variation in rate of new certifications of visual impairment (CVI) due to diabetic eye disease in people aged 12 years and over by upper-tier local authority (2019/20)**



**Box plot time series: Variation in rate of new certifications of visual impairment (CVI) due to diabetic eye disease in people aged 12 years and over by upper-tier local authority (2010/11 to 2019/20)**



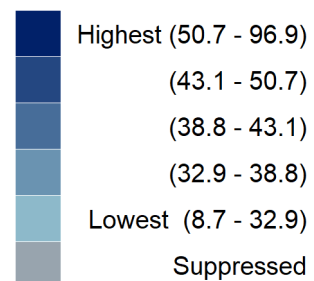
Year	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	
Max-Min (Range)	12.5	15.8	14.0	10.5	19.6	18.0	11.9	10.8	15.2	8.4	No significant change
75 <sup>th</sup> -25 <sup>th</sup> percentile	2.4	2.2	1.9	2.2	1.7	1.9	1.5	2.0	2.2	2.0	No significant change
95 <sup>th</sup> -5 <sup>th</sup> percentile	7.2	5.9	5.3	5.9	5.7	5.9	5.1	4.4	5.1	5.2	NARROWING Significant
Median	4.0	4.1	3.3	3.6	3.3	3.0	3.3	2.9	3.2	3.3	DECREASING Significant

# Map 7d: Variation in rate of new certifications of visual impairment (CVI) from all causes in people of all ages by upper-tier local authority (2019/20)

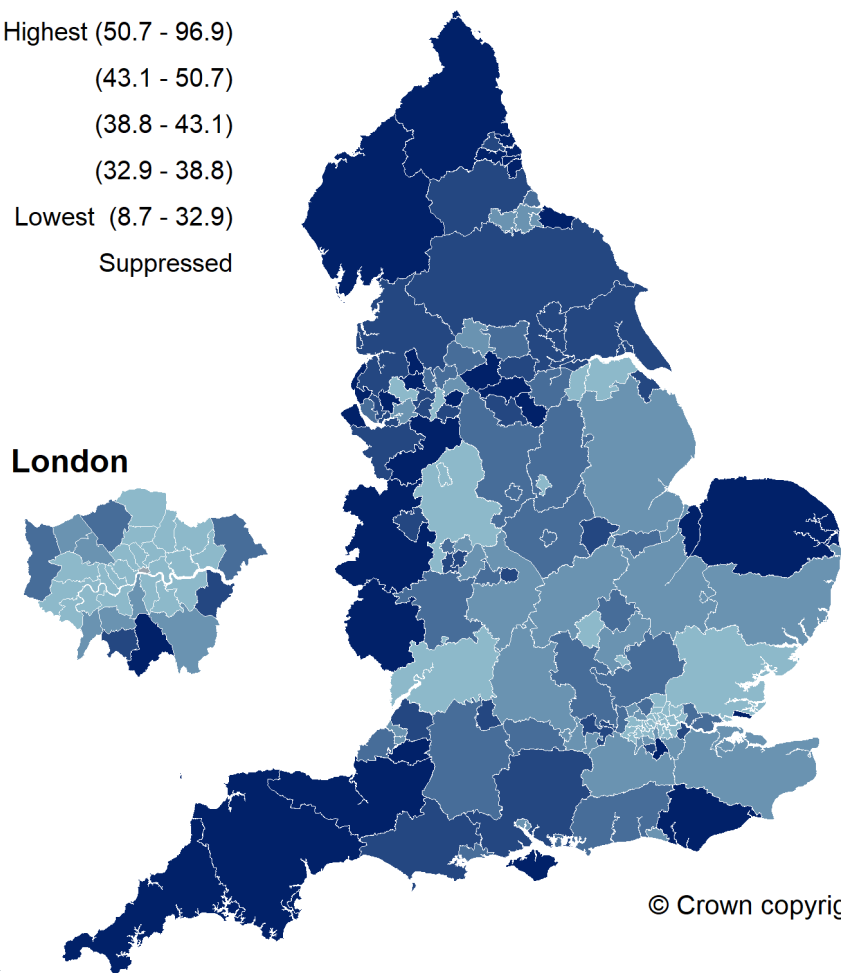
Crude rate per 100,000 population

Optimum value: Requires local interpretation

## Equal-sized quintiles of geographies

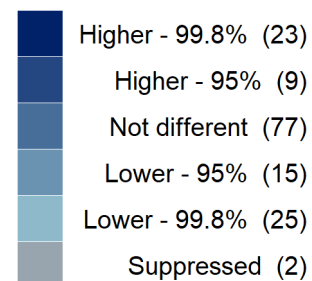


London

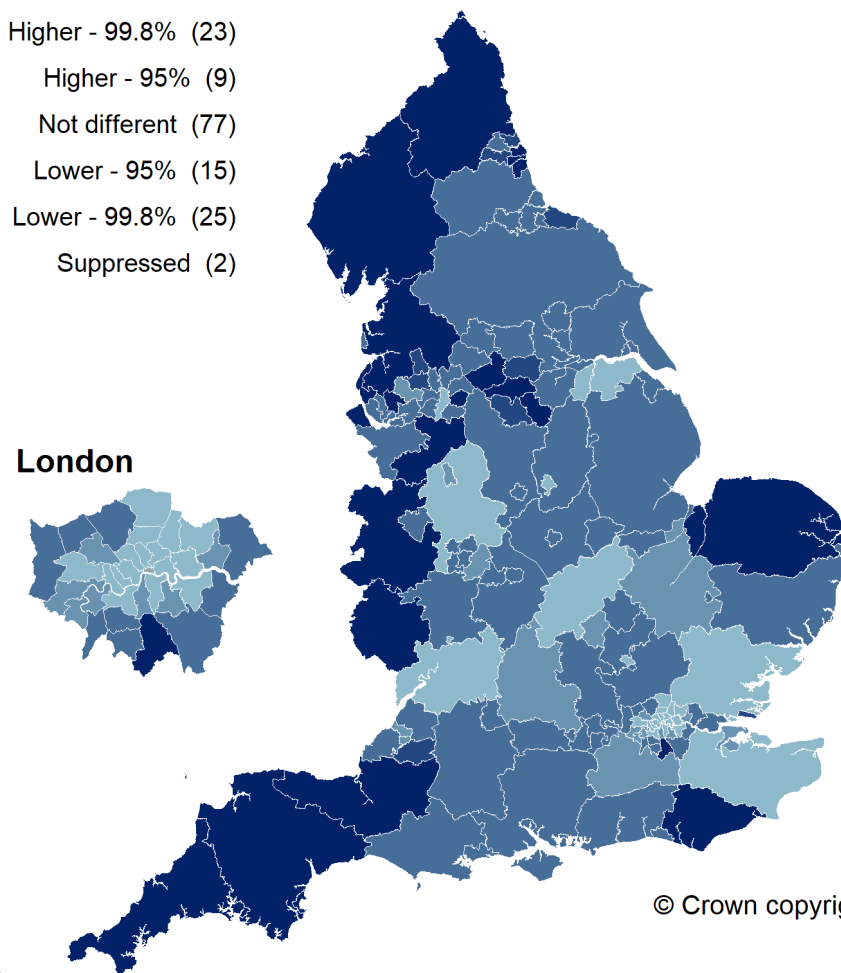


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## Significance level compared with England

