



To: Directors of Social Services in England  
Chief Executives of Health Authorities and Trusts

Dear Colleague

### **IDENTIFYING AND ASSESSING PEOPLE WITH SENSORY IMPAIRMENT**

Following the 1994 Insight Report - Review of Form BD8, the Department of Health wrote to those in councils with social services responsibilities and those involved in NHS ophthalmic services in 1994 alerting them to concerns about:

- the low percentage of people with visual impairment who are known to social service departments;
- the delay between assessment by an ophthalmologist and notification to social services;
- and the delay between receipt of a form BD8 by social services and contact with the client.

As some of you will be aware, the BD8 is the 'Record of examination to certify a person as blind or partially sighted'. It is completed by an ophthalmologist and is a prerequisite to inclusion on either register (although not a prerequisite to service provision).

More recent surveys have shown that the problems highlighted in 1994 are still a cause for concern. "A Sharper Focus - Inspection of Services for Adults who are Visually Impaired or Blind" was published in 1998. It reported that some SSDs had set and monitored targets for processing BD8s, resulting, in one authority contacting 97% of people for whom a BD8 was received within 2 weeks and beginning 60% of assessments within 4 weeks. However, most did not show evidence of setting or monitoring targets, resulting in delays of several weeks to several months before an assessment was begun. That report made a number of recommendations surrounding the BD8 - including the importance of good communication between the health service and social services when dealing with a person who is registerable.

It is important that NHS and social services staff ensure that eligible patients are fully informed of their right to registration and that, where appropriate, BD8s are fully completed and quickly dispatched to social services.

I am, therefore, asking that you look again at your services for those with sensory impairment to ensure that:

- social services and health staff are aware that registration is voluntary, and not a prerequisite for service provision;
- BD8 forms are processed promptly - with social services aiming to make contact with the patient within 2 weeks, and reviewing practice if there are significant proportions of service users for whom it takes more than 2 weeks to complete assessments from first contact;
- social services examine part 3 of BD8 and give priority to making contact with patients identified as also having significant hearing loss;
- social services take the date of certification (given on BD8) as the effective date of registration;
- information, in large print and other accessible formats, about the implications of registration and the services available can be easily obtained by service users or patients and their families/representatives; and
- social services departments and NHS ophthalmic services have clear arrangements so that people who are assessed as needing urgent service provision or counselling at the point of diagnosis are speedily put in contact with the relevant agency (statutory or voluntary).

You will be aware that the length of time from first contact to completed assessment for new clients, and from first contact to provision or commission of services are among the data being collected from local authorities through Referrals, Assessments and Packages of Care (RAP). This will assist in the monitoring of the progress being made in the processing of BD8s. However, social services may also want to establish other systems to monitor performance against the above points.

Recently, the Department has embarked on a consultation exercise on deafblindness. One of the aspects being addressed is identification of deafblind people - including the role the BD8 plays in bringing people with dual sensory loss to the notice of SSDs. Local authorities may find it helpful to keep a record of all BD8s identifying people with dual sensory impairment, as this could prove helpful when they are called upon to provide details of people with additional hearing impairment on the 3-yearly statistical return on registration of blind persons and partially sighted persons.

Finally, the Department no longer requires Part 5 of the form to be sent to the Office for National Statistics (ONS) as alternative methods are being considered for collecting epidemiological information on sight loss. Part 5 will be omitted for future reprints of the BD8.

A copy of this letter will also be included as an annex to the Hospital Eye Service letter about to appear on the DH web site, under [www.doh.gov.uk/eyes](http://www.doh.gov.uk/eyes)

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