

CQRS Local User Guide

For

Service Providers

Version 2.1
August 2023

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Disclaimer:

All names, images and any financial information are completely fictitious and have been created entirely for training purposes.

1. About CQRS Local and its Benefits

What is CQRS Local?

CQRS Local is a web based system to manage payments for local incentive schemes – very much like the national version but with you in the driving seat!

The system will allow Commissioning Organisations to set up and manage schemes – from a simple item of service option, to a complex weighted scheme; offer these schemes out to GP practices who then submit claims for payment; The Commissioning Organisation validate these claims and authorise payment and payment is made – simple, straightforward and all within a single system.

CQRS Local will:

- Provide flexibility in managing local incentives schemes through a payment tool that leads to prompt payments.
- Be a one-stop-solution for providers and Commissioners to claim and manage locally driven schemes that reflect local priorities.
- Make payments without the need for practices to submit invoices following the approval of a claim.
- Offer reporting tools that enable ease in monitoring activity.
- Reduce the risk of inaccurate claims.
- Make it easier for providers to understand what payments have been made against the activities claimed.

Key Benefits for a Commissioning Organisation:

- A single, central point of access.
- Easily tracked and auditable data submissions.
- A reduction in time spent developing and administering the local payment via spreadsheets.
- A standard and consistent approach to system conuration and administration.
- Integrated, seamless participation management.
- Increased reporting functionality.
- Access to external system support teams.
- Easier integration with other Commissioning Organisations, if required, in future.

Key Benefits for a General Practice (Service Provider):

- A reduction in the administrative overhead of submitting excel based claims.
- Easier reconciliation of payment.
- The ability to track all stages of the process following submission.
- Enhanced reporting capability.

2. CQRS Local GP Practice Sign-up Process

The below processes will assist Service Providers with gaining access to CQRS Local depending on your chosen approval level set up.

1. The CQRS Local Team will set up a Commissioner as an Commissioning Account Administrator, who can set other users up at their Commissioning Organisation. These other roles could be; Tier 1, Tier 2 or Finance.
2. A Commissioner will then email out a [registration link to](#) their GP practices' requesting for them to register for a CQRS Local account.
3. Each person at the practice who will be using CQRS Local will [register](#) for an account providing this has been agreed by their Practice Manager.
4. The Commissioning Account Administrator will receive notification of this request and will approve the account.

5. Once approved, an automated email will be sent to the Practice User who will click on a link and follow the on-screen instructions for account activation.

i A CQRS Local Administration Guide can be found in the following location to assist you. Click [here](#) to view this.

3. The End to End Process

This shows the end to end process in 3 steps. Please note that you will only ever see a service that you your GP practice has signed up to.

Step 1 – Commissioner creates a service, adds the service components and offers the service out to the Service Provider (s)

Step 2 – Service Provider prepares and submits Declaration*

Step 3 – Commissioner Approval Process

- a) - Tier 1 Commissioner User – Inspecting the Claim
- b) - Tier 2 Commissioner Approver – Approving the Claim for Payment

*Refer to the section below titled 'Single and Multi-Level Practices Explained'

4. Registering For a CQRS Local Account & Forgotten Password

CQRS Local is a secure site and can be accessed from any web browser, such as Microsoft Edge, Internet Explorer, Chrome, or Firefox and does not need a VPN connection. Formally called N3, it will not require The Health and Social Care Network (HSCN) for a connection either.

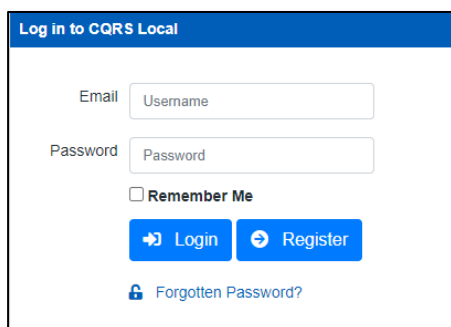
Any user who wishes to register for an account should click on the link and follow the below instructions.

local.cqrs.nhs.uk

1. Click on the Register button where you will then be directed to the Registration page.
2. Enter in your email address.
3. Next is to enter in your ODS code (Organisation Data Service). If this is something you are unsure of, you can type in the name of the GP practice into the Organisation field.
4. Once you have done this, click on the Next button.
5. Now select the role you will undertake followed by your first and last name.
6. Finally, click on the Register button. Once your request is approved you will receive an email to confirm your account.

Please always ensure that you follow the password guidelines and remember to keep this password safe and not to disclose it to anybody – it's your ID and your responsibility. [Password guidelines: Passwords must be at least 8 characters and contain all of the following: upper case \(A-Z\), lower case \(a-z\), number \(0-9\) and special character \(e.g. !@#%&*\)](#)

There is an option in the log in screen which will allow you to tick to 'Remember Me'. Do not use this option if you are logging onto a shared (public) computer.



Log in to CQRS Local

Email

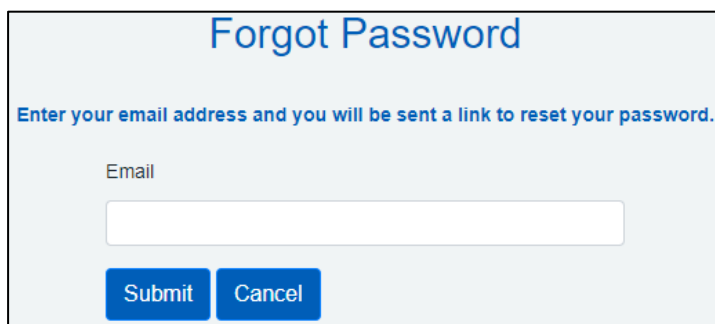
Password

☐ Remember Me

[Login](#) [Register](#)

[Forgotten Password?](#)

If you have forgotten your password, click on the [Forgotten Password](#) link. You will be presented with the following screen. Enter the email address that your account was registered with and click on the **Submit** button. When you receive your email from CQRS Local, follow the steps outlined.



Forgot Password

Enter your email address and you will be sent a link to reset your password.

Email

[Submit](#) [Cancel](#)

i A CQRS Local Administration Guide can be found in the following location to assist you.

