

Ophthalmic Continuing Professional Development Allowance: Instructions on how to submit your claim



Version 0.13

Claim submission process – Overview

For this year’s CPD allowance we have introduced a new CPD allowance claim form, to be hosted on the eOphthalmic system, which will allow you to enter your details directly onto a secure web form and submit them to us, using your existing eOphthalmic log-in credentials and PIN number.

(Step 1) Open up and complete the claim form.

(Step 2) To ensure that the information you have provided is correct, prior to submission, the claim will go through a set of validation checks.

(Step 2a) You will be provided with a claim ID reference number.

(Step 3) The system will show if the claim has passed “system” validation.

(Step 4) Any fields that fail will be highlighted and you will be required to correct them. The claim will then need to go through the “system validation process” once more **(Step 2)**.

(Step 5) Once the form has passed the “system validation” successfully, you are able to proceed to submitting the claim.

Upon receiving your claim, we will send you an email (to the address provided) with details of the next steps.

The following pages will walk you through the process in more detail.



Key:

Action by you



Action by system



Digital Webforms - Log on Page

(<https://digitalwebforms.mhs.scot.nhs.uk>)

A blue circular button with a white border and a slight shadow, containing the word "Action" in white text.

Action

Please Note:

You will not be able to complete your CPD allowance claim without an active user account. As set out in recent communications, to create an account, please refer to these [instructions](#).

If you currently submit your GOS and/or NHS optical voucher claims via the eOphthalmic web form you will use the same eOphthalmic username and password.

If your GOS and/or NHS optical voucher claims are submitted automatically via your Practice Management System (PMS) and/or you don't currently have an eOphthalmic account, then you **must** set up a user account for the eOphthalmic system, in order to be able to access and submit the new CPD allowance claim form.

You should submit your claim from the computer you use to submit your GOS claims. This is so that the connection will be secure and get through our security firewall. If you have any problems submitting your CPD claim then please contact nss.psdophthalmic@nhs.scot

Digital Webforms - Log on Page



Log in to the webform at this address:

<https://digitalwebforms.mhs.scot.nhs.uk>

This will take you to the landing page, where you can log in using your user account credentials.

The screenshot shows the login page for Digital Webforms. In the top left corner is the NHS National Services Scotland logo. The main content area contains a login form with two input fields: "User Name" and "Password". Below the "Password" field is a "Login" button. To the left of the form, the heading "Digital Webforms" is displayed in a large, bold font, followed by the text "Welcome to the digital webforms service." and a disclaimer: "This service is for authorised users only. Anyone attempting unauthorised access will be considered for appropriate legal action."



User Name

Password

Login


Digital Webforms

Welcome to the digital webforms service.

This service is for authorised users only. Anyone attempting unauthorised access will be considered for appropriate legal action.

Digital Webforms - Practice Selection Page



Digital Webforms 

Logged in as : testu01 (Last Log in : Fri, Aug 02, 2024 10:07) [Logout](#)

GOC: 6645
OLN: 11111

Authentication Successful! Welcome Back, Test User

Select Optometry Practice

Optometry Practice: **Click into this field**

- Select Practice
- 00000 - DigitalWebForms1 Practice **Select a practice**

Click Continue


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Select the relevant practice from the drop-down list (the details will be used to auto populate some of the fields on the claim). Click 'Continue'.

Digital Webforms – My Forms Page



Digital Webforms - My Forms



Logged in as : testu01 (Last Log in : Fri, Aug 02, 2024 10:07) [Logout](#)

GOC: 6645
OLN: 11111

<u>Form Id</u>	<u>Created Date</u>	<u>Form Type</u>	<u>Submitted Date</u>	<u>Submission Number</u>	<u>Status</u>
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Click Create New Form

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Clicking on the 'Create New Form' button will open the CPD form.

Digital Webforms – CPD Claim Form

(<https://digitalwebforms.mhs.scot.nhs.uk>)

A blue circular icon with the word "Info" written in white text inside.

The claim form is split into 4 Parts:

PART 1: OPTOMETRIST'S PERSONAL DETAILS

PART 2: OPTOMETRIST'S PROFESSIONAL DETAILS

PART 3: BANK ACCOUNT DETAILS

PART 4: DECLARATION BY OPTOMETRIST/OPHTHALMIC MEDICAL PRACTITIONER

Fields that contain an * **are mandatory fields** that you must complete.

The claim form contains a 'Validate and Save' button located at the bottom which will save the information you have entered if you need to return later to complete the claim. You might also want to save the details entered and double-check them prior to submitting the form.

When you have completed the claim, click the 'Validate and Save' button to have your data "system validated". Any errors will be highlighted at the top of the claim form (this also applies if you partially complete it). Once you have corrected the errors, click the 'Validate and Save' button again. After the information passes the "system validation" checks the 'Submit' button at the bottom of the screen will turn green and you can then submit the claim to us.