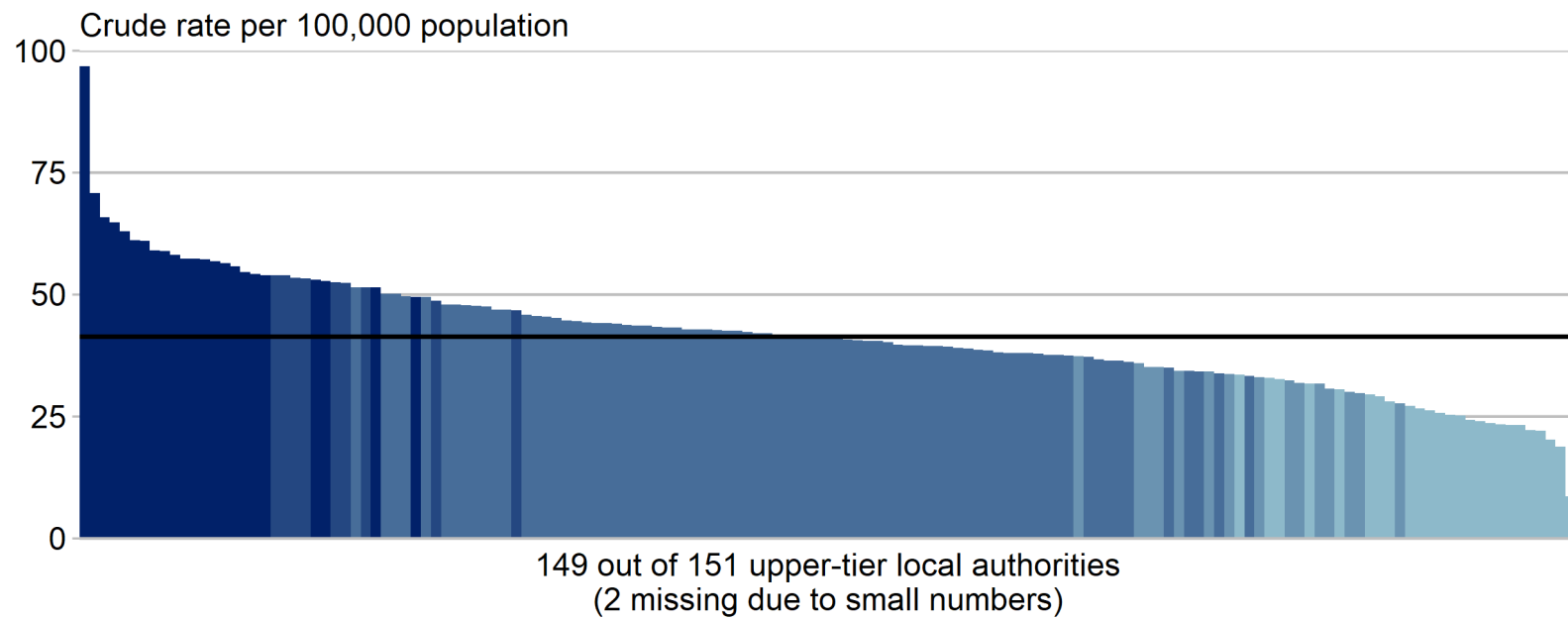


London

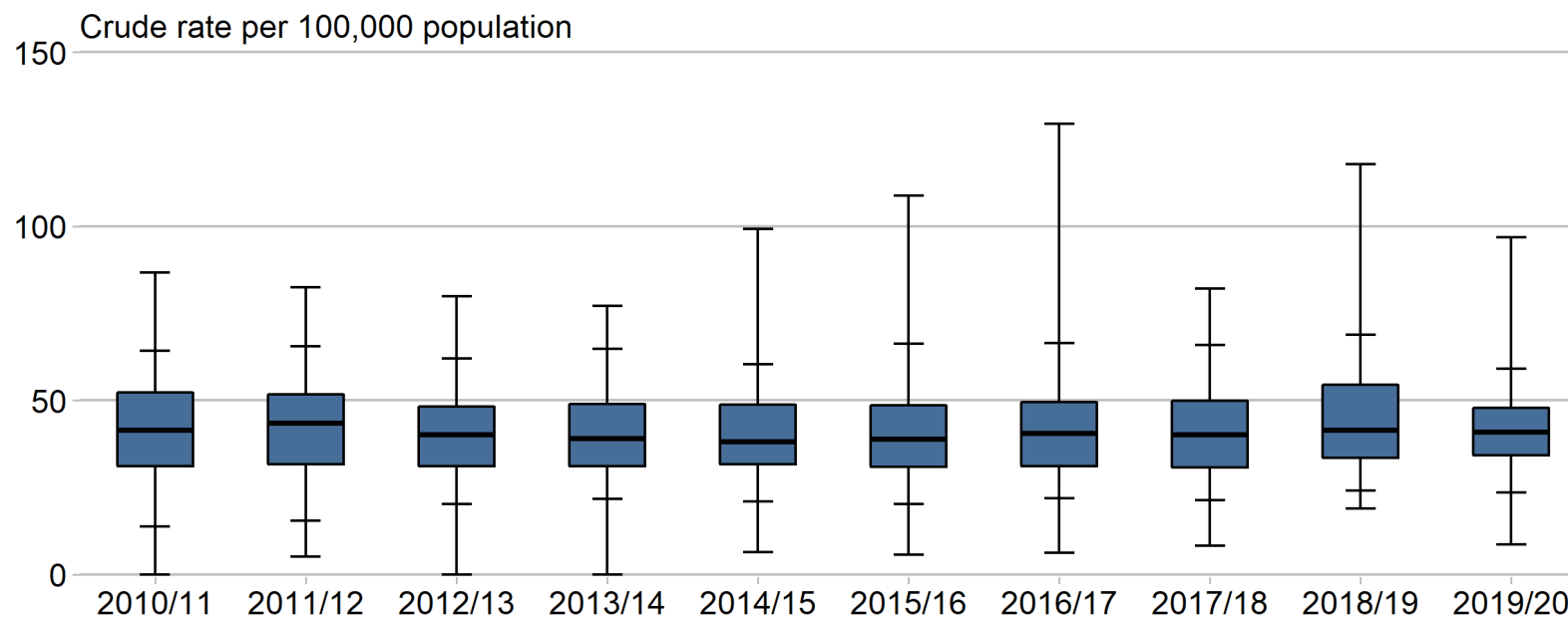


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**Column chart: Variation in rate of new certifications of visual impairment (CVI) from all causes in people of all ages by upper-tier local authority (2019/20)**



**Box plot time series: Variation in rate of new certifications of visual impairment (CVI) from all causes in people of all ages by upper-tier local authority (2010/11 to 2019/20)**



Year	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	
Max-Min (Range)	86.8	77.4	79.8	77.2	92.8	103.1	123.2	73.8	99.0	88.2	No significant change
75 <sup>th</sup> -25 <sup>th</sup> percentile	21.1	19.9	17.1	17.9	17.2	17.7	18.5	19.1	21.0	13.6	No significant change
95 <sup>th</sup> -5 <sup>th</sup> percentile	50.4	50.2	41.8	43.1	39.4	46.0	44.5	44.6	44.7	35.6	No significant change
Median	41.3	43.3	40.0	39.1	38.1	38.9	40.6	40.1	41.3	40.9	No significant change

## Magnitude of Variation

### Common factors contributing to variations observed:

As explained in the context certification category is a key factor taken into consideration by local authorities when assessing levels of support that may be deemed appropriate. However, both categories of certification are reported collectively therefore masking potential variations between sight impairment and severe sight impairment and the potential onward access to support services.