<https://academy.midlandsandlancashirecsu.nhs.uk/cqrs-local-training-1/>

5. Switching Roles within CQRS Local

This is a convenient facility for users who have more than one CQRS Local user account to switch roles without the need to have multiple logins. Some Service Provider users for example will be set up as both the Provider Approver and Administrator. The following instructions will show you how you can easily switch between accounts.

Once you have entered your user name, password and logged into CQRS Local, you will be presented with a screen similar to the one shown below. Simply click on the account that you wish to use. You will then be taken straight to your homepage.



Multiple Roles Are Available



Provider Approver

FAIR ISLE SURGERY



Provider Account Administrator


FAIR ISLE SURGERY

If you are already logged in as one role, i.e. Provider Approver, and you wanted to switch to your Admin role, then you will need to do the following:

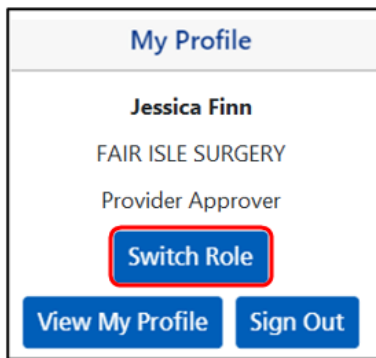
1. Click on your **profile** icon.



Provider Approver (FAIR ISLE SURGERY)

[Services](#) [Claims](#) [Reporting](#) 

2. Next is to click on **Switch Role**.

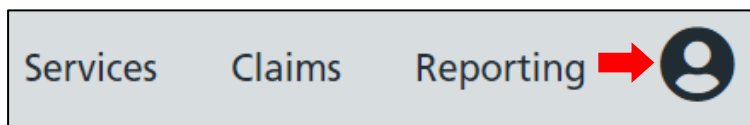


3. You will then be asked to select your account. After you have done this, you will then be taken straight to your homepage.

6. Requesting Access To Another Organisation

This section is for a user who wishes to request an additional role. This could be for example a Practice Manager who manages more than one GP practice.

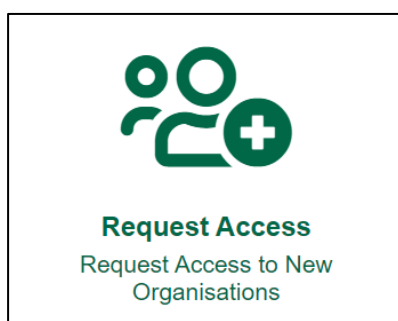
1. Click on the **View My Profile** icon located at the very right upper part of your screen.



2. Next is to click on the **View My Profile** button.



3. From your My Profile screen, click on the **Request Access** menu tile.



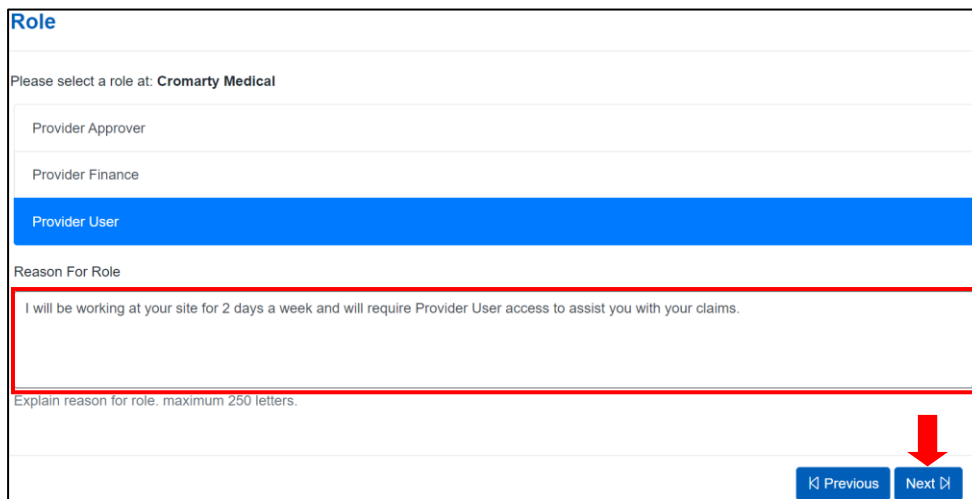
4. Carefully type the exact name of the organisation into the search box and click on the organisation name when it is highlighted in blue.

5. Click on the **Next** button.



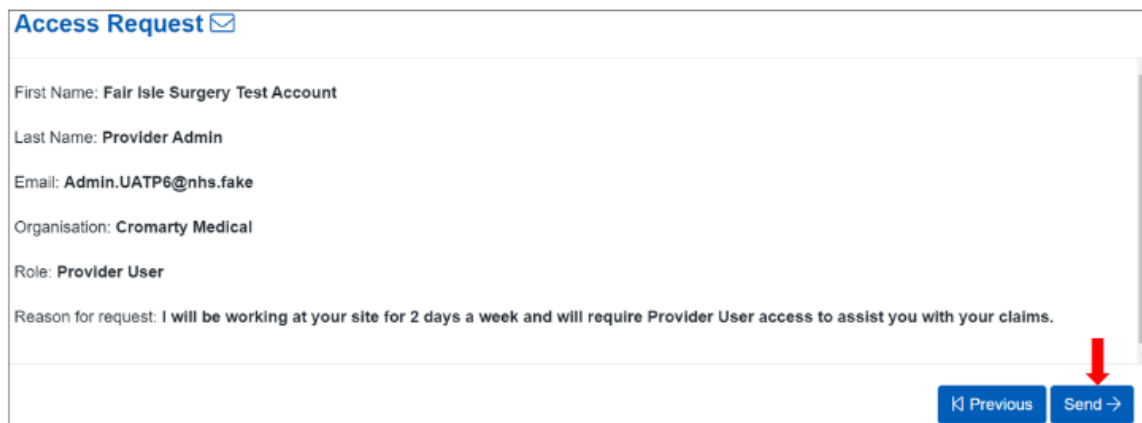
6. The next page will then ask you to select your role at your chosen organisation along with a reason.

