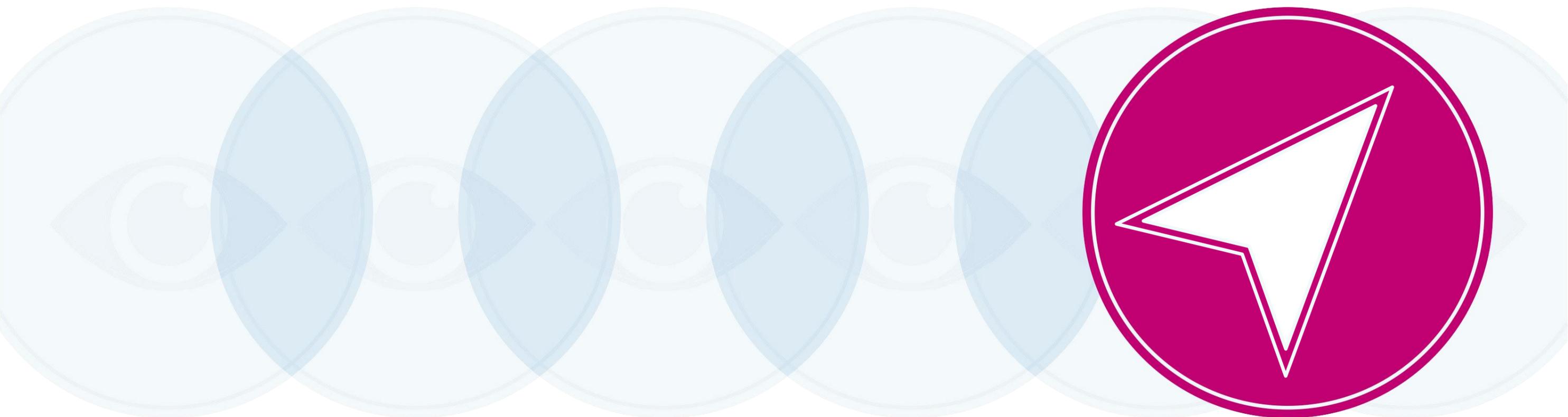


Using PCSE Online for
Ophthalmic Payment services

GOS 1 User Guide



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About this Guide

This guide provides information about using PCSE Online for Ophthalmic Payment services.

The digital service will enable GOS claims to be submitted electronically. They will be validated in real time which will improve the accuracy of payments and give ophthalmic contractors greater visibility of claims and statements.

This user guide is a support tool and covers the following options available on PCSE Online:

- ✓ Navigating the Ophthalmic Payment screens
- ✓ Making GOS I claims
- ✓ Searching for claims
- ✓ Viewing statements

Overview of PCSE Online for Ophthalmic Payments

PCSE Online is a web-based option for securely submitting, tracking and reconciling GOS claims. Users access the service via the PCSE website with a unique log-in ID and password.

The site has been designed to guide users intuitively through the different screens. From the home screen dashboard, users can select and complete the appropriate GOS form, track the status of their claims and view statements.