Crude rates of certification (sight impairment and severe sight impairment) are presented and as such differences in upper tier local authority age structures may contribute to the variations observed as the distribution of underlying conditions are age dependent.

The annual numbers of certifications (particularly cause-specific) by upper tier local authority are relatively small, making it difficult to demonstrate significant trends or important differences within regions or across England.

### Map 7a: Variation in rate of new certifications of visual impairment (CVI) due to age related macular degeneration (AMD) in people aged 65 years and over by upper-tier local authority

The maps and column chart display the latest period (2019/20), during which upper-tier local authority values ranged from 16.4 per 100,000 population to 174.8 per 100,000 population, which is a 10.7-fold difference between upper-tier local authorities.

The England value for 2019/20 was 105.4 per 100,000 population.

The box plot shows the distribution of upper-tier local authority values for the period 2010/11 to 2019/20. Both the 95<sup>th</sup> to 5<sup>th</sup> percentile gap and the 75<sup>th</sup> to 25<sup>th</sup> percentile gap narrowed significantly.

The median decreased significantly from 128.8 per 100,000 population in 2010/11 to 103.9 per 100,000 population in 2019/20.

During 2019/20, 10,916 people aged 65 years and over in England, were certified as being sight impaired or severely sight impaired due to both forms of AMD (wet and dry).<sup>5</sup> Sixty-four per cent (95/149) of upper tier local authorities with presented values had certification rates comparable to the national rate. Over the 10 year period reported, there has been a demonstrable decrease in the rate and variation of certification.

The decrease in crude rates of certification from this cause may be associated with routine availability of treatment with anti-VEGF drugs for the management of wet AMD;

but delays in certification whilst patients are undergoing active treatment may also introduce a lag or delays in time to certification.

There is currently no treatment for the dry form of AMD which is associated with varying rates of progression in both disease severity and vision impairment. Many of these patients are often under self-monitoring as health services are focused on delivering intervention for wet AMD; and they may experience potential delays in certification.

#### Map 7b: Variation in rate of new certifications of visual impairment (CVI) due to glaucoma in people aged 40 years and over by upper-tier local authority

The maps and column chart display the latest period (2019/20), during which upper-tier local authority values ranged from 0.0 per 100,000 population to 31.3 per 100,000 population.

The England value for 2019/20 was 12.9 per 100,000 population.

The box plot shows the distribution of upper-tier local authority values for the period 2010/11 to 2019/20.

There were 3,631 people aged 40 years and over in England who were certified with glaucoma as the main cause for their impairment during 2019/20.<sup>5</sup>

Seventy-nine per cent (117/148) of upper tier local authorities with presented values had certification rates comparable to the national rate.

Whilst there was no significant change in the rate of certification or variation, differences in clinical practice and awareness of the purpose of certification, as well as differences in the uptake of an offer of certification by patients may be operating.

#### Map 7c: Variation in rate of new certifications of visual impairment (CVI) due to diabetic eye disease in people aged 12 years and over by upper-tier local authority

The maps and column chart display the latest period (2019/20), during which upper-tier local authority values ranged from 0.0 per 100,000 population to 8.4 per 100,000 population.

The England value for 2019/20 was 2.9 per 100,000 population.

The box plot shows the distribution of upper-tier local authority values for the period 2010/11 to 2019/20.

The 95<sup>th</sup> to 5<sup>th</sup> percentile gap narrowed significantly.

The median decreased significantly from 4.0 per 100,000 population in 2010/11 to 3.3 per 100,000 population in 2019/20.

There were 1,416 people of 12 years and over who were certified with diabetic eye disease (diabetic retinopathy and diabetic maculopathy), as the main cause during 2019/20.<sup>5</sup>

Eighty-five per cent (97/114) of upper tier local authorities with presented values had certification rates comparable to the national rate.

Whilst little variation in the rates of certification was demonstrable, it is notable that data from 25% (37/151) of upper tier local authorities had data suppressed due to small numbers. It is also not entirely plausible that some areas had no new certifications attributable to diabetic eye disease as the primary cause. Both health service (clinical practice and awareness) and patient uptake of the offer of certification are likely to be key factors.

The overall decrease in crude rates of certification may reflect earlier detection of sight threatening diabetic eye disease through the national screening programme for onward referral for treatment, together with improvements in the overall systemic management of diabetes.

Patients with sight threatening and treatable disease may have certification delayed whilst under active management and may contribute to the overall decrease in certification rates. For example, patients undergoing retinal laser treatment for proliferative diabetic retinopathy and patients with centre involving diabetic maculopathy (previously untreatable but now routinely managed with intravitreal anti-VEGF therapy), may not be certified until their course of treatment has been completed.

A wide age group including children, young people, and adults of all ages are covered by this indicator. Children and young people that become eligible for certification may have alternative processes to access care and support services and may be under reported through the CVI route.

**Map 7d: Variation in rate of new certifications of visual impairment (CVI) from all causes in people of all ages by upper-tier local authority**

The maps and column chart display the latest period (2019/20), during which upper-tier local authority values ranged from 8.7 per 100,000 population to 96.9 per 100,000 population, which is a 11.1-fold difference between upper-tier local authorities.

The England value for 2019/20 was 41.4 per 100,000 population.

The box plot shows the distribution of upper-tier local authority values for the period 2010/11 to 2019/20.

There were 23,285 people of all ages having new all cause certifications during 2019/20.<sup>5</sup>

Fifty-two per cent (77/149) of upper tier local authorities with presented values had certification rates comparable to the national rate.

There has been no change in the measures of variation over the ten year period 2010/11 to 2019/20. Most recently, during 2019/20 there was an 11-fold variation between upper tier local authorities, with 32% of areas with presented values (48/149) having rates which were significantly different to the national rate at the 99.8% level.