7. Once you have completed this section, click on the **Next** button to proceed.



8. Next is to confirm all the information is correct.

9. Finally, click on the **Send** button.

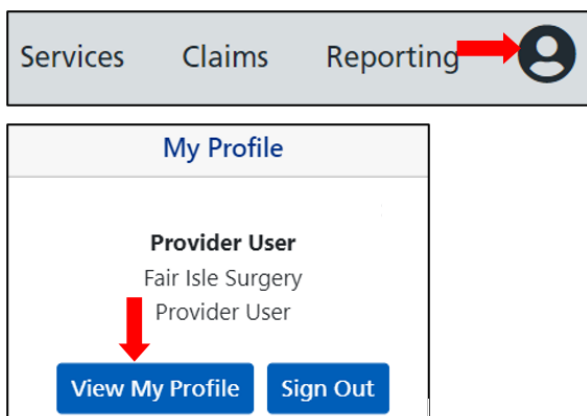


You will then receive a notification that your request for access was successfully submitted. Please now await the Commissioning Account Administrator to approve your request. If 24 hours have lapsed since you submitted your account request, please contact your Commissioner.

7. Stopping/Setting up Email Notifications

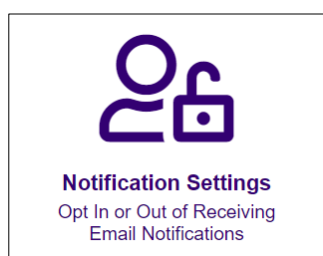
To set up or stop email notifications, please follow the below process.

1. Click on the **View My Profile** icon located at the very right upper part of your screen.



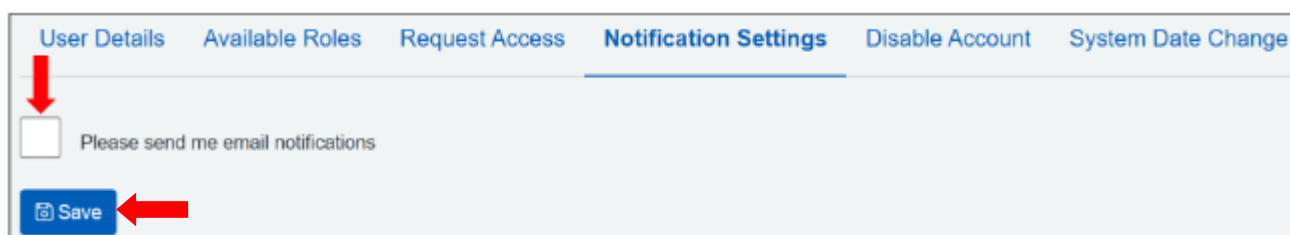
2. Next is to click on the **View My Profile** button.

3. Click on the **Notification Settings** menu tile.



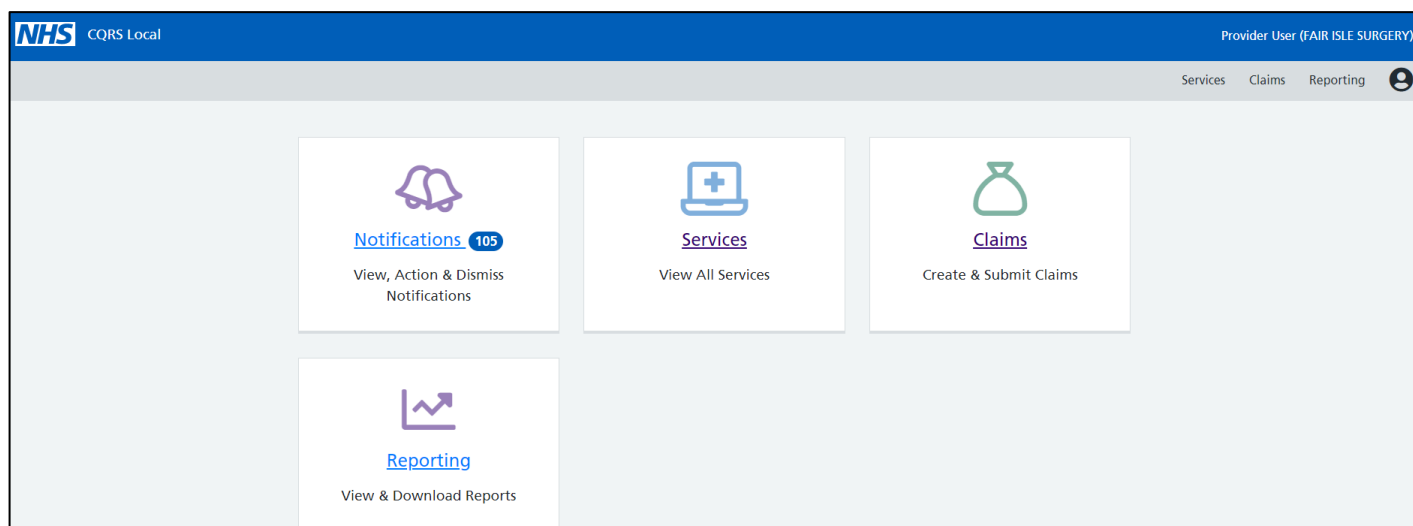
4. Tick or untick the send me notifications option.

5. Click **Save** to save your preferred settings.



8. Your CQRS Local Home Screen

When you log in to CQRS Local you will be presented with your home screen. Again, as mentioned previously, you may not have visibility of all the below functions.



The screen features a number of menu tiles and will take you directly to that particular section in the system. Each of the tiles are linked to the options on your menu bar.

menu tiles



menu bar

Services Contracts Claims Providers Users Reporting

A number in a green box as shown below in Notifications, indicates that there are a total of 10 notifications for you to be aware of. Clicking on the menu tile will open the message centre. Messages in blue indicate that they have not been read. Your role and system set up will determine the type of messages that you will see. For example, an Approver will have notifications advising them that there are claims that need their approval.



The Filter notifications by Status and Type drop down menu which will display the following options:

Notifications by Status:	Notifications by Type:
All Statuses	Claims & Approvals
Unread Items For Action	Claim Approved
Unread Items For Information	Claim Period Expired
All Items For Action	Commissioner Declined
All Items for Information	Pending Commissioner Review (L1)
	Pending Internal Approval
	Pending System Approval
	Unclaimed Component
	Services, Components & Contracts

System Notifications for a Service Provider Approver alerting that there is a claim pending approval.



9. Schedules (Claim Windows)

Claims Windows are set up by your Commissioner and will be set up for your convenience. The below image displays a quarterly schedule. For instances of a quarterly, bi-annual or annual contract, the schedule will display the time frames for these periods too.