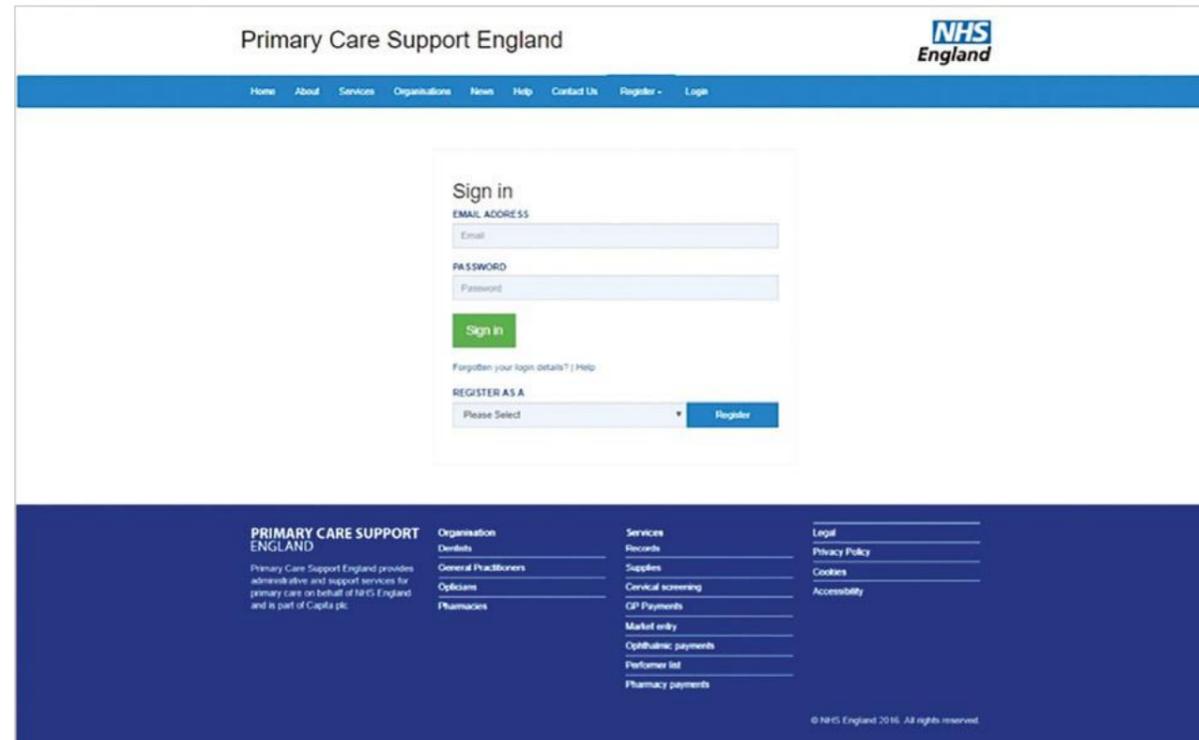
The information for the online GOS forms is much the same as is required for the paper forms but the electronic system will automatically validate each field as detail is entered. This means any missing information, errors or incomplete mandatory fields will be flagged up before a form can be submitted, significantly reducing the likelihood of claims being rejected and improving the accuracy of payments.

Another benefit of the online submissions being validated in real time is that they can be submitted closer to the payment date because contractors won't have to allow time for posting and processing. The system also allows you to pre-populate up to the first signatory, allowing more efficiency within the practice.

Sign in and Dashboard

1.1 Sign in

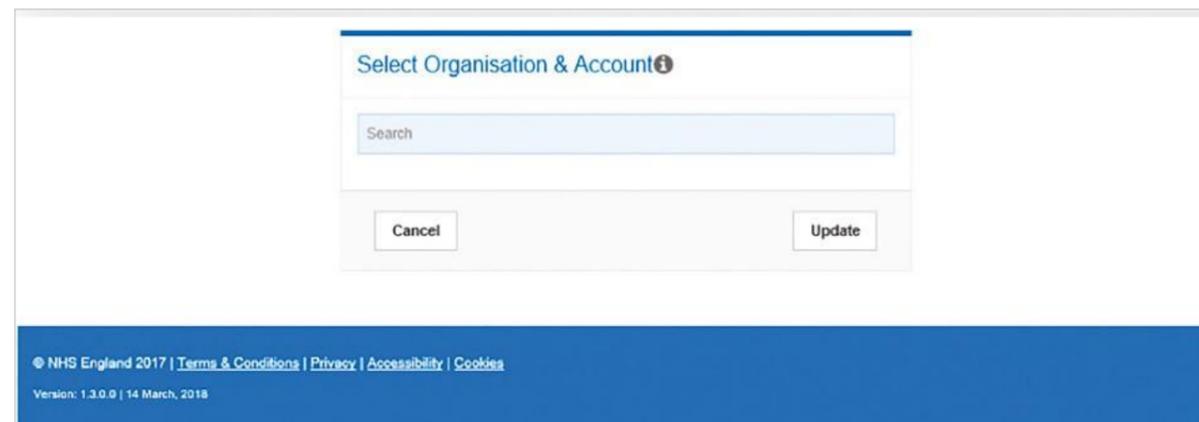
Users need to log in to PCSE Online to access the Ophthalmic Payments screens. You can log-in to PCSE Online from the [website homepage](#) which will take you to the following screen:



