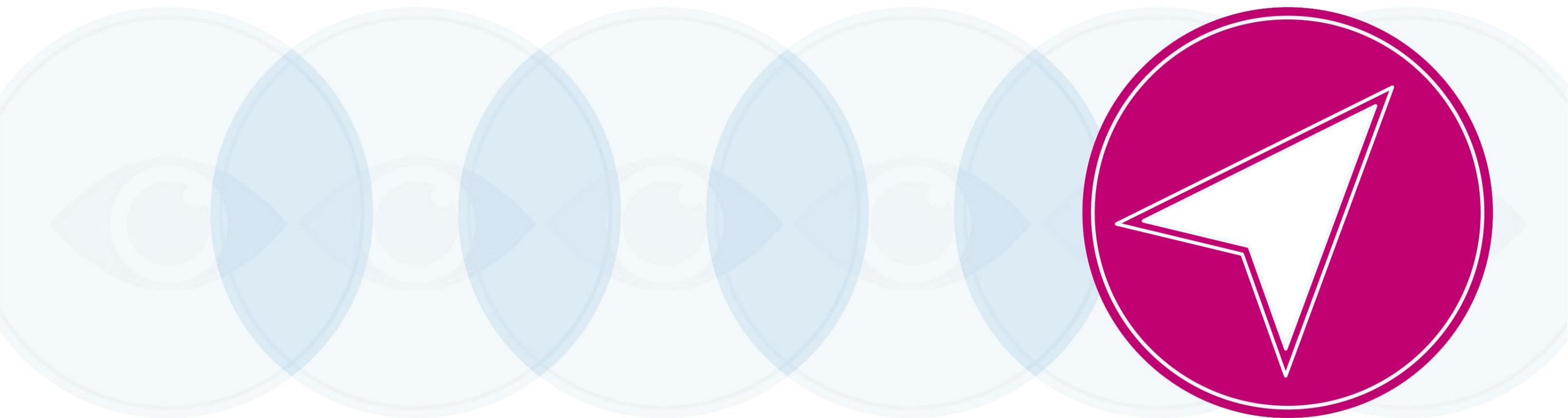


Using PCSE Online for  
Ophthalmic Payment services

# GOS 5 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 5 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.

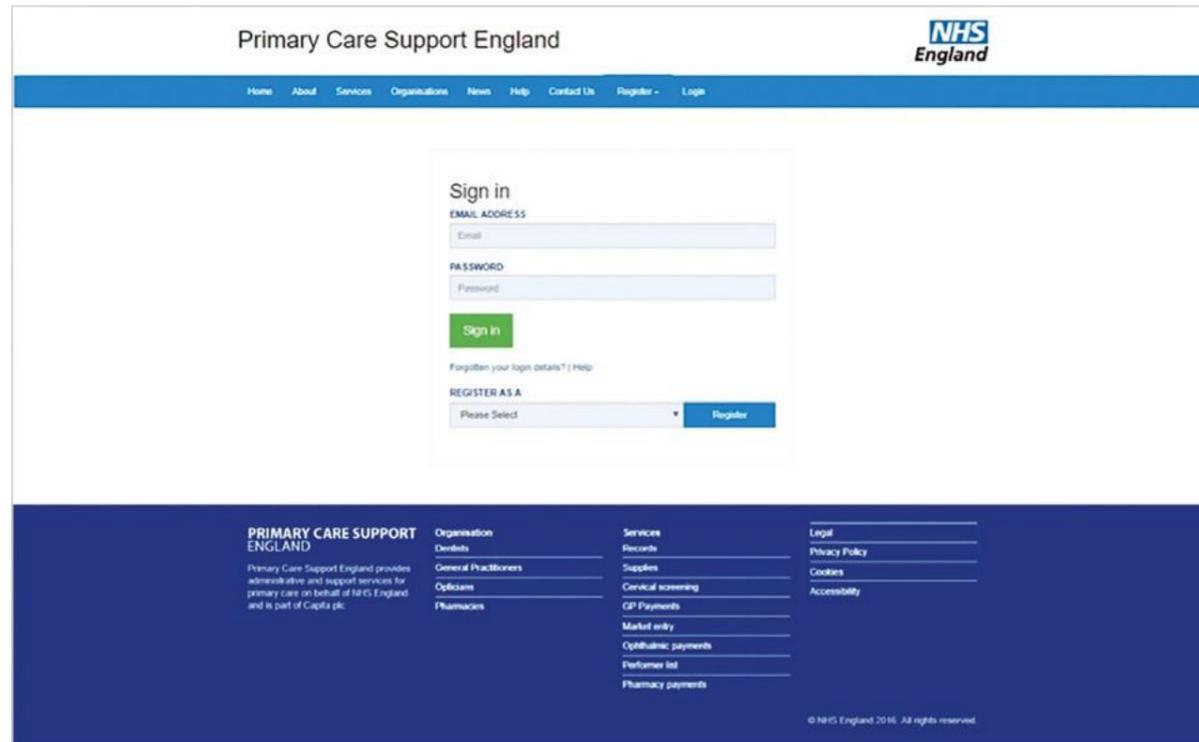
The information for the online GOS forms is much the same as is required for the paper forms but the electronic system will automatically validate each field as detail is entered. This means any missing information, errors or incomplete mandatory fields will be flagged up before a form can be submitted, 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

