# eOPS User Guide

## Glossary

|  |  |  |  |
| --- | --- | --- | --- |
| Created Date: | 04/02/2020 | Reviewed On:  | 10/02/2020 |
| Author: | Rob Haynes | Reviewed By:  | Wilma Harvey-Reid |
| Department: | Ophthalmic Information Services |
| Owner: | Jason Harper |

# NHSBSA eOPS Dashboard Guide

## Dashboard Name

NHS England Ophthalmic Dashboard v1.

This is also referred to as eOPS.

##

## About this document

This document is designed to sit alongside the NHSBSA eOPS Dashboard content & eOPS Dashboard Guide, to provide some context around the different types of analyses & information presented.

This document does not attempt to replace the definitions of any legally defined words, or those found in technical publications, authored by clinically trained professionals, acting in their professional capacity. The following terms should only be used in conjunction with eOPS & are those that are found or used most frequently.

We aim for all our publications to be as accurate, relevant & up to date as possible, however errors can sometimes creep in, should you happen to spot anything blatant or otherwise, please do highlight the error to us via an email sent to the address below & we will endeavour to correct it as soon as we can.

## General Hints & Tips

1. The Practice Profile Report & Monthly Expenditure Report by Practice is extracted once a month from Open Exeter & both are used to drive the content within eOPS.
2. Any activity analysis is solely derived from the Practice Profile Report (PPR) – Finance data comes from the Monthly Expenditure Report by Practice (MERP) only.
3. Within the dashboard, there are two views available for most of the non-textual visualisations – a graph view or a table view. Use the drop down immediately above a graph to switch between these views.
4. Do make use of the hover text inside of graphs & other analysis. They are a real handy way of seeing exactly where that data point is lying on the axis. Depending on the analysis type, there may be other values available that’s not been possible to display within the graph.
5. The guidance doesn’t display every graphic or analysis available within eOPS, for instance Repairs have been described but additional graphs & tables for Replacements & Small Glasses have been omitted. Should you ever get stuck, never be afraid to drop nhsbsa.ophthalmicinsight@nhs.net an email & we would be delighted to talk you through it.

# Glossary

**Additional Services Contract:** For domiciliary services, also referred to as mobile services & operate outside of fixed premises, normally at a patient’s place of residence.

**Axis:** If used in reference to a graph, this means the lines upon which the scale of the graph is drawn against. Used for plotting the coordinates or data points on a graph. There’s generally an X-axis or horizontal line & Y-axis or vertical line.

**CCG:** CCGs are groups of GPs that are responsible for designing & maintaining local health services in England through commissioning or buying health & care services. All GP practices have to belong to a CCG. These came into effect on 1 April 2013 & were designed using the 2011 LSOAs to replace the even older PCT organisations. There were 212 at one point.

**Complex Bifocal:** A highly specialised lens that has two distinct parts, with each part having a different focal length – one would be used for near vision & the other would be used for distance.

**Contract:** Any individual or otherwise, wishing to provide NHS services under GOS terms, must hold one of these with the Area Team responsible for the area that they wish to operate - See also; Mandatory Contract, Additional Services Contract or Enhanced Services Contract.

**Data Point:** A discrete unit of information or value.

**Dioptre:** A unit of measurement for the refractive power of a lens or curved mirror.

**Domiciliary Visit:** Domiciliary eye care is for patients who are unable to visit a high street practice unaccompanied due to a mental, physical or learning disability.

**Enhanced Services Contract:** Entitles holders to perform additional, commissioned services from the NHS, such as Minor Eye Conditions Services (MECS), referral refinements or Intraocular Pressure (IOP) services.

**FY:** An acronym for Financial Year. This relates to the 365 day period (366 on a leap year) from 1st April XX to 31st March XX +1.

**GOS:** An acronym for General Ophthalmic Services. This was developed in response to Part 6 of the NHS Act 2006, requiring anyone who wished to provide NHS Sight Tests to enter into contracted terms with the now superseded PCTs. See also; PCTs.

**GOS1**: This is the application for an NHS funded Sight Test.

**GOS2**: A Patient’s Prescription. One of these may not be generated after a sight test – this is up to the provider of the service.

**GOS3**: This is the voucher issued due a detected degradation in visual health; the GOS3 shows the clinical reasoning why the voucher was issued.

**GOS4:** This is an application for Repairs, Replacements or for Small Glasses adjustments to existing visual aids, when it’s determined that a new prescription is not necessary.

**GOS5:** Help with Private eyesight test & is beyond the scope of eOPS.

**GOS6:** This is the application for a Domiciliary Visit.

**GOS Forms**: There are 6 altogether numbered 1 – 6 inclusive. Only 4 are used in eOPS - GOS 1, 3, 4 & 6. These are used for capturing patient; performer & supplier level activity data necessary for the commissioning of GOS services, patient entitlement checks & to performance manage individual GOS Contracts.

**Hover Text:** A computer programming feature that allows small boxes to appear on screen, displaying any further information available when the mouse icon hovers over particular parts of a graph.

**LSOA:** An acronym for Lower Super Output Layer is a standardized geographical area, designed to improve the reporting of small area statistics in England & Wales.

**Mandatory Contract:** Any provider of NHS commissioned Sight Test services to the general public must obtain & be legally entitled to one of these.

**PCT:** Primary Care Trust. These were NHS Commissioning bodies before they were replaced with CCGs, which they themselves are now defunct & replaced with STPs. There were 151 PCTs.

**Prism:** Used on visual aids to help correct double vision.

**Sight Test:** A method to determine the level of degradation in the recipients’ visual health.

**Single Complex:** A spectacle lens with a power of +/- 10 or more dioptres in any one meridian.

**STP:** An acronym for Sustainability & Transformation Partnership. These are five-year plans covering all aspects of NHS spending in England. Forty-four areas have been identified as the [geographical ‘footprints’ on which the plans are based](https://www.england.nhs.uk/wp-content/uploads/2016/02/stp-footprints-march-2016.pdf), with an average population size of 1.2 million people (the smallest covers a population of 300,000 & the largest 2.8 million). [A named individual](http://www.england.nhs.uk/2016/03/leaders-confirmed/) has led the development of each STP. Most STP leaders come from clinical commissioning groups (CCGs) & NHS trusts or foundation trusts, but a small number come from local government. These replaced most of the CCGs.

**Supplement:** These are additional items that can be claimed for to help restore vision – See also; Tint, Prism, Second Pair, Single Complex, Complex Bifocal.

**Tint:** A thin coating applied to 1 or both lenses on a patient’s visual aid, to reduce & filter out specific light wavelengths that are a cause of, or contribute towards, degraded visual health. Sunglasses are a good example of a visual aid with a tint, but these are not considered as a supplement – A tint should only be prescribed (& claimed for!) when a clinical need presents itself, eg. a patient suffers with light sensitivity problems.

**Voucher:** There are currently 10 voucher types in total, from Voucher A to J, though eOPS currently handles Vouchers A to H only. These are only issued out depending on the complexity of the lens required to help restore a Patient’s vision. It entitles the holder to help with the cost of spectacles or other items that help to restore a patient’s vision & each has a different financial value. Vouchers can be used for full or part payment towards the cost of the visual aid.

**YTD:** An acronym for Year to Date. Within eOPS, this is used to mean Financial Year to Date, or the period from 01/04/XX to the latest period.

Glossary End.