Factors likely to be contributing to the variations include:

- the contribution of less frequent causes or those emerging as significant determinants of vision impairment to the overall rates of certification for example inherited retinal disorders
- differences in distribution of demographic factors associated with eye health and risk of vision impairment; access and uptake of health services, and uptake of an offer of certification
- differences in clinical practice and awareness of the purpose of certification to provide a timely offer to certify
- delays in processing completed certifications for returns to the CVI data repository due to lack of administrative and clerical support

## Options for action

### Timely certification and support for all eligible patients:

Improve awareness and provision of accessible information on the purpose of certification and availability of local support services, for patients, people with sight impairment, their carers and health and social care professionals involved in their care.

Review service specifications and clinical protocols to ensure these include a discussion and offer of certification of vision impairment for eligible patients (all ages), as an integral part of their care pathway which is supported by the availability of an appropriate low vision aids assessment and access to an eye clinic liaison officer.

### Data collection and management:

Continue to increase electronic returns of completed CVI forms to the CVI data repository. CVI forms provide the facility for containing coded data meeting data standards on demography, diagnosis of main and contributory causes of vision impairment, to support data collection and good data quality, especially when completed electronically. Currently a third of returns to the CVI data repository are paper based.

Electronic returns reduce the burden of data collection and management, reduce delays in processing and acting on the information, and support good information governance.

NHS hospital eye services should include the facility for electronic CVI completion in their development plans for electronic medical records.

#### **Audit certification of visual impairment (CVI):**

Regular CVI audit and review both locally and at integrated care system (ICS) level would provide assurance that eligible patients are identified and offered the opportunity for certification; as well as a means to monitor likely needs for ongoing support and care provided by social services, and trends in the distribution and causes of significant vision impairment.

The Portfolio of Indicators for Eye Health and Care (Indicator 12)<sup>10</sup> is recommended to audit CVI for adults where the primary cause of vision impairment is due to AMD, glaucoma and diabetic eye disease. It is also recommended for children by primary cause. These audits, based on data collected during routine clinical care, are a useful starting point and should not incur additional burden for data collection. The indicator calls for these to be audited by patient profile (age, gender and ethnicity) to identify any differences in identification and uptake of certification by these characteristics. Where possible these audits should also include registration outcomes. It is also recommended to use the NICE quality standard for adults with serious eye disorders.<sup>6</sup>

## **Resources**

Department of Health and Social Care (2017) [Certificate of Vision Impairment: Explanatory Notes for Consultant Ophthalmologists and Hospital Eye Clinic Staff in England](#) [Accessed 30 Jan 2021]

Department of Health and Social Care [The Care Act: Statutory Guidance Chapter 22: Sight Registers](#) [Accessed 22 Jul 2021]

National Institute for Health and Care Excellence (2019) [Serious eye disorders – quality statement 6: Certificate of vision impairment \(NICE quality standard \[QS180\]\)](#) [Accessed 27 Oct 2020]

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<sup>10</sup> Clinical Council for Eye Health Commissioning (2018) [SAFE: Portfolio of Indicators for Eye Health and Care](#) [Accessed 24 May 2021]

# Blind and partially sighted registrations

## Context

The purpose of registering as a blind or partially sighted person with a local authority is to access a range of social care support and services, although it is not the only means for accessing these.

Individuals who have agreed to be certified as being sight impaired or severely sight impaired, and have received a certificate of vision impairment (CVI) from an ophthalmologist, can then choose whether or not to be included in their local authority's register of blind or partially sighted people. The terminology used by the registers has not consistently been updated to align with that used for certification. The term 'blind' used in the registers refers to severe sight impairment (certification), and the term 'partial sight' employed by the registers refers to vision impairment (certification).

The Care Act 2014<sup>1</sup> deals with adult social care for anyone over the age of 18 years. Section 77 subsection 1 of this act requires all local authorities (or equivalent) across the UK to establish and maintain a register of blind and partially sighted adults who are ordinarily resident in its area.<sup>2</sup> The Children and Families Act 2014 (Part 3) requires local authorities to identify, assess and provide education, health and care support for children and young people with special educational needs or disabilities (including vision impairment).<sup>3</sup> There is a sub-group of young people between 18 to 25 years who will be entitled to support through both pieces of legislation. Each UK nation makes its own arrangements for its relationship with the certification process and for maintaining their registers. In England, aggregate data from these local registers are published every 3 years as national statistics by NHS Digital.<sup>4</sup>

Registration is neither automatic nor mandatory, so not everyone who has been certified as having vision impairment is included in a local authority register. Once a CVI has been issued it is sent to the local authority social services. The Department of Health recommends a period of 5 days to complete the CVI and send to local social services.<sup>5</sup> The individual is then contacted by social services and offered registration. Those that accept and register become eligible for certain concessions and locally determined support services. The Association of Directors of Adult Social Services (ADASS) in England recommends 10 days to contact the individual upon receipt of the CVI.<sup>5</sup>

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<sup>1</sup> UK Government (2014) [Care Act 2014](#) [Accessed 24 May 2021]

<sup>2</sup> UK Government (2014) [Care Act 2014 Section 77: Registers of sight-impaired adults, disabled adults etc](#) [Accessed 24 May 2021]

<sup>3</sup> UK Government (2014) [Children and Families Act 2014](#) [Accessed 24 May 2021]

<sup>4</sup> NHS Digital (2021) [Registered Blind and Partially Sighted People](#) [Accessed 24 May 2021]

<sup>5</sup> Royal College of Ophthalmologists (2014) [Certification and Registration - The Differences](#) [Accessed 24 May 2021]

The most recent report from NHS Digital on Registered Blind and Partially Sighted People in England covered individuals registered with 151 Local Authorities for the period 1 April 2019 to 31 March 2020.<sup>6</sup> As at 31<sup>st</sup> March 2020, 276,690 people of all ages were registered as blind or partially sighted, amounting to 5 registrations per 1000 people in England. Fifty-nine per cent (163,820) of all people registered were aged 75 years and over.<sup>6</sup> Just over half (51%) or 140,390 people of all ages were registered as partially sighted. About 1 in 3 people on the register overall had an additional disability and this has remained broadly unchanged since the last collection (2016/2017). During 2019/20 there were 20,945 new registrations overall, of which 55% (11,515) were for partial sight.

If an adult holding a CVI chooses not to be registered, they are still able to access support from their local authority.<sup>7</sup> In 2019/20, there were 6,820 adults receiving long term support from social care and a primary support reason (PSR) of visual impairment, with a further 1,975 adults supported for dual impairment.<sup>7</sup> Long term social care is provided on an ongoing basis, ranging from high intensity provision such as nursing care to lower intensity support in the community. The PSR indicates the main reason a person is receiving support, so this figure may not include all adults with a visual impairment supported by their local authority. It is also not possible to identify adults with a PSR of visual or dual impairment on the blind and partial sight registers. As such these sources cannot be used individually or summed together to obtain a definitive list but may provide an indicative list of visually impaired persons known to a local authority to estimate local needs.

Similarly, children with vision impairment recognised as having special educational needs may access the appropriate support without being certified or registered.<sup>4</sup> As such, reports using certification and registration data alone are likely to underestimate the burden of significant vision impairment in children.