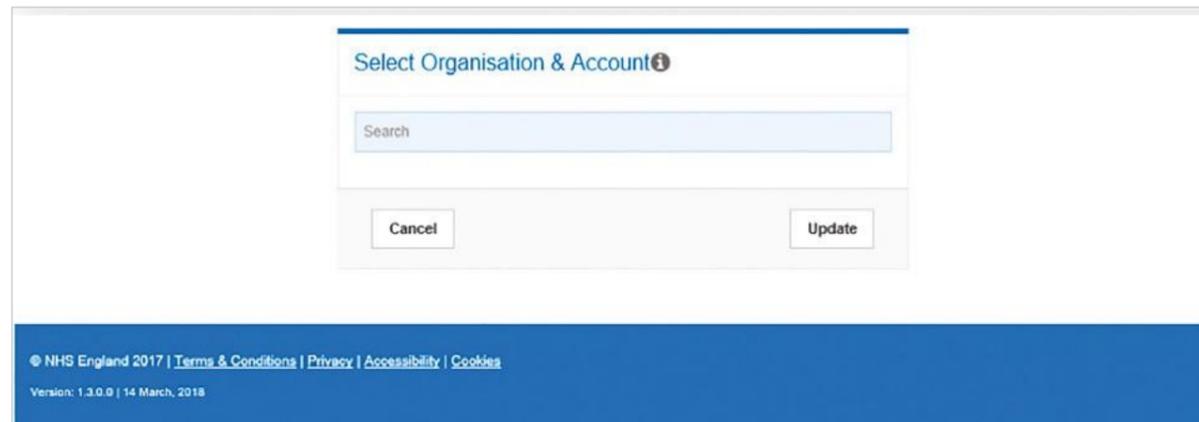
Users need to log in to PCSE Online to access the Ophthalmic Payments screens. You can log-in to PCSE Online from the [website homepage](#) which will take you to the following screen:



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.