Schedule

Name	A	Activity From	B	Activity To	C	Claim From	D	Claim To	E
2021-2022 - Quarter 1		01 Apr 2021		30 Jun 2021		17 Jun 2021		10 Jul 2021	
2021-2022 - Quarter 2		01 Jul 2021		30 Sep 2021		17 Sep 2021		10 Oct 2021	
2021-2022 - Quarter 3		01 Oct 2021		31 Dec 2021		17 Dec 2021		10 Jan 2022	
2021-2022 - Quarter 4		01 Jan 2022		31 Mar 2022		17 Mar 2022		10 Apr 2022	

✕ Close


A. **Name** –the claiming year and shows you Quarter 1 through to Quarter 4.

B. **Activity From** –the start date of the month you will be claiming from.

C. **Activity To** – the end date of the month you will be claiming to.

D. **Claim From** –the period of time for the start of a claim submission and commissioner approval.

E. **Claim To** – the period of time for the end of a claim submission and commissioner approval.

 Please be advised that if you miss the claims window, you will need to contact your Commissioning Organisation in the first instance. It is important to regularly monitor CQRS Local activity so that a missed claim never occurs.

10. A Service Provider Submitting Declaration/Making a Claim

The following information relates to the submission of achievement information by service providers (GP practices). There are also video tutorials covering this which can be found in the following location:

<https://academy.midlandsandlancashirecsu.nhs.uk/cqrs-local-training/>

Click on the appropriate approval process for your organisation to be taken to that section:

[Making a Claim - Single-Level-Approval](#)

[Making a Claim - Multi-Level Approval](#)

IMPORTANT – Under no circumstances should you attach or reference any kind of Patient Identifiable Data (PID) when submitting your claim. Your Commissioning Organisation will never request this kind of information and it is expected that any staff member involved in practice-based claims inspects all claims, including attached documentation, for such information and to remove it immediately from the system.

Some Service Providers currently have a single-level approval process and others have opted for a multi-level approval. A single level process enables the Practice Manager (or someone else of similar seniority) to input achievement data and submit this themselves for Commissioning Organisation approval. These are usually smaller practices. Other organisations may prefer to opt for a multi-level approval process which will involve an additional member of staff who will input the achievement data themselves before submitting it to the Practice Manager to approve for submission to the Commissioning Organisation.

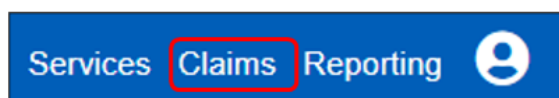
[Making a Claim - Multi-Level Approval](#)

The process for claim submission using multi-level approval is:

- a) Provider User – Preparing the claim
- b) Provider Approver – Approving the Claim

Firstly, a Provider User will need to log in to CQRS Local to input the required declaration information.

1. Click on **Claims** which can be found in the top right-hand corner of the screen.



2. Click on **New Claim**



3. Enter your figures in the boxes under Units/Achievement. Sections A, B, C and D are explained below.

Claim Name	Creation Date	Submission Date
Claim from Fair Isle Surgery	12/05/2021	
Approval Date	Status	Estimated Total
		£0.00

Available For Claim		A	B	C	D	
Service	Component	Activity Window	Tariff	Units/Achievement	Estimated Value	Evidence
Minor Surgery Service	Excision	2021-2022 - Month 11	£88.91 Per Unit	23	£2044.93	
Minor Surgery Service	Incision	2021-2022 - Month 11	£88.91 Per Unit	17	£1511.47	
Minor Surgery Service	Injection	2021-2022 - Month 11	£45.36 Per Unit	40	£1814.40	

A. Activity Window – This is the period of time that the Service Provider will be claiming for. (Claim Windows are covered in [section 13](#). Refer to this for a detail).

B. Units/Achievements – This is where you will input the total number of the components undertaken during this particular timeframe (in this service we are submitting monthly claims to the Commissioner).

C. Estimated Value – An in-built system calculator will automatically calculate what your return value will be.

D. Evidence – If your Commissioning Organisation has requested evidence in support of your claim, this is where you will upload it. It is important to check the evidence requirements. This can be found in the very end column. Click on the **blue button** which will open a pop-up box. It is important to read each requirement as it may ask for different information submission. Should you have any queries regarding this, please consult with your Commissioning Organisation. Any component with an information next to it indicates that is the uploading of a supporting document is mandatory.

For components that do not require the uploading of an evidence file, the Service Provider can still upload a document if they wish to submit a supporting document.

4. You can view the evidence requirements for your scheme as highlighted below.

Evidence upload

Component: Excision

File name

Action

No file uploaded

Choose file...

Browse

Valid types: *.docx, *.xlsx, *.doc, *.xls, *.odf, *.pdf

Do not upload evidence files which contain Patient Identifiable Data (PID)

Evidence requirement details:

Please complete the Excel document titled Minor Surgery Claim Form. Please read the guidance before completing and submitting. Thank you.

Close

5. To upload evidence, click on the **Browse** button.

Evidence upload

Component: Excision

File name

Action

No file uploaded

Choose file...

Browse

Valid types *.doc, *.docx, *.xls, *.xlsx, *.odf, *.pdf

6. You will need to navigate to the specific location your evidence file has been saved to. Once located, select the file and then click on the **Open** button which will automatically upload the document into CQRS Local.

i Please note that valid file types are: *.doc, *.docx, *.xls, *.xlsx, *.odf, *.pdf and .csv. Any other file cannot be loaded. You will receive an on-screen message when attempting to upload a non-valid file type.

Name	Status	Date modified	Type	Size
Minor Surgery Claim Form	✓	07/04/2021 14:57	Microsoft Excel Work...	10 KB
Minor Surgery for referred patients LIS	✓	28/04/2021 13:14	Microsoft Excel Macr...	24 KB
NHS Health Checks	✓	30/10/2020 15:23	Microsoft Excel Work...	9 KB
Osteo Patients	✓	04/11/2020 16:33	Microsoft Excel Work...	9 KB
Osteoarthritic Pain	✓	20/05/2020 16:27	Microsoft Word Doc...	20 KB
Patient Exercise Questionnaire	✓	18/06/2020 10:49	Microsoft Word Doc...	12 KB
Patient Letter from Dr Finn Lacey	✓	12/05/2020 15:59	Microsoft Word Doc...	13 KB
Service Specification - Minor Surgery 21_22	✓	06/04/2021 16:20	Microsoft Word Doc...	12 KB
Service Specification	✓	14/12/2020 15:03	Microsoft Excel Work...	9 KB
Suture Removal Service Specification	✓	08/04/2021 10:50	Microsoft Word Doc...	12 KB
Wound Care	✓	23/12/2020 15:10	Microsoft Excel Work...	9 KB

File name: Minor Surgery Claim Form
All Files

Open

Cancel

We can see that the evidence file has successfully loaded.