Ten per cent of adults certified with a vision impairment choose not to be registered, and this has remained relatively consistent since 2013, with minor fluctuations.<sup>6,8</sup> New registration rates for the age groups 65 to 74 years and 75 years and over are considered in more detail below. They are included in the Public Health Profiles as indicators for the Productive Healthy Ageing Profile.<sup>9,10</sup> Together these age groups account for 75% of all new registrations<sup>6</sup> whilst also covering the main causes of sight loss in adults.

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<sup>6</sup> NHS Digital (2021) [Registered Blind and Partially Sighted People, England 2019-20](#) [Accessed 24 May 2021]

<sup>7</sup> NHS Digital (2020) [Adult Social Care Activity and Finance Report, England, 2019-20](#) [Accessed 24 May 2021]

<sup>8</sup> Public Health England [Public health outcomes framework: Indicator E12d 2019/20](#) [Accessed 24 May 2021]

<sup>9</sup> Public Health England (2021) [Public Health Profiles: Indicator ID 1179](#) [Accessed 22 Jul 2021]

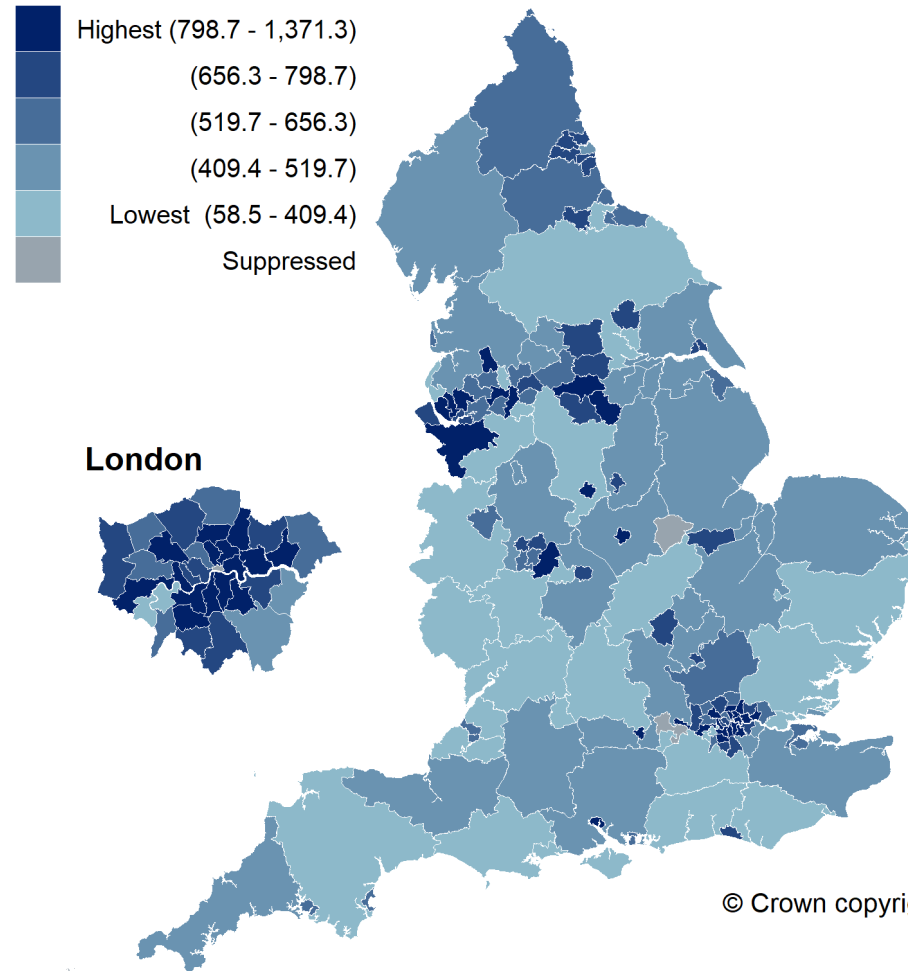
<sup>10</sup> Public Health England (2021) [Public Health Profiles: Indicator ID 1180](#) [Accessed 22 Jul 2021]

# Map 8a: Variation in rate of registered blind or partially sighted people aged 65 to 74 years by upper-tier local authority (2019/20)