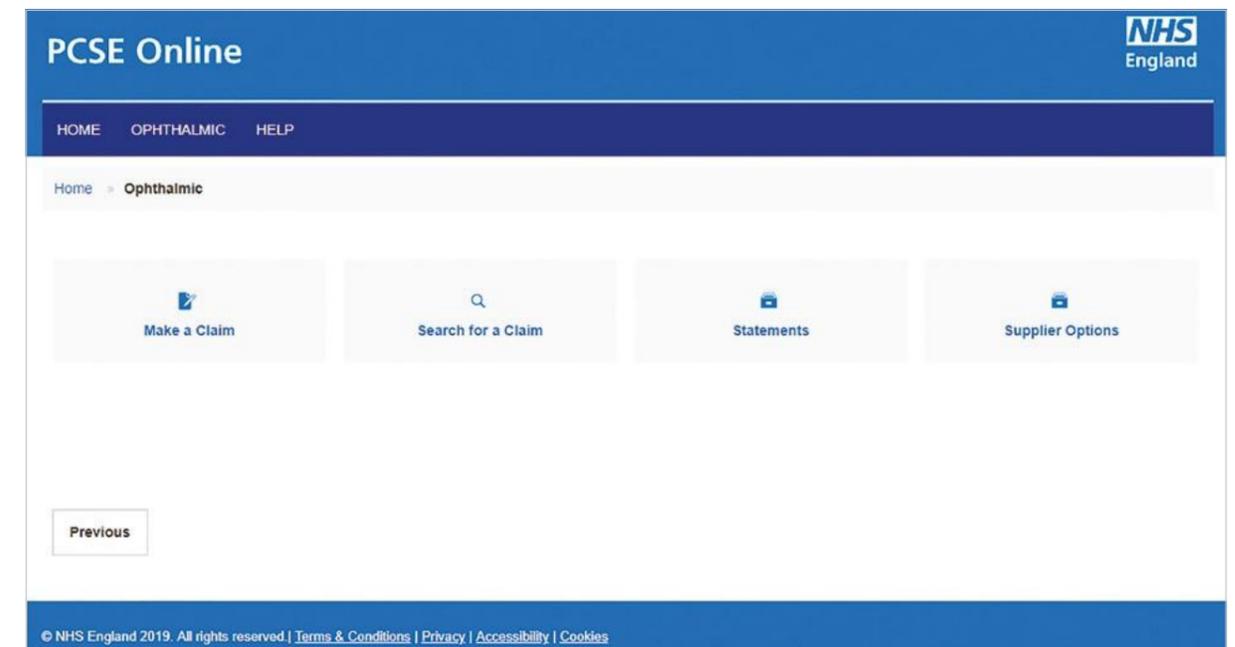
### 1.2 Dashboard

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.



## 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.

## 2.4 GOS 5 Claim - Private Eye Test

The GOS 5 Private Eye Test claim form is divided into five parts.

### 2.4.1 Patient's Details

This is the first section of the GOS 5 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	Enter the contractor's name If you are a contractor, then your name will automatically populate in the text box
Performer's Name	*Mandatory	Enter the performer's name If you are a contractor, the performers listed under your practice will automatically appear so you can select the relevant one
Performer's Number	*Mandatory	If you are a performer, then based on your name, your number will also populate in the text box
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 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.

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

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**.

## 2.4.2 Patient's Eligibility

This is the second section of the GOS 5 claim where you need to enter the patient's eligibility.

manveer2@mastek.com 2 Messages Change Organisation Settings Log out

PCSE Online NHS England

HOME OPHTHALMIC HELP

Home > Ophthalmic > GOS 5 Claim - Private Eye Test

### GOS5 Claim - Private Eye Test

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

#### Patient's Eligibility

NAMED ON VALID HC3 CERTIFICATE

The patient  The patient's partner

CERTIFICATE NUMBER

Certificate Number

The patient has to pay upto £ 0.00 for a private sight test

The patient understands that they will have to pay up to the amount above (plus any difference between the NHS sight test fee and the cost of the sight test) provided their sight test costs more than the NHS sight test

The patient cannot attend a practice unaccompanied for a sight test because

Please select

PLEASE CHOOSE ONE SELECTION FROM THE LIST TO INDICATE YOUR ETHNIC GROUP (OPTIONAL)

Please select

Claim Number: ADA01891

Previous Save for Later Save and Next

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Version: 1.5.0.2 | 25 July, 2018

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

Field Name	Mandatory/Optional	Field Description
Named on valid HC3 certificate	*Mandatory	Select the appropriate option from 'The Patient' and 'The Patient's Partner'
Certificate Number	*Mandatory	Enter the certificate number
Patient Contribution	*Mandatory	Enter the contribution amount
Patient Declaration for payment	*Mandatory	Tick the declaration
The patient cannot attend a practice unaccompanied for a sight test because	Optional	If it is a claim for a domiciliary sight test, type a reason in the free text box
Indicate Ethnic Group	Optional	Tick the appropriate option from the dropdown menu

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.

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**.

### 2.4.3 Patient's Declaration

This is the third section of the GOS5 claim where you need to enter the patient's declaration.