Enter your sign in details (**Email Address** and **Password**).

Click the **Sign in** button.

On successful sign in, if you are assigned to more than one organisation the following screen will be displayed. Enter the relevant organisation and click on **Update**.



If you are not assigned to more than one organisation you will automatically be directed to the Ophthalmic Payments dashboard.

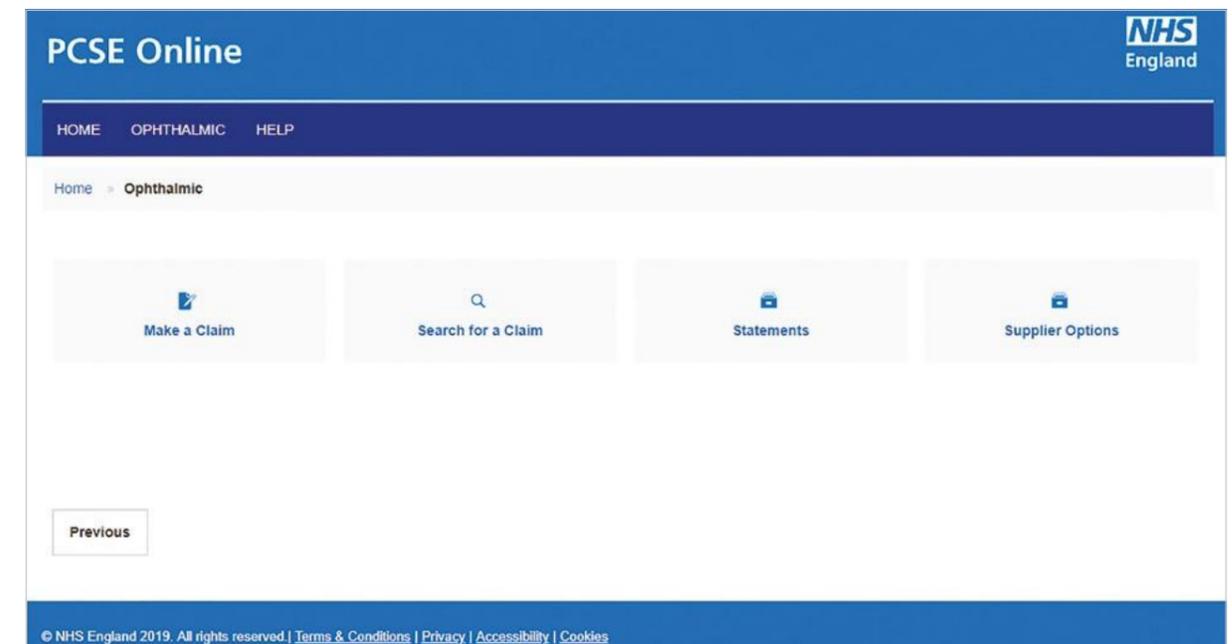
1.2 Dashboard

This screen shows your **dashboard** from where you can perform different tasks.

The navigation pane appears in the mid-section of the screen.

Each option in this section will help you perform a particular task.

