

An Audit of Completion of Certificates of Vision Impairment in England

Background

In September 2005, the BD8 certificate was replaced in England with the Certificate of Vision Impairment (CVI) for certification of individuals as vision impaired. With funding from Guide Dogs, a Certifications Office has been established, where epidemiological data from the CVI can be transferred to an electronic database so facilitating rapid analysis. The CVI was launched without formal pilot testing. The aim of this study was to audit completion of epidemiological information on the first seven thousand forms which were entered using the electronic CVI system (ECVI).

Purpose

To audit completion of CVIs generated in England and received at the Certifications Office, London. This is important to provide feedback to consultants and stakeholders who complete the certificates and to provide suggestions to the Department of Health regarding modification of the form.

Methods

The first seven thousand forms which were received in the Certifications Office and entered onto a computerised version of the CVI (the ECVI) were analysed with regards to completion of fields. The ECVI is a web-browser-based system that enables the filling of forms online. It can be used directly in place of the paper CVI - streamlining the certification process and facilitating more accurate coding of diagnosis. The numbers and percentages of forms with incomplete data on each of certification type, age, sex, postcode and main cause of vision impairment were determined.

Results

Figure 1 shows that there were 368 forms (5.3 %) which did not specify whether the individual was certified sight impaired (partially sighted) or severely sight impaired (blind).

305 (4.4 %) of forms lacked information on postcode. The numbers of forms without information on sex or age were lower – 58 (0.8 %) and 111 (1.6 %) respectively. Figure 2 shows that there were many forms without age and sex and 42 forms with neither age, sex nor postcode recorded.

There were 214 (3.1 %) forms without any information on the main cause of vision impairment and an additional 280 forms where an algorithm was required to determine which of several causes the main cause was. Figure 3 shows the relative percentage causes of certifications for severe sight impairment (blindness) and highlights that there were 97 forms (3.3 %) with no information on main cause.

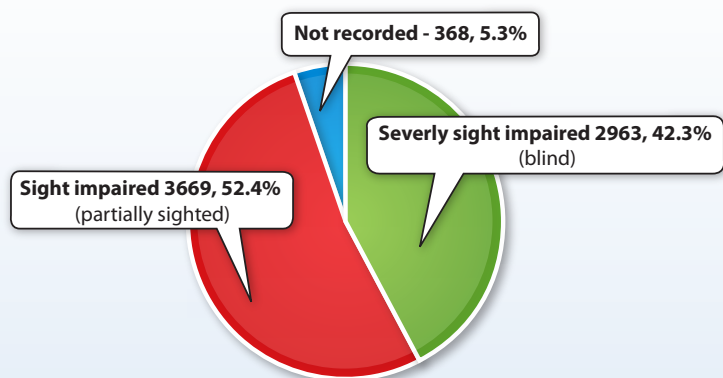


Figure 1:
Certification status of the first 7000 CVIs arriving at the Certifications Office, London

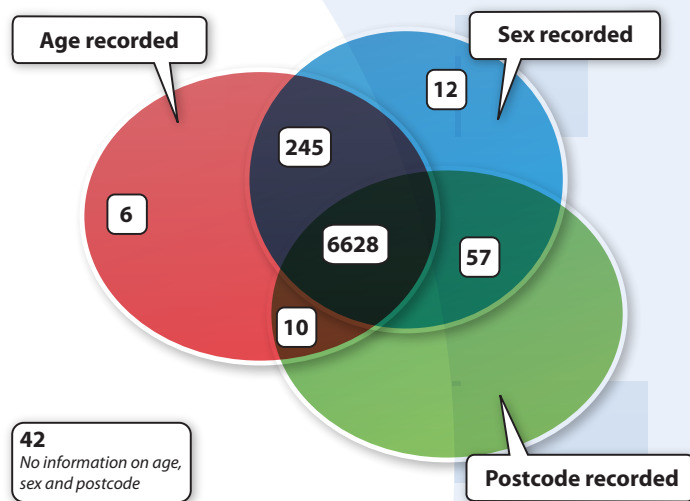


Figure 2:
Demographic Information on the first 7000 CVIs arriving at the Certifications Office, London

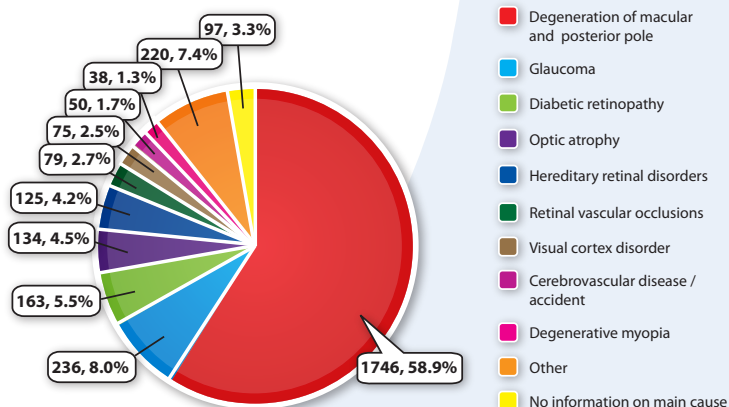


Figure 3:
Causes of Severe Sight Impairment (Blindness) in the first 7000 CVIs arriving at the Certifications Office, London

Conclusions

In order to facilitate analysis with previous data sets it is essential to complete all sections of the Certificate of Vision Impairment. This analysis on the first 7000 CVIs arriving at the Certifications Office, suggests that there is room for improvement. It is concerning that 3% of forms had no information that could be used to determine the main cause of vision impairment. Analysis of BD8 forms for the year during April 1999-March 2000 showed that the proportion of forms lacking any information on main cause was much lower at just 0.3 % for blindness certifications.¹

Epidemiological data on causes of vision impairment in the UK is scarce.^{2,3} Ophthalmology is one of the few medical specialities which has a system for routine data collection in operation. Improving the quality of data collected by the CVI should enable the certifications database to provide highly useful data for research into sight impairing eye conditions and for helping plan service provision.

References:

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2. Bunce C, Wormald R. Leading causes of certification for blindness and partial sight in England & Wales. BMC Public Health. 2006 Mar 8;6:58.
3. Evans J Causes of blindness and partial sight in England and Wales 1990-1991. Reports of Public Health and Medical Subjects no 129. London: HMSO, 1998