**PCSE Online** England

HOME OPTHALMIC HELP

Home > Ophthalmic > GOS 5 Claim - Private Eye Test

### GOS5 Claim - Private Eye 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**

Name

**ADDRESS**

Search for your residential address by entering your postcode

Postcode

**ADDRESS:**

Please tap or scan the QR code to sign the declaration



Claim Number: ADA12328

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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 OPTHALMIC HELP

Home > Ophthalmic > GOS 5 Claim - Private Eye Test

### GOS5 Claim - Private Eye Test

03 04 05

Patient's Details Patient's Eligibility Patient's Declaration Performer's Declaration 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

**ADDRESS**

Search for your residential address by entering your postcode

Postcode

**ADDRESS:** 43, Creek Road, London, SE8 3BU

Signature:

Clear

Claim Number: ADA12329

Previous

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Once you have completed this section you will have the option to either **Save and Next**, or **Save for Later**.

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**.

## 2.4.4 Performer's Declaration

This is the fourth section of the GOS5 claim which the Performer needs to complete.

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

Field Name	Mandatory/Optional	Field Description
Outcome of Sight Test	*Mandatory	Tick the appropriate option
The Patient was the:	Optional	Tick the appropriate option
First Voucher Type	Optional	Select the appropriate option if applicable
Supplements	Optional	Tick box selection
Second Voucher Type	Optional	Select the appropriate option if applicable
Supplements	Optional	Tick box selection
The date of the sight test is automatically populated		
Specify appropriate code	Optional	This is mandatory if it is less than the standard interval since the patient's last sight test. Select the appropriate code from the dropdown
Auto Filled fields: Performer's Name & Performer's List Number		
Please either select/scan the QRcode or sign directly into the signature box (for touch enabled devices)		
Claim	*Mandatory	Enter the amount in the text box
Address	Optional	Enter the address using the search function or by typing it into the respective fields.

Once you have completed this section you will have the option to either **Save Awaiting Contractor Signatory** or **Save for Later**.

If you select **Save Awaiting Contractor Signatory** 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 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**.

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

## 2.4.5 Contractor Signatory's Declaration

This is the last and final section of the GOS5 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.

The screenshot shows the 'Contractor Signatory's Declaration' form in the PCSE Online system. The form is titled 'GOS5 Claim - Private Eye Test' and includes a progress bar with five steps: Patient's Details, Patient's Eligibility, Patient's Declaration, Performer's Declaration, and Contractor Signatory's Declaration (the current step, marked with '05').

**Contractor Signatory's Declaration**

I have tested the sight of the person named on this form on: 16/08/2018  
 Performer's Name: suman2 tanveer2  
 Contractor's Name: Lenskart  
 Performer's Number: 64553433

**Patient's Details**

Name: Lord Jack Sparrow  
 Date of Birth: 01/01/1945  
 Address: Flat 6 B, St. Andrews Cross, PLYMOUTH, PL1 1DN  
 Date of last sight test: First Test

**Patient Eligibility**

The patient is named on a valid certificate: Certificate Number: HC3-11111111  
 Showing that they must pay up to £ 10.00  
 The patient cannot attend a practice unaccompanied for a sight test because: Amputee  
 Ethnicity: Other White Background

**Patient's Declaration**

The signatory is the Patient  
 Name: Jack Sparrow  
 Address: Flat 6 B, St. Andrews Cross, PLYMOUTH, PL1 1DN

**Performer's Declaration**

A new or changed prescription was issued: A voucher was issued  
 First voucher type: A First voucher complex: No  
 Second voucher complex: No The patient was the: 1st patient at the address  
 Lower of private charge or NHS sight test fee: £ 21.25 Lower of private charge or NHS domiciliary visit fee (where appropriate): £ 20.00  
 Maximum claimable in respect of sight test: £ 41.25 Patient's contribution: £ 10.00  
 Total claim in respect of sight test: £ 31.25

I have tested the sight of the person named on this form on: 16/08/2018  
 To be completed by the performer who has conducted the sight test  
 Performer's Name: suman2 tanveer2 Performer's List Number: 64553433

**Claim**

I claim the current NHS sight test fee.  
 Practice address where sight test took place  
 Address: Flat 6 B, St. Andrews Cross, PLYMOUTH, PL1 1DN

I claim the payment shown above 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 authorised signatory

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

Regenerate 

NAME: suman2 tanveer2 CONTRACTOR NAME: Lenskart CONTRACTOR'S NUMBER: TQ65L  
 Claim Number: ADAD1891

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 Version: 1.5.9.7 | 25 July 2018