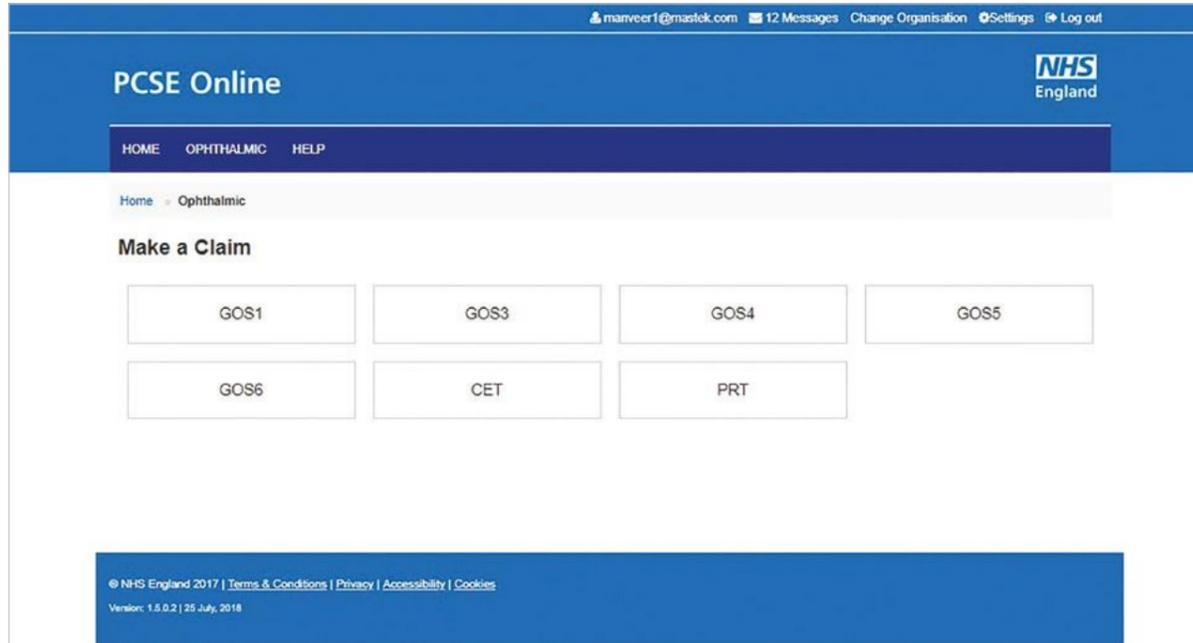
The options you see here are determined by the access permissions that have been granted to you by your User Administrator.



Top Tip – when completing any sections of the online forms, ensure **ALL** mandatory information is included before clicking Save and Continue.

2 Make a Claim

Select **Make a Claim** on the dashboard. You will then see the following screen where you can choose which GOS claim type you would like to make.