Evidence upload

Component: Excision

File name

Action

Minor Surgery Claim Form.xlsx

Choose file...

Browse

Valid types: *.docx, *.xlsx, *.doc, *.xls, *.odf, *.pdf

Do not upload evidence files which contain Patient Identifiable Data (PID)

Evidence requirement details:

Please complete the Excel document titled Minor Surgery Claim Form. Please read the guidance before completing and submitting. Thank you.

Close

7. Click the **Close** button to exit the screen.

i If you wish to remove the attached evidence document and re-attach another, firstly click on the red bin icon to delete the file and then repeat the above process.

8. If you have entered incorrect information and wish to clear the form, click on the **Reset Form** button. If you wish to part complete the form and come back to it later, click the **Save For Later** button.



Reset Form Save For Later Submit Claim

9. If you have entered valid information you have provided, click the **Submit Claim** button. This will be sent to a senior member in the practice who has an Approver role.

Available For Claim

Service	Component	Activity Window	Tariff	Units/Achievement	Estimated Value	Evidence
Minor Surgery Service	Excision	2021-2022 - Month 11	£88.91 Per Unit	23	£2044.93	
Minor Surgery Service	Incision	2021-2022 - Month 11	£88.91 Per Unit	17	£1511.47	
Minor Surgery Service	Injection	2021-2022 - Month 11	£45.36 Per Unit	40	£1814.40	

Reset Form Save For Later Submit Claim

10. A notification will temporarily appear on the screen advising you that the claim has been sent for approval.

11. The status of your claim will show as *Pending Provider Review*. It will also have generated a Claim ID – this can be used to search for a claim to see the current status. Further information on searching can be found under this section: [Searching for a Claim using the Claim ID or Name](#).

Home / Claims

10 Search Claim ID or Claim Name + New Claim


Claim Id	Claim Name	Creation Date	Submission Date	Approval Date	Status	Estimated Value	Action
697	Claim from Fair Isle Surgery	17/06/2021			Pending Provider	£5382.00	
701	Claim from Fair Isle Surgery	17/06/2021			Pending Provider	£5370.80	

Provider Approver

The second part of the process is the Provider Approver – Approving the Claim. This section guides the Approver to accept and approve the information provided by the Provider User. It is paramount that the information is carefully reviewed prior to approving the claim (s) and that **NO** patient identifiable information has been included in any supporting documentation.

Firstly, a Provider Approver with the appropriate access rights will need to log into the system to approve this claim.

1. Click on **Claims** which can be found in the top right-hand corner of the screen or alternatively select the menu tile from your homepage. Incidentally, you can also click on the Notifications menu tile for this process too.



Services Claims Users Reporting

#	10	Search Claim ID or Claim Name	+	New Claim			
Claim Id	Claim Name	Creation Date	Submission Date	Approval Date	Status	Estimated Value	Action
701	Claim from Fair Isle Surgery	17/06/2021	17/06/2021	11/07/2021	Pending Provider	£5370.80	Review
697	Claim from Fair Isle Surgery	17/06/2021	17/06/2021	11/07/2021	Claim Approved	£5382.00	View

Claim Name

Claim from Fair Isle Surgery

Creation Date

17/06/2021

Submission Date

Approval Date

Status

Estimated Total

Pending Provider Review

£5370.80

Claim Components

Service	Component	Activity Window	Status	Tariff	Units/Achievement	Estimated Value	Evidence	Approve	Decline	History
Minor Surgery Service	Excision	2021-2022 - Month 11	Pending Provider	£88.91 Per Unit	23	£ 2044.93		<input type="checkbox"/>	<input type="checkbox"/>	
Minor Surgery Service	Incision	2021-2022 - Month 11	Pending Provider	£88.91 Per Unit	17	£ 1511.47		<input type="checkbox"/>	<input type="checkbox"/>	
Minor Surgery Service	Injection	2021-2022 - Month 11	Pending Provider	£45.36 Per Unit	40	£ 1814.40		<input type="checkbox"/>	<input type="checkbox"/>	

Save For Later

Decline

Submit Claim

Evidence upload

Component: Excision

File name

Minor Surgery Claim Form.xlsx

Choose file...

Browse



Valid types: *.docx, *.xlsx, *.doc, *.xls, *.odf, *.pdf

Action

Evidence requirement details:

Please complete the Excel document titled Minor Surgery Claim Form. Please read the guidance before completing and submitting. Thank you.

Close

 +  →  Downloads


13 | Page

ONLY COMPLETE GREEN CELLS

Contact Name	Jessica Finn
Contact Email Address	jessica.finn@fis.nhs.uk
Practice Code (click on yellow cell and select from drop down List)	P58490
Practice Name	Fair Isle Surgery
Claim Month	Jun-21

COMPLETE YELLOW CELLS FOR ACTIVITY CLAIMED




Minor surgery			
PROCEDURE	TYPE	QUANTITY	PAYMENT
Number of Incisions completed (£88.91)	INCISION	17	£1,511.47
Number of Excisions completed (£88.91)	EXCISION	23	£2,044.93
PROCEDURE	NAME	QUANTITY	PAYMENT
Injections (£45.36)	Depo-Medrone	25	£1,134.00
Injections (£45.36)	Depo-Medrone with Lidocaine	15	£680.40
Injections (£45.36)			£0.00
Injections (£45.36)			£0.00
Please list name of Injections separately for example: Depo-Medrone, Lidocaine, Depo-Medrone with Lidocaine			£5,370.80




8. To close the evidence file, you will need to click on the X button  in the very top right hand corner of your screen. The file can be filed away if desired by using the File → SaveAs function.

9. Once you have checked the supporting documentation, click on the **Approve** box (es) followed by the **Submit Claim** button.