Digital Webforms – CPD Claim Form

Action

PART 1: OPTOMETRIST'S PERSONAL DETAILS

1. *Forename:

2. *Surname:

3. *Home Address:

4. *Town:

5. *Post Code:

6. *Contact Telephone Number:

7. *National Insurance Number:
(format QQ123456A)

8. Personal NHS Email:

OR

9. Personal Non-NHS Email:

Your personal NHS or personal non-NHS email address will be used to advise you of the next steps once your form has been submitted successfully. It will also be used to contact you if any issues arise, so **it is imperative that the address you give us is correct**. Please use your NHS email address if you have one.

Digital Webforms – CPD Claim Form

Action

PART 2: OPTOMETRIST'S PROFESSIONAL DETAILS

10. *Ophthalmic List Number:	<input type="text" value="11111"/>
11. *GOC Number (as held on GOC register):	<input type="text" value="01-"/> Failed Validation - Check GOC website
12. *If you are an Independent Prescriber Optometrist enter your 7 digit independent Prescriber code (numbers only):	Failed Validation - Check your prescription pad
13. *Are you a Locum?	<input type="radio"/> Yes <input type="radio"/> No
14. Payment Location Code:	<input type="text" value="22222"/>
15. Practice Address:	<input type="text" value="DigitalWebForms"/> <input type="text" value="1 Practice"/> <input type="text" value="Edinburgh"/>
16. Postcode:	<input type="text" value="EH1 2HB"/>
17. *Main NHS Board: (Please select the Main HS Board you	<input type="text" value="Select NHS Board"/>

There are several sources both internal and external that we use to validate the information that you provide. If validation fails on certain fields where you believe the information you have provided to be correct, there are specific actions that you need to take.


Field 11. GOC Number – Please check the [GOC web site](#) to ensure the number you entered matches the number held by the GOC. If the numbers do match, please contact nss.psdgospayteam@nhs.scot

Field 12. Independent Prescriber Code (if applicable) – If the number you have entered has been provided by your Health Board, please contact them directly. Once you have had a response, please contact nss.psdgospayteam@nhs.scot

Digital Webforms – CPD Claim Form

Action

16. Postcode:

17. *Main NHS Board: 

(Please select the Main HS Board you worked in for a minimum of six months during the previous calendar year)

18. *I undertook the required Continuing Professional Development in the previous calendar year and I am eligible to claim:

Standard Fee **Select the correct fee**

Higher Fee (Independent Prescriber Optometrists that are eligible for a minimum of 6 months during the relevant claim year)

Field 17. This should be the Health Board for which you are claiming the eligibility period (i.e. at least 6 months working during 2023).

Field 18. To ensure you are paid correctly, please select the fee option that relates to you during the 2023 calendar year. For example, you may currently be an Independent Prescribing Optometrist, but you may not have been for the period you are claiming for.

Digital Webforms – CPD Claim Form

Action

PART 3: BANK ACCOUNT DETAILS

20. *Account Name:

21. *Bank Sort Code:

22. *Bank Account Number:

*I understand that it is my responsibility to ensure this income is declared to HMRC

To ensure that the payment is made to the correct account, please double-check the details you have entered before submitting your form.

- The account name **must** match the name of the account held by your bank or the payment will not go through.
- The sort code should just consist of six numbers – no dashes, no spaces.
- Most bank account numbers have 8 digits. If yours only has 7 digits, please add a leading ‘zero’ at the beginning to bring it up to 8 digits.

The validation checks will ensure you have entered a valid sort code and account number but will not validate the account holder(s) name. Please **do not** enter the name of the bank, as we require the name of the account holder(s).

Digital Webforms – Validation Checks

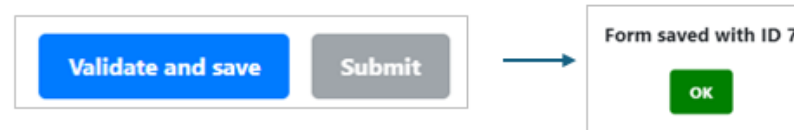


Step 2 - Once you have completed your form and made the declaration, the form is now ready to go through the “system” validation checks prior to submission.

This is executed by clicking the **Validate and Save button** located at the bottom of the form. You will also be presented with the **Claim ID reference number**.

If the fields pass validation, the claim is now ready to be submitted.

If any fields fail validation, they will be highlighted at the top of the claim. Once you have corrected these, you will click the **Validate and Save button** again. You will also be presented with the same **form ID reference number**. If there are no further corrections required, the form is now ready to be submitted.