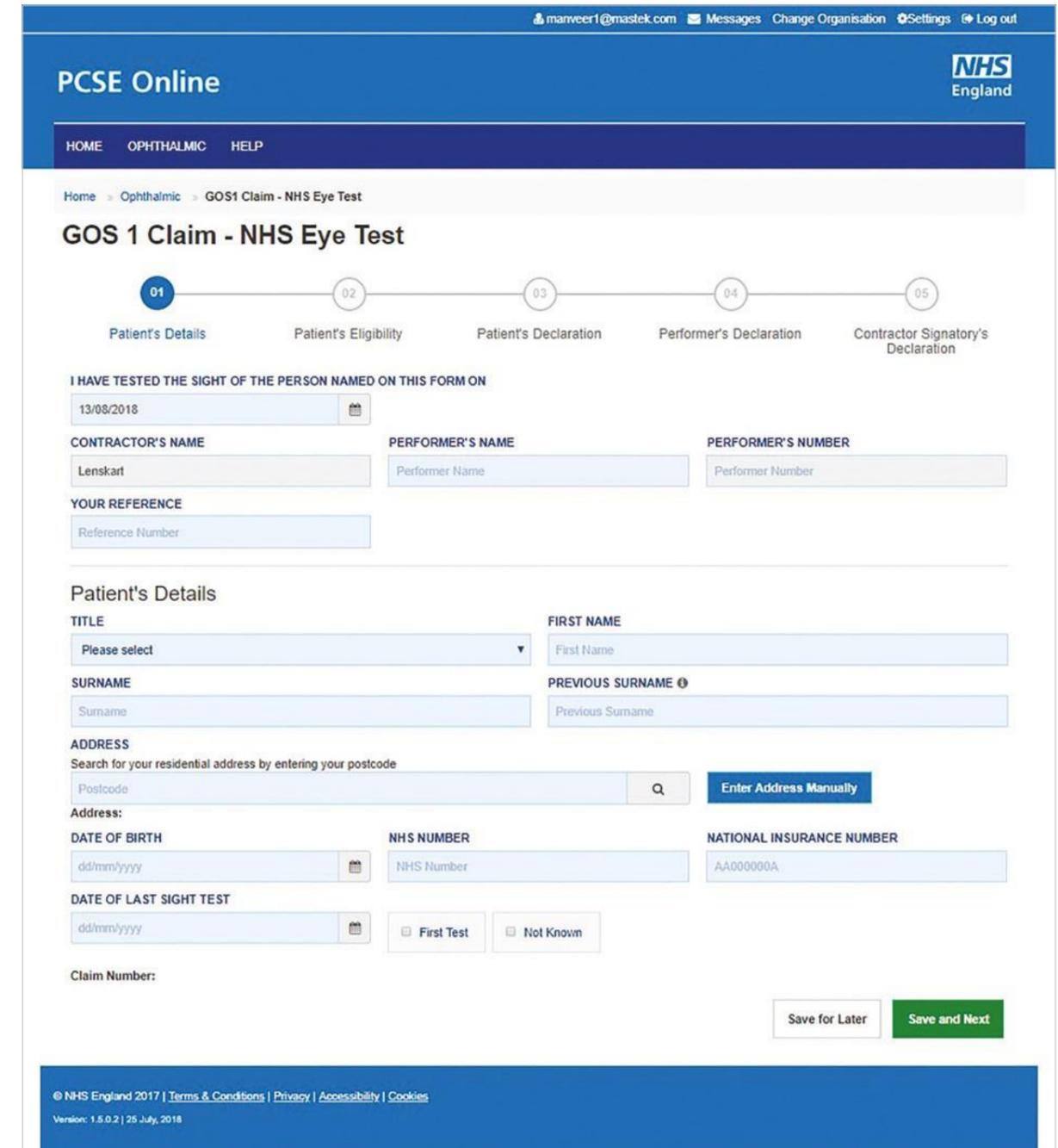


2.1 GOS 1 Claim - NHS Sight Test

This claim process is split into five sections, with clear indication of which section you are currently on. Once a section is complete, a tick will be displayed.

2.1.1 Patient's Details

This is the first section of the GOS I claim where you need to enter the patient's details.



The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Sight Test Date	Optional	Enter the sight test date (dd/mm/yyyy) or select the date from the online calendar
Contractor's Name	*Mandatory	The contractor name always auto populates based on the organisation you are logged in to.
Performer's Name	*Mandatory	If you are the Performer your name will auto populate
Performer's Number	*Mandatory	If you are a performer, then based on your name, your number will also populate in the text box
Your Reference	Optional	This is a number a practice can choose for their own purposes to help their reconciliation process. It will appear on their statements
Title	Optional	Select the correct title
First Name	*Mandatory	Enter the patient's first name
Surname	*Mandatory	Enter the patient's surname
Previous Surname	Optional	Enter the patient's previous surname if applicable
Address	*Mandatory	Either enter the post code to search for an address or manually enter the address details in the appropriate fields
Date of Birth	*Mandatory	Enter the sight test date (dd/mm/yyyy) or select the date from the online calendar
NHS Number	Optional	Enter the patient's NHS number (if known)
National Insurance Number	Optional	Enter the patient's National Insurance Number
Date of Last Sight Test	*Mandatory	Enter the date of last sight test (dd/mm/yyyy) or select the date from the online calendar Or select one of the two options: First Test or Not Known

When you have entered the details, you will have the option to either **Save for later** or **Save and Next**.