Claim Name				Creation Date			
Claim from Fair Isle Surgery				17/06/2021			
Submission Date	Approval Date	Status	Estimated Total				
		Pending Provider Review	£5370.80				


Claim Components

Service	Component	Activity Window	Status	Tariff	Units/Achievement	Estimated Value	Evidence	Approve	Decline	History
Minor Surgery Service	Excision	2021-2022 - Month 11	Pending Provider Review	£88.91 Per Unit	23	£ 2044.93		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Minor Surgery Service	Incision	2021-2022 - Month 11	Pending Provider Review	£88.91 Per Unit	17	£ 1511.47		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Minor Surgery Service	Injection	2021-2022 - Month 11	Pending Provider Review	£45.36 Per Unit	40	£ 1814.40		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

10. The Status information will change to 'Pending First Commissioning Review'.

11. The claim is now with the Commissioning Organisation.

Claim has been submitted to commissioner. ×							
#	10	Search Claim ID or Claim Name			+ New Claim		
Claim Id	Claim Name	Creation Date	Submission Date	Approval Date	Status	Estimated Value	Action
697	Claim from Fair Isle Surgery	17/06/2021			Pending Internal Approval	£5382.00	Review
701	Claim from Fair Isle Surgery	17/06/2021	17/06/2021		Pending First Commissioning Review	£5370.80	View

Making a Claim - Single-Level Approval

This section will guide a successful submission of achievement undertaken by the Provider User.

1. Log in to CQRS Local.
2. Follow the same process as above for Making a Claim

Once you have entered in your Units/Achievement and any evidence documentation (if required) click the **Submit Claim** button.

11. Declined Claims by the Provider Approver

This section is for multi-level approval practices only.

There may be an occasion when a Provider Approver (Practice or Business Manager) declines a particular claim. This may be for example that an incorrect evidence file was uploaded or there appears to be some discrepancy in the submitted achievement figures. It is paramount that the information is correct before submitting this to the Commissioning Organisation.

Actions performed by the Provider Approver

1. Place a tick in the Decline tick-box.

Claim Name						Creation Date				
Claim from Fair Isle Surgery						17/06/2021				
Submission Date		Approval Date		Status		Estimated Total				
				Pending Provider Review		£5370.80				
Claim Components										
Service	Component	Activity Window	Status	Tariff	Units/Achievement	Estimated Value	Evidence	Approve	Decline	History
Minor Surgery Service	Excision	2021-2022 - Month 11	Pending Provider Review	£88.91 Per Unit	23	£ 2044.93		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Minor Surgery Service	Incision	2021-2022 - Month 11	Pending Provider Review	£88.91 Per Unit	17	£ 1511.47		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Minor Surgery Service	Injection	2021-2022 - Month 11	Pending Provider Review	£45.36 Per Unit	40	£ 1814.40		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<div> Save For Later Decline Submit Claim</div>										

2. Upon ticking this box another will appear asking you to state a reason for declining this service component. Note that a minimum of 20 and a maximum 200 characters are allowed.

3. Once you have entered your comments, click on the **Save** button.

Component Declined

Date: 12/04/2021

Please state a reason for declining this service component:

Please could you revise the submitted units/achievements as these appear far lower than I had anticipated them to be.
Thanks

minimum 20, maximum 200 characters

History

Save Cancel

4. Once you have clicked Save, a History button will appear which details the reason for declining the claim.

Approve
Decline
History

☐
☒
☒

5. Finally, you will need to click on the **Decline** button. A confirmation message will appear advising you that the declined claim has been returned back to the user in the practice who had originally submitted it.

i If any part of the claim was declined – the whole claim is declined. The Provider User will then correct only the component that was declined and re-submit. Only the re-submitted component will need to be approved and not each of the components again.

Actions performed by the Provider User

1. The Provider User will receive a Task informing them that the claim has been Provider Declined. To view the message click on the Notification menu tile.



2. Click on the **Edit** button.

Notifications			
Date & Time	Type	Name	Action
12/04/2021 16:09	Provider Declined	Claim from Faeroes Medical	<input checked="" type="button" value="Edit"/>

3. Then click on the **History** button.

4. Details of why the claim was declined will be available for the User to read and action as appropriate. This may mean altering the Units/Achievement or indeed attaching a new evidence file (or both). Guidance on how to action any of these, please refer to section [A Service Provider Submitting Declaration](#).

Component Declined

Date: 14/05/2021
Please state a reason for declining this service component:
Please could you revise the submitted units/achievements as these appear far lower than I had anticipated them to be.
Thanks.
minimum 20, maximum 200 characters

History

5. Once you are satisfied that the information is correct, click on the **Submit Claim** button to re-submit the claim to the Provider Approver.

12. Declined Claims by the Commissioning Organisation

All Commissioning Organisations will have a 2-tier approval process for all claims, these are:

- **Tier 1** - They will inspect the claim (s) for a correct evidence file (if requested) and that the units/achievements attained tally up.
- **Tier 2** - They will approve the claim for payment.


A Commissioner may decline a claim, if for example, an incorrect evidence file was submitted, the Units/Achievements appeared too high or too low or a particular component was missing from the claim.

i There are two ways to correct this. Firstly, you could delete all the components which will then place them all back into the 'Available For Claim' section. This would be the best course of action if you had submitted a component relating to another service. For example, you have submitted a minor surgery claim and accidentally submitted a component for phlebotomy. The second way of doing this is shown below.







This particular claim had been submitted without the declaration component.

1. From your Claims page, look for the claim (s) that have a status of *First Review Declined* (please note that the status could also say *Second Review Declined* if this had been missed by the first Commissioner and then picked up by the second Commissioner).

2. Click on the **Edit** button.

#	10	Search Claim ID, Service Name, Component Name							+ New Claim
ID #	Creation Date #	Submission Date #	Approval Date #	Status #	Estimated Value #	Action			
5550	01/07/2022	01/07/2022		First Review Declined	£3,369.00	 Edit			

3. A new history icon (s) will appear which will contain the declined notes. Click on the **History** button (s) as shown below.

Claimed Components									
Service	Component	Activity Window	Status	Tariff	Units	Estimated Value	Evidence	History	Action
MINOR SURGERY SERVICE	01. EXCISIONS i	2022-2023 - Month 3	First Review Declined	£91.50 Per Unit	<input type="text" value="14"/>	£1,281.00			
MINOR SURGERY SERVICE	02. INCISIONS i	2022-2023 - Month 3	First Review Declined	£91.50 Per Unit	<input type="text" value="12"/>	£1,098.00			
MINOR SURGERY SERVICE	03. INJECTIONS i	2022-2023 - Month 3	First Review Declined	£45.00 Per Unit	<input type="text" value="22"/>	£990.00			

4. The below box will detail the declined notes inputted by the Commissioner as well as the name and email address of the person who declined the claim.