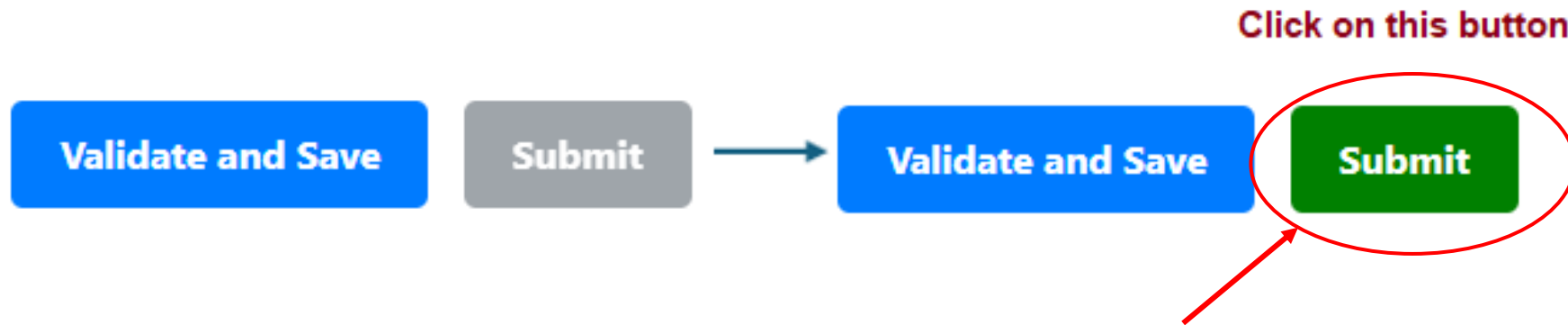


Field 'Optometrist's Personal Details: Home Address Line 1': Field must be at least 1 character(s) long.
Field 'Optometrist's Personal Details: Town': Field must be at least 1 character(s) long.
Field 'Optometrist's Personal Details: Post Code': Blank postcode field or invalid format.

Digital Webforms – Form Submission



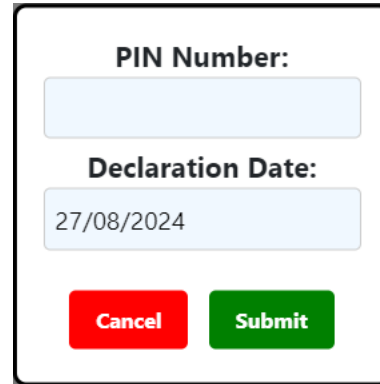
The *submit button* located at the bottom of the form will change from grey to green once all of the “system” validation checks have been passed.



Press the submit button when it turns green and a pop-up box will appear which will ask you to enter your PIN number.

Digital Webforms – Form Submission

Action



PIN Number:

Declaration Date:

27/08/2024

Cancel Submit

Your PIN is the 6-digit number you enter to submit your GOS/NHS Voucher claims or (if you do not normally use the eOphthalmic web form platform) have set up specifically to allow you to submit your CPD form.

Once the form has been successfully submitted, you will receive an on-screen acknowledgment that your form has been received by us, along with the Claim ID reference number. We will then check for any duplicate claims and **the next working day**, an email with details of the next steps will be sent to the email address that you have provided on the claim form.

If the PIN number does not match the number we hold for you, an error will be presented at the top of the form.

Once you have corrected this you click the 'Submit' button again. If you are unable to enter your PIN then please contact our Customer Services Helpdesk at nss.psdophthalmic@nhs.scot

Authorization: Pin Number – Field must be exactly 6 characters in length

Incorrect PIN.

Digital Webforms – My Forms Page



Once your claim has been submitted successfully you will be taken back to the 'My Forms Page' where details of your submission and a copy of the claim form will be saved for you to view at any point.

Once you have submitted your claim to us, **do not** submit any further versions. Allow your initial claim to work through the system. If you realise you have made an error after submitting it, for example you have entered an incorrect email address, please **do not** create a new claim form or try to edit the one you submitted. Contact nss.psdgoscpcdclaims@nhs.scot and they will advise you on what to do.

Form Id	Created Date	Form Type	Submitted Date	Submission Number	Status	
20	12/08/2024 11:47:30	CPD	12/08/2024 11:48:56	1	Submitted	Edit

Create New Form

Digital Webforms – My Forms Page: Edit Claim Form



If you have been advised to edit and resubmit your form. Select the 'Edit' button, amend your details and follow the steps above. Below is how your claim form information will display once it has been resubmitted successfully.

<u>Form Id</u>	<u>Created Date</u>	<u>Form Type</u>	<u>Submitted Date</u>	<u>Submission Number</u>	Status		
20	12/08/2024 11:47:30	CPD	13/08/2024 09:00:24	2	Submitted	Edit	

This will update to show when you resubmitted your form **This will show how many times you have submitted your form**

Create New Form

Digital Webforms – My Forms Page: Create New Claim Form



If you have been advised to submit a new claim, select the 'Create New Form' button and complete the claim from the beginning. Below is how your claim form information will display once your new claim has been submitted successfully.

<u>Form Id</u>	<u>Created Date</u>	<u>Form Type</u>	<u>Submitted Date</u>	<u>Submission Number</u>	Status	
20	12/08/2024 11:47:30	CPD	12/08/2024 11:47:30	1	Submitted	Edit
21	13/08/2024 09:00:22	CPD	13/08/2024 09:11:14	1	Submitted	Edit

The form will have a new Form ID as you have created a new form and not edited the existing form

If you have any queries regarding these instructions then please contact nss.psdophthalmic@nhs.scot