If you select **Save and Next** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended. Flagged sections will be highlighted with red text.

When you have successfully inputted all the correct details the Save and Next button will take you to the next section, **Patients Eligibility**.

Please note the claim will need to be signed again if any information is changed.

If you select the option to Save for later (please see Search section) the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save and Next**.

Upon successful submission, the system will automatically generate a **CLAIM NUMBER** for further reference.

2.1.2 Patient's Eligibility

This is the second section of the GOS I claim where you need to enter the patient's eligibility.

PCSE Online NHS England

HOME OPTHALMIC HELP

Home > Ophthalmic > GOS1 Claim - NHS Eye Test

GOS 1 Claims – Application for a NHS funded sight test

Progress: 01 Patient's Details, 02 Patient's Eligibility, 03 Patient's Declaration, 04 Performer's Declaration, 05 Contractor Signatory's Declaration

Patient's Eligibility

The patient is 65 or over The patient is under 16 The patient is a full time student aged 16, 17 or 18 at the school / college / university below

The patient is 40 or over and is the parent / brother / sister / child of a person who has or has had glaucoma

The patient is a prisoner on leave from the prison detailed below

THE PATIENT SUFFERS FROM

diabetes glaucoma enter GP's details below

The patient is considered to be at risk of glaucoma by an ophthalmologist at the hospital below

The patient is registered blind / partially sighted with Local Authority below

DETAILS OF ESTABLISHMENT (SCHOOL / COLLEGE / UNIVERSITY / PRISON / GP / LOCAL AUTHORITY / HOSPITAL)

Name: Town:

EVIDENCE OF ELIGIBILITY

Seen Not seen

PERSON GETTING THE BENEFIT

The patient The patient's partner

NAME: N.I. NO.: PARTNER'S DATE OF BIRTH:

MODE OF RECEIVING THE BENEFIT

Income Support Universal Credit Pension Credit Guarantee Credit

Income-based Jobseeker's Allowance Income-related Employment and Support Allowance

Tax Credit and the patient/ patient and patient's partner are named on a valid NHS Tax Credit Exemption Certificate

I am named on a valid HC2 certificate

I have been prescribed complex lenses under the NHS optical voucher scheme

Claim Number: AD400232

Previous

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Patient's Eligibility	*Mandatory	Enter the NHS Eligibility Reason
Details of Establishment (Name)	*Mandatory	Enter name of establishment
Details of Establishment (Town)	Conditional	This is mandatory for the following eligibility categories: <ul style="list-style-type: none"> <input type="checkbox"/> I'm a full time student <input type="checkbox"/> I'm a prisoner on leave <input type="checkbox"/> I'm considered to be at risk of glaucoma <input type="checkbox"/> I am registered blind/partially sighted <input type="checkbox"/> I suffer from diabetes/glaucoma
Evidence of Eligibility	Conditional	This is mandatory for the following eligibility categories: <ul style="list-style-type: none"> <input type="checkbox"/> I'm a full time student <input type="checkbox"/> I'm a prisoner on leave <input type="checkbox"/> I'm considered to be at risk of glaucoma <input type="checkbox"/> I am registered blind/partially sighted <input type="checkbox"/> I suffer from diabetes/glaucoma
Person getting the benefit	Conditional	Select the correct option from Patient or Patient's Partner. If Patient's Partner' is selected, enter the following: <ul style="list-style-type: none"> <input type="checkbox"/> Name <input type="checkbox"/> National Insurance Number <input type="checkbox"/> Date of Birth
Mode of receiving the benefit	Conditional	Select the correct option
The patient is named on a valid HC2 certificate	*Mandatory if Patient's Eligibility is HC2	If selected, enter HC2 number.