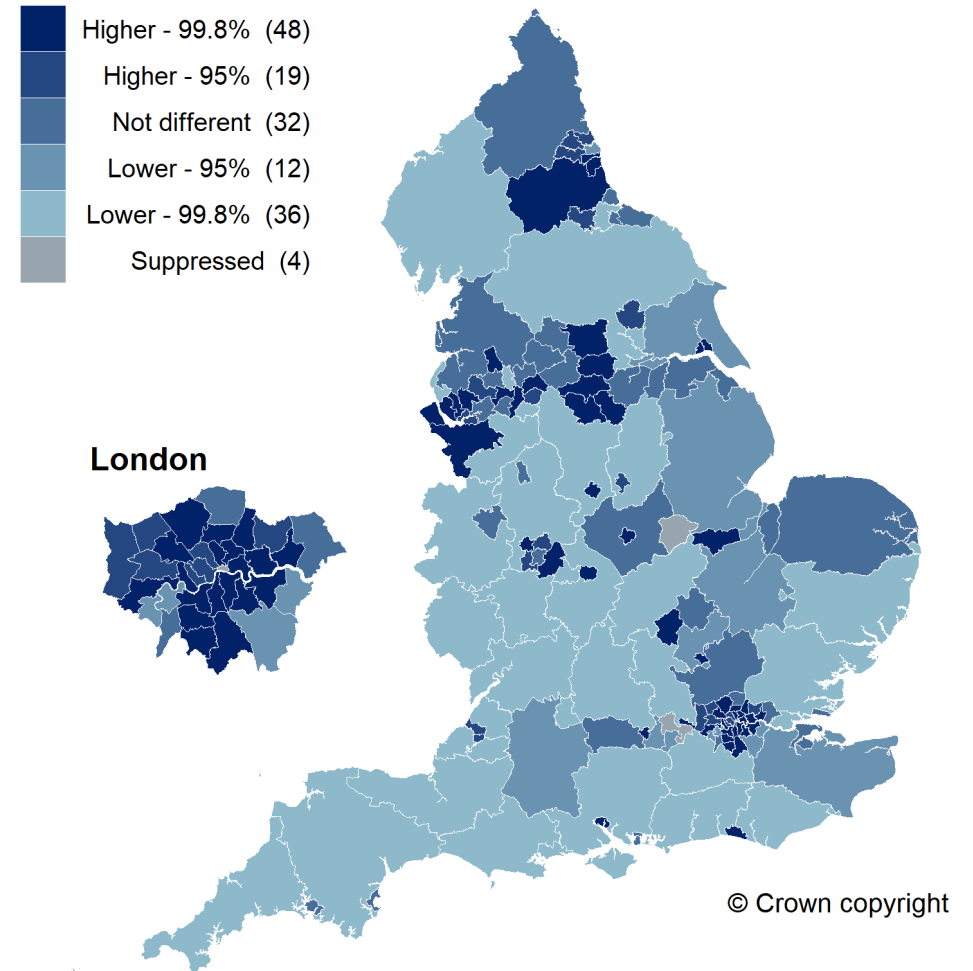
Crude rate per 100,000 population

Optimum Value: Requires Local Interpretation

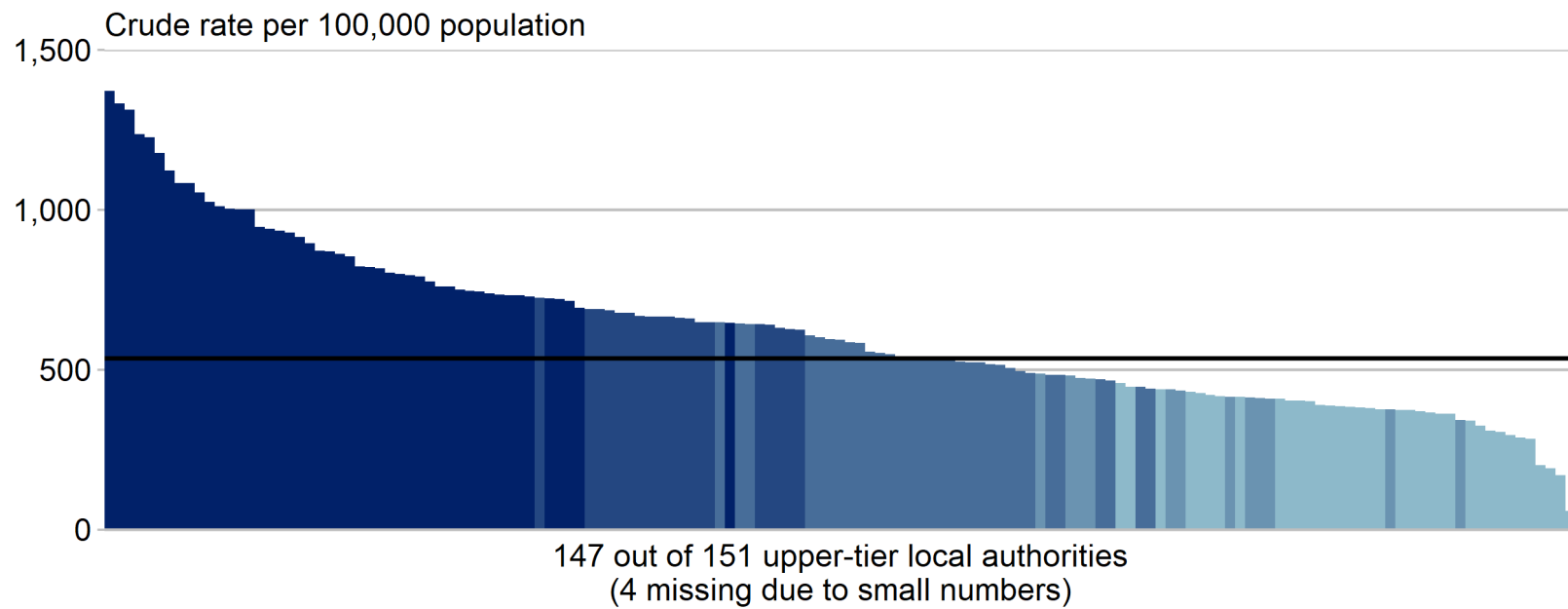
## Equal-sized quintiles of geographies



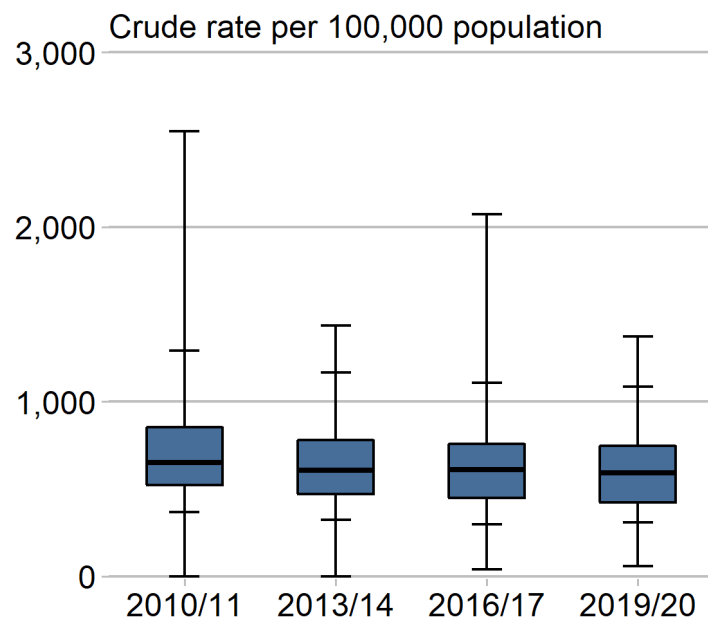
## Significance level compared with England



**Column chart: Variation in rate of registered blind or partially sighted people aged 65 to 74 years by upper-tier local authority (2019/20)**



**Box plot time series: Variation in rate of registered blind or partially sighted people aged 65 to 74 years by upper-tier local authority (2010/11 to 2019/20)**



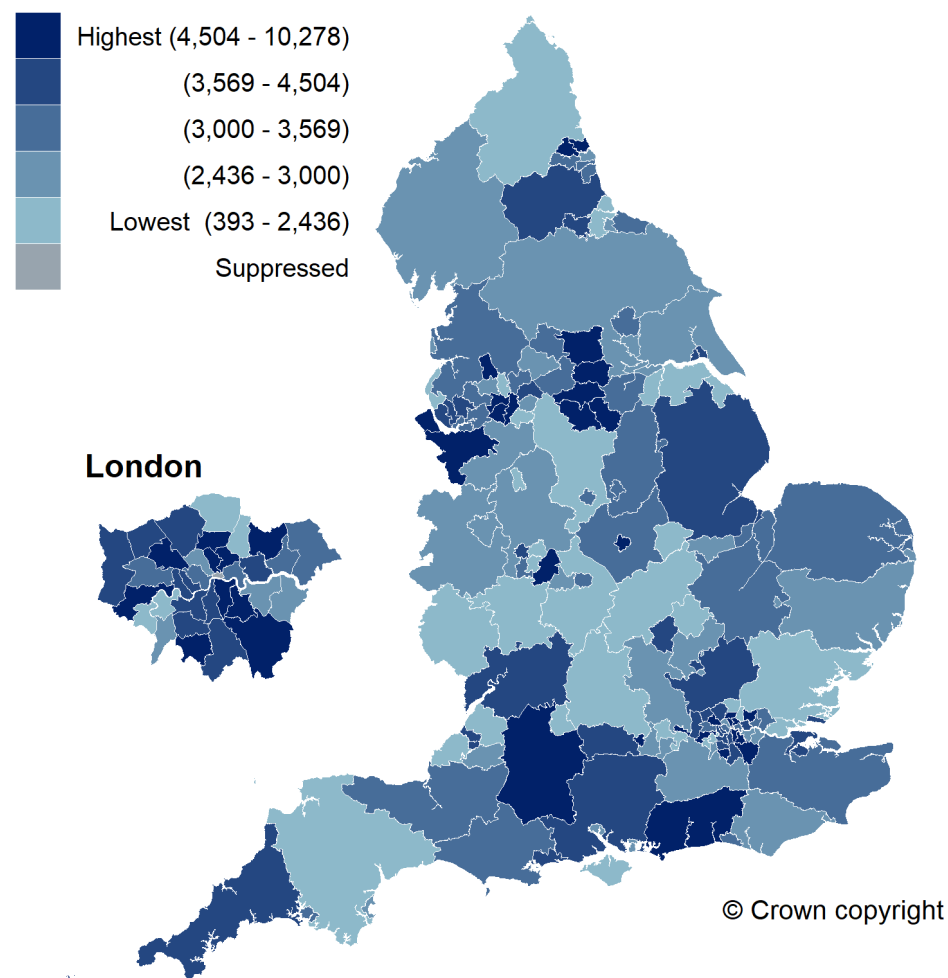
Year	2010/11	2013/14	2016/17	2019/20	
Max-Min (Range)	2,548.2	1,435.8	2,032.2	1,312.8	No significant change
75th-25th percentile	331.5	310.6	307.6	321.6	No significant change
95th-5th percentile	923.7	842.0	810.1	776.8	NARROWING Significant
Median	650.2	607.1	609.7	593.7	No significant change