Component Declined

aldridge.prior@nhs.net reviewed at **08/11/2022 09:00**

You have submitted the claim without the declaration. Please include this and re-submit. Thank you.

5. The next step will be to amend the claim as per the Commissioner request. If your claim required you to change the numbers entered in the Units box, you would amend these numbers, go to the bottom of the screen and click on the **Submit Claim** button. This particular claim has indicated that a declaration component was missing from the claim. For this example, we don't need to delete the components, we can just add the component that was missing.

6. We can see the missing component in the 'Available Components' section. Place a tick in the Units box.

7. Now click on the **Submit Claim** button.

Claimed Components									
Service	Component	Activity Window	Status	Tariff	Units	Estimated Value	Evidence	History	Action
MINOR SURGERY SERVICE	01. EXCISIONS ⓘ	2022-2023 - Month 3	First Review Declined	£91.50 Per Unit	<input type="text" value="14"/>	£1,281.00			
MINOR SURGERY SERVICE	02. INCISIONS ⓘ	2022-2023 - Month 3	First Review Declined	£91.50 Per Unit	<input type="text" value="12"/>	£1,098.00			
MINOR SURGERY SERVICE	03. INJECTIONS ⓘ	2022-2023 - Month 3	First Review Declined	£45.00 Per Unit	<input type="text" value="22"/>	£990.00			

Available Components									
Service	Component	Activity Window	Status	Tariff	Units	Estimated Value	Evidence	History	Action
MINOR SURGERY SERVICE	04. DECLARATION - I confirm that the information being submitted is to the best of my knowledge and that the ICB may undertake an audit at any time to verify this information ⓘ	2022-2023 - Month 3	UNCLAIMED	£0.00 Retainer	<input checked="" type="checkbox"/>	£0.00			

8. From the Claims page we can see that the submission now includes the updates component.

Claim Components									
Service	Component	Activity Window	Status	Tariff	Units	Estimated Value	Evidence	History	
MINOR SURGERY SERVICE	01. EXCISIONS ⓘ	2022-2023 - Month 3	Pending First Commissioning Review	£91.50 Per Unit	14.00	£1,281.00			
MINOR SURGERY SERVICE	02. INCISIONS ⓘ	2022-2023 - Month 3	Pending First Commissioning Review	£91.50 Per Unit	12.00	£1,098.00			
MINOR SURGERY SERVICE	03. INJECTIONS ⓘ	2022-2023 - Month 3	Pending First Commissioning Review	£45.00 Per Unit	22.00	£990.00			
MINOR SURGERY SERVICE	04. DECLARATION - I confirm that the information being submitted is to the best of my knowledge and that the ICB may undertake an audit at any time to verify this information ⓘ	2022-2023 - Month 3	Pending First Commissioning Review	£0.00 Retainer		£0.00			

13. Commissioner Submission on behalf of a Service Provider

Commissioners may make arrangements to submit claims on behalf of Service Providers. These types of claims will always be agreed first of all by both parties. The process is as follows:

1. A Commissioner will create a claim and input the Service Providers' attainment, including any requested evidence.
2. The claim will be submitted to the Provider Approver for their approval.
3. Once approved by the Provider Approver, it will come back to the Tier 1 for approval.
4. Once Tier 1 approves it, it will be sent to Tier 2 to approve for payment.

Depending on your approval level process, ([see section - The End to End Data Submission Process – Single or Multi Level Approval](#)) the following will occur:

Single-level Approval	The claim (s) will go straight to the Commissioner to approve
Muti-level Approval	The claim (s) will go to the Provider Approver to approve

The following instructions will be undertaken by a Provider Approver:

Provider Approver approving the claim

Unlike the normal process of practice-based submissions for multi-level approval organisations, the Provider User will not be required to make the claim as this part has already been done on their behalf. In all cases the claim will go straight to the Provider Approver at the GP practice.

1. Upon logging into CQRS Local, the Provider Approver will see the claim once they have clicked on the Claims menu tile located on their CRQS Local homepage.
2. Click on **Review**.

Claim Id	Claim Name	Creation Date	Submission Date	Approval Date	Status	Estimated Value	Action
677	Claim from Faeroes Medical	19/04/2021	12/04/2021	11/05/2021	Claim Approved By Commissioner Approver	£3694.00	View
679	Commissioner claim for Provider: Faeroes Medical	17/04/2021			Pending Internal Approval	£1080.00	Review
678	Claim from Faeroes Medical	01/04/2021	12/04/2021		Pending Commissioner User Approval	£1554.00	View

3. Check to make sure that all the information entered is correct, including any evidence documentation. Should there be any queries then please liaise with the organisation who entered this information in the first instance. If this is the case, you may wish to click on the **Save For Later** button so that you can carry on using CQRS Local for other activities.

4. Once you have provided the required information, click **Submit Claim**. A brief message will appear informing you that the 'Claim has been submitted to Commissioner for approval'.

Claim Components

Service	Component	Claim Window	Status	Tariff	Units/Achievement	Estimated Value	Evidence	Approve	Decline	History
Anti Coagulation Therapy	Anti Coagulation Therapy01	17/04/2021 - 10/05/2021	Pending Internal Approval	£180.00 Per Unit	<input type="text" value="6"/>	£ 1080.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

[Reset Form](#)
[Save For Later](#)
[Decline](#)
[Submit Claim](#)

The claim will now have this status: 'Pending Commissioner User Approval'.

Claim Id	Claim Name	Creation Date	Submission Date	Approval Date	Status	Estimated Value	Action
677	Claim from Faeroes Medical	19/04/2021	12/04/2021	11/05/2021	Claim Approved By Commissioner Approver	£3694.00	View
679	Commissioner claim for Provider: Faeroes Medical	17/04/2021	13/04/2021		Pending Commissioner User Approval	£1080.00	View
678	Claim from Faeroes Medical	01/04/2021	12/04/2021		Pending Commissioner User Approval	£1554.00	View

The claim has now been sent to the Commissioning Organisation for approval. This will consist of two tiers of approval:

- Tier 1 – Approving the Claim (s).
- Tier 2 – Approving for Payment.