If you select **Save and Next** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

When you have successfully inputted all the correct details the **Save and Next** button will take you to the next section, **Patient's Declaration**.

If you select the option to **Save for later** the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save and Next**.

3. Patient's Declaration

This is the third section of the GOS I claim where the patient's declaration details and signature need to be obtained.

Department of Health regulations have been changed to allow GOS forms to be signed electronically.

Patients can sign GOS claims electronically using:

- A touchscreen device, such as a PC, tablet or phone
- By using a touchpad, mouse or other pen input device connected to a PC.
- Scanning a QR code with a touchscreen device and signing on the device

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
The Signatory is the: Patient, Patient's Parent or Patient's Parent or Guardian	*Mandatory	Select the correct option
Name	*Mandatory	'Patient' is selected, their name will auto populate
Select patient's ethnic group	Optional	Select the correct option
Address	*Mandatory	'Patient' is selected, their address will auto populate

Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices). Please ensure all mandatory fields are completed, otherwise the signature will be lost when clicking save and continue.

Depending on the electronic signature option you are using, click or scan the QRCode on the screen.

When prompted, sign the signature box on the Patient Declaration and select **Accept**.

Please note! A 'Loader' will appear to show you that the system is saving a signature and is now displayed on screen once a user has signed a GOS form on PCSE Online and has clicked "Accept".

Once the signature has been saved, a popup is displayed saying 'Signature saved successfully'

Patient's Declaration

Patient's Declaration Signature Screen

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention.

Please sign in the signature box below:

Clear Close Accept

Message

Signature saved successfully

Close

HOME OPHTHALMIC HELP

Home > Ophthalmic > GOS 1 Claim - NHS Eye Test

GOS 1 Claims – Application for a NHS funded sight test

01 Patient's Details 02 Patient's Eligibility 03 Patient's Declaration 04 Performer's Declaration 05 Contractor Signatory's Declaration

Patient's Declaration

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention.

THE SIGNATORY IS THE

Patient Patient's parent Patient's carer or guardian

NAME

Abi London

PLEASE CHOOSE ONE SELECTION FROM THE LIST TO INDICATE THE PATIENT'S ETHNIC GROUP (OPTIONAL)

Please select

ADDRESS

Search for an address by entering a postcode

Postcode

ADDRESS: 41, Creek Road, London, SE8 3BU

Signature:

Clear

Claim Number: ADA12326

Previous

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If you select **Save and Next** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

When you have successfully inputted all the correct details the **Save and Next** button will take you to the next section, **Performer's Declaration**.

If you select the option to **Save for later** the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save and Next**.

It will then be ready for the Performer to access and sign via the option to 'Search for Claim' on the dashboard screen.

2.1.4 Performer's Declaration

This is the fourth section of the GOS I claim which the Performer needs to complete and sign.

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Sight test outcome	*Mandatory	Select one of the outcome options
Voucher issued	Optional	Click the check box if appropriate
Specify the appropriate code	Conditional	This is mandatory if it is less than the standard interval since the patient's last sight test Select the correct option from the dropdown & checkbox selection
First Voucher Type	Optional	Select the correct option from the dropdown & checkbox selection
Supplements	Optional	Select the correct option from the dropdown & checkbox selection
Second Voucher Type	Optional	Select the correct option from the dropdown & checkbox selection
Supplements	Optional	Select the correct option from the dropdown & checkbox selection

Auto Filled Performer's Details (to be checked by the Performer)

Please either select/scan the QRcode or sign directly into the signature box (for touch enabled devices)

Selecting **Save Awaiting Contractor Signatory** means the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

When you have successfully inputted all the correct details the **Save Awaiting Contractor Signatory** button will take you to the next section, **Contractor Signatory's Declaration**. If you have the Contractor Signatory role you will be able to complete the Contractor Signatory Declaration.