# Map 8b: Variation in rate of registered blind or partially sighted people aged 75 years and over by upper-tier local authority (2019/20)

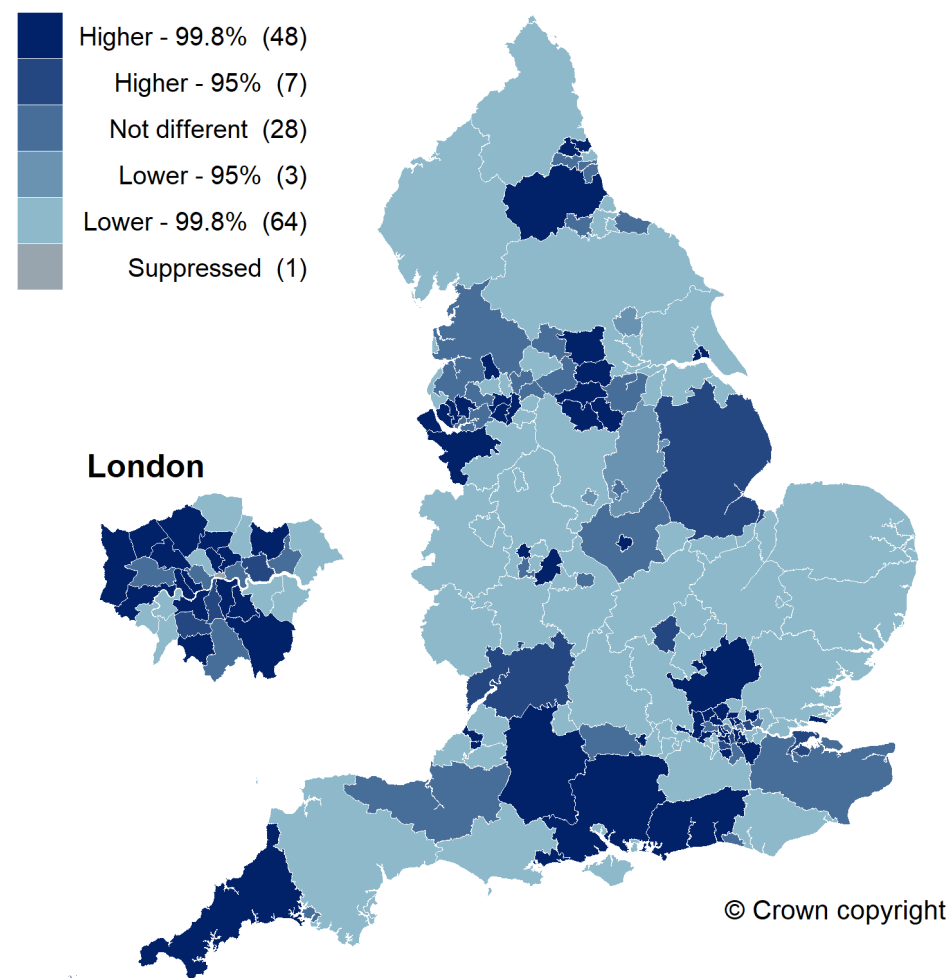
Crude rate per 100,000 population

Optimum Value: Requires Local Interpretation

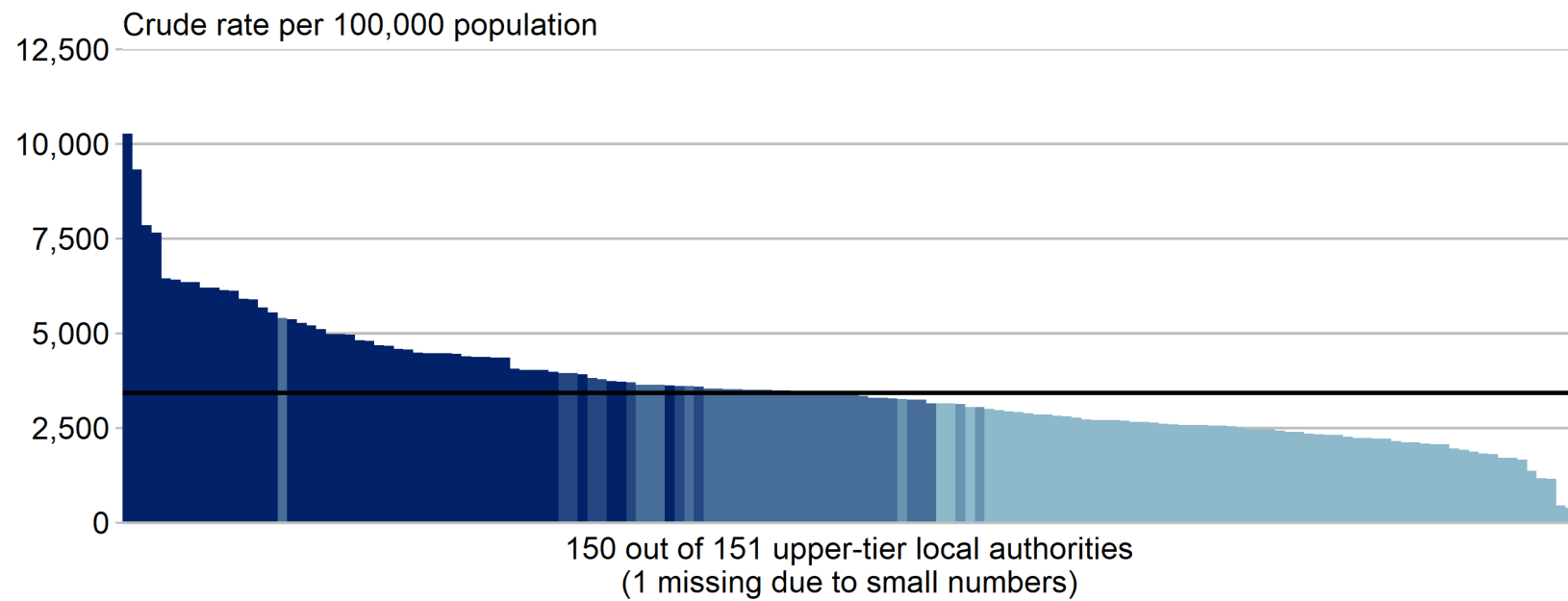
## Equal-sized quintiles of geographies



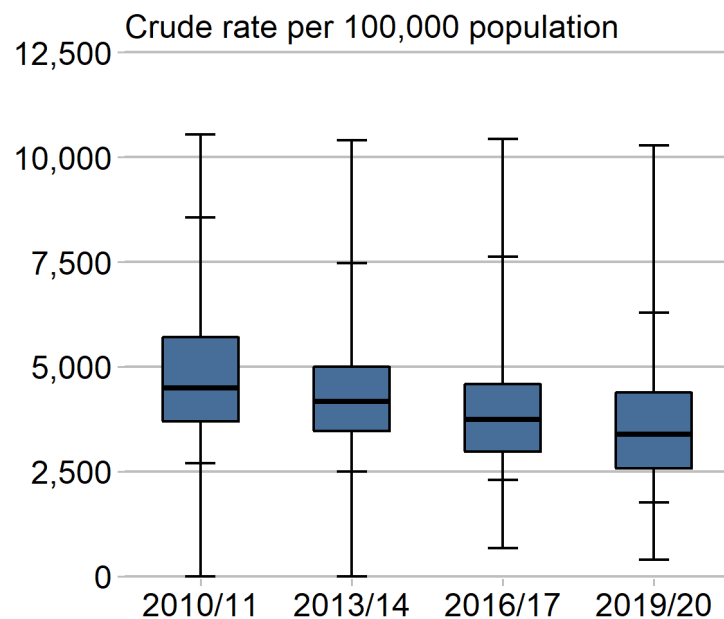
## Significance level compared with England



**Column chart: Variation in rate of registered blind or partially sighted people aged 75 years and over by upper-tier local authority (2019/20)**



**Box plot time series: Variation in rate of registered blind or partially sighted people aged 75 years and over by upper-tier local authority (2010/11 to 2019/20)**



Year	2010/11	2013/14	2016/17	2019/20	
Max-Min (Range)	10,533	10,403	9,759	9,885	No significant change
75th-25th percentile	1,995	1,539	1,615	1,809	No significant change
95th-5th percentile	5,865	4,972	5,331	4,530	No significant change
Median	4,499	4,176	3,736	3,396	DECREASING Significant

## Magnitude of Variation

Common factors contributing to variations observed:

- capacity pressures in social services / local authorities. This can impact on the time taken to process the receipt of certification of vision impairment information into an offer to register and to complete the local registration process
- local priorities for maintaining and updating the register
- differences in uptake of registration following certification of vision impairment by demographic characteristics
- differences in local authority population profiles

### Map EyeSL5: Variation in rate of registered blind or partially sighted people aged 65 to 74 years by upper-tier local authority

The maps and column chart display the latest period (2019/20), during which upper-tier local authority values ranged from 58.5 per 100,000 population to 1,371.3 per 100,000 population, which is a 23.4-fold difference between upper-tier local authorities.

The England value for 2019/20 was 535.7 per 100,000 population.

The box plot shows the distribution of upper-tier local authority values for the period 2010/11 to 2019/20.

The 95th to 5th percentile gap narrowed significantly.

There were 2,305 new registrations of blind and partially sighted people age 65 to 74 years, during 2019/20 representing 11% of all new registrations.<sup>6</sup>

Although there was some narrowing of the variation, there was no significant change in the rate of registration in this age group between 2010/11 to 2019/20. Most recently in 2019/20, 57% (84/147) of upper tier local authorities with presented values had registration rates significantly different to the national rate at the 99.8% level.

### Map EyeSL6: Variation in rate of registered blind or partially sighted people aged 75 years and over by upper-tier local authority

The maps and column chart display the latest period (2019/20), during which upper-tier local authority values ranged from 393 per 100,000 population to 10,278 per 100,000 population, which is a 26.2-fold difference between upper-tier local authorities.

The England value for 2019/20 was 3,429 per 100,000 population.