It will then be ready for the Contractor to access and sign via the option to 'Search for Claim' on the dashboard screen.

If the performer has selected voucher type once the contractor has signed the contractor signatory declaration and you will be able to Search for Claim' on the dashboard screen and create a GOS 3 this gives you the opportunity to not re-enter the patient details and go straight to the prescription section.

If you select the option to **Save for later** the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save Awaiting Contractor Signatory**.

2.1.5 Contractor Signatory's Declaration

This is the last and final section of the GOS I claim, which needs to be completed by the Contractor Signatory who can view and check the details entered on the previous screens.

Please either select/scan the QRcode or sign directly into the signature box (for touch enabled devices).

The Contractor Signatory can then select **Submit** if they agree with the claim and accept the declaration. This will then send the claim to PCSE for processing and payment.

If the claim is not ready to be submitted the option to **Revert to draft** should be selected so the form can be re-visited and amended at a later time.

If the Contractor Signatory has completed the form but does not wish to submit the claim at that time there is an option to **Close**. The claim will still be saved.

If the claim is not needed and should not be submitted the option to **Cancel Claim** should be selected. It will still be available to view via 'Search for claim'.

All cancelled claims are still viewable.

Home - Ophthalmic - GOS1 Claim - NHS Eye Test

GOS 1 Claim - NHS Eye Test

Progress: Patient's Details (✓) - Patient's Eligibility (✓) - Patient's Declaration (✓) - Performer's Declaration (✓) - Contractor Signatory's Declaration (95)

Contractor Signatory's Declaration

I have tested the sight of the person named on this form on: 13/05/2018
 Performer's Name: Sneha Gajewy
 Contractor's Name: Lenskart
 Performer's Number: 63773888
 Your reference: Test1234

Patient's Details

Name: Mrs. Jack Sparrow
 Date of Birth: 31/12/1979
 Address: Flat 4 B, St. Andrews Cross, PLYMOUTH, PL1 1DN
 Date of last sight test: Unknown

Patient Eligibility

The patient suffers from: Diabetes
 Evidence: Seen
 Details of establishment: Local London

Patient's Declaration

The signatory is the Patient
 Name: Jack Sparrow
 Address: Flat 4 B, St. Andrews Cross, PLYMOUTH, PL1 1DN

Performer's Declaration

I have tested the sight of the person named on this form on: 13/05/2018
 A new or changed prescription was issued
 A voucher was issued
 First voucher type: A
 First voucher complex: No
 Second voucher complex: No
 To be completed by the performer who has conducted the sight test
 Performer's Name: Sneha Gajewy
 Performer's List Number: 63773888

Claim

I claim the current NHS sight test fee
 Practice address where sight test took place
 Address: 98 City Walls Rd, CLOCKHILL, United Kingdom of Great Britain and Northern Ireland (the), PL15 5BN

I claim the current NHS sight test fee under the NHS (Optical Charges and Payments) Regulations 2013. I declare that the information given on this form is correct and complete and that this is the original form as signed by the respective patient, or other person as appropriate. I understand that if I withhold information or provide false or misleading information, disciplinary action may be taken against me and I may be liable to prosecution and or civil proceedings. I understand that my personal data will be processed by PCSE (Capita) to verify this Claim and the relevant controller is NHS England. I can find out more about my rights at <https://www.england.nhs.uk/contact-us/privacy-notice/>, or by contacting 0300 311 22 33.

To be completed by the contractor or authorized signatory

Please either tap/scan this code or sign directly into the signature box (for touch enabled devices)

Signature: 

NAME: suman1 tanveer1
 CONTRACTOR'S NAME: Lenskart
 CONTRACTOR'S NUMBER: TQ01

Claim Number: ADAB1819

Buttons: Revert to Draft, Close, Cancel Claim, Submit