The box plot shows the distribution of upper-tier local authority values for the period 2010/11 to 2019/20.

There was no significant change in any of the three variation measures between 2010/11 and 2019/20.

The median decreased significantly from 4,499 per 100,000 population in 2010/11 to 3,396 per 100,000 population in 2019/20.

There were 13,415 new registrations of blind and partially sighted people aged 75 years and over during 2019/20, with this age group accounting for 64% of all new registrations.<sup>6</sup>

Most of the variation between the upper tier local authorities was at the extremes of the distribution of rates of new registrations, with 75% (112/150) of upper tier local authorities with presented values having rates significantly different to the national rate at the 99.8% level.

Over the 10 year period 2010/11 to 2019/20, the median rate of new registrations in this age group decreased without any significant change in the level of variation.

## Options for action

Registration data and the services associated with it are held and provided by health and social care respectively. Until such time as health and social care are integrated, recommendations from a health service perspective rather than options for action are put forward to discuss with colleagues in social care and local authorities.

Registration is a means to access holistic support services. Such services enable sight impaired persons of all ages to maintain independence and inclusion in society, tailored to their needs for example by age. Registration data, in combination with other data sources, can serve to estimate local needs, and inform planning and provision of appropriate more holistic support and services for sight impaired people. Wider comorbidities such as frailty and mental health should be taken into account to ensure they are included in relevant rehabilitation and prevention programmes (for example mobility and falls prevention).

Registration uptake can be increased by improving awareness and provision of accessible information on the availability of local support services for patients, people with sight impairment, their carers and health and social care professionals involved in their care.

Engage with eye clinic liaison officers to provide continuity between the health and social care services for people registered as blind or partially sighted

Review service quality: people with sight impairment should have equitable access to:

- timely assessment and review following registration
- consistent levels of support and services based on identified need and agreed outcomes

## Resources

Department of Health and Social Care (2017) [Certificate of Vision Impairment: Explanatory Notes for Consultant Ophthalmologists and Hospital Eye Clinic Staff in England](#) [Accessed 30 Jan 2021]

Department of Health and Social Care [The Care Act: Statutory Guidance Chapter 22: Sight Registers](#) [Accessed 22 Jul 2021]

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Published August 2021

PHE gateway number: GOV-8023



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