14. Searching for a Claim using the Claim ID or Name

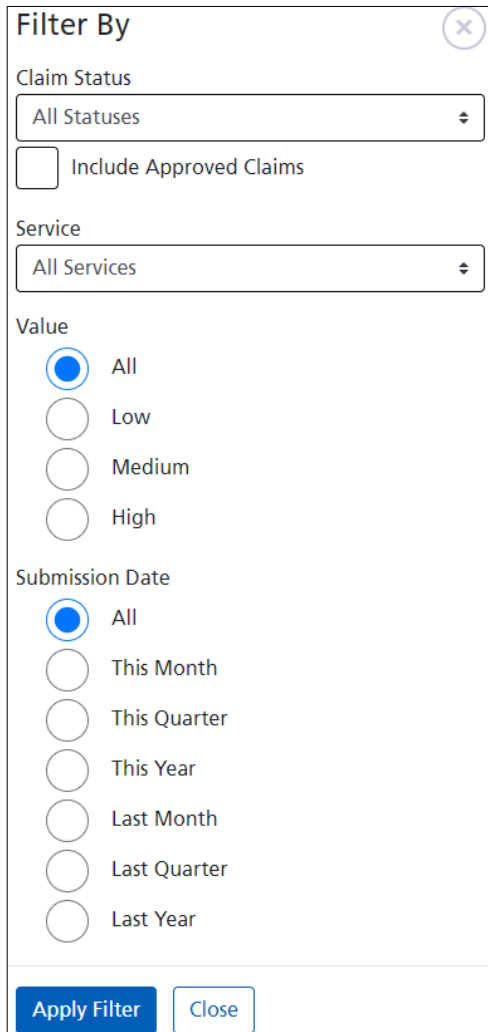
Searching for a Claim using the Claim ID or Name is a convenient way of locating and keeping track of any particular claim. This might be a query raised by a Commissioner relating to a claim for example.

- For both Commissioning Organisations and Service Providers, click on **Claims** located at the top right hand side of your screen.
- Enter your Claim ID or Claim Name and click the magnifying glass.

15. Using the Filter Function

The filtering function is ideal for selecting the information relevant to your requirements and will draw attention to that particular claim status.

See below for an explanation of the available functions.



Claim Status allows you to drill down to your required Claim Status. A few examples of these are: All Statuses, Claim Window Expired, Pending Tier 1 Review, Pending Tier 2 Review etc.

Include Approved Claims will display these approved claims if selected. If de-selected they will not show on the claims page.

Service will allow you to filter by a specific service or will display all of

Value will allow you to filter claims according to their overall value.

- Category 1- Low Risk - Claims with payment of less than £15,000
- Category 2- Medium Risk - Claims with payment of £15,000 and above but less than £50,000
- Category 3- High Risk - Claims with payment of £50,000 and above

Submission Date will allow you to filter by a particular date – whether the claim was submitted this month or this quarter. The more specific you are, the finer the end search results will be.

Apply Filter and **Close** will either apply your chosen search criteria or will close the filter.

16. Reporting – by the Service Provider

These 3 reports will allow you to look at the outcome of your claims during a specified timeframe. Having useful reports will help you keep track of all your claims.

1. Firstly, click on **Reporting**, located at the top right-hand side of your screen.

You will have the choice of 3 reports and each of these will be explained below.

Report Name	Purpose
Claims Approved For Payment	Generate Claims Approved For Payment Report
Claims Pending For Payment	Generate Claims Pending For Payment Report
Claimed Services	Generate Claimed Services Report

2. Select the first report - **Claims Approved For Payment**

3. To expand your search criteria, click on the **Parameters** button.



You will then be presented with the following parameter selection.

Search By	Created Date	
Search Dates	01 Apr 2022	To 31 Mar 2023
Services & Components	350 selected	
Displayed Columns	6 selected	
Horizontal Scrolling	<input checked="" type="radio"/> YES	
Items Per Page	50 Items	

Update Reset

Each of the sections below will be explained:

Search By:

Created Date (Claim Date) - This is the date the claim was created by the Service Provider

Submission Date - This is the date the claim was submitted by the Service Provider

Activity Date - This is the Activity Window - i.e. 2022-2023 - Month 4

Approval Date - This is the date the claim was Approved by the Commissioner

Search Dates: You can specify the period of time – whether this is the previous month or quarter or any other date parameter.

Services & Components: You can specify any number of services and their components. For example you may wish to run a report on Minor Surgery and its 4 components – *Excisions, Incisions, Injections and Aspirations*.

Displayed Columns: This will allow you to include any of the following headers in your report. *Claim Date, Service, Component, Claim Activity, Claim Tariff and Claim Value*. All 6 are auto-selected by default. If you don't wish to include all of them, simply untick them.

Horizontal Scrolling: Choose how you would like your report to display. There is a button to toggle Yes or No.

Items Per Page: Choose how many items you require per page. This ranges from 20 to 1,000.

4. Click on the **Update** button to display your chosen report criteria. You can use the Export button which will export the report into a CSV output file.

5. Select the first report - **Claims Pending For Payment**

This report will allow you to look through all your claims where they are pending for payment. Your report will show you the following statuses:

- Pending First Commissioning Review
- Pending Second Commissioning Review
- First Review Declined
- Second Review Declined

In the first instance it would be ideal to look through claims which are either First or Second Review Declined and to action these and submit for Commissioner Approval. Remember, there will be a reason the claims (s) was declined in the history icon in the claims page.

6. Select the first report - **Claimed Services**

This report shows you all the Services you have claimed for and what the status of these claims are. Currently there are the following headers:

- Unsubmitted Claims
- Submitted Claims
- Pending Claims
- Approved Claims
- Rejected Claims
- Expired Claims
- Has Claimed?

The below example shows that for the Minor Surgery Service, 10 have been submitted, 9 of which are Pending (payment) and 1 has been Approved (for payment), none of these have been rejected (declined) or have expired (missed claims window).

Claimed Services Export Parameters							
Service	Unsubmitted Claims	Submitted Claims	Pending Claims	Approved Claims	Rejected Claims	Expired Claims	Has Claimed?
Minor Surgery Service - 2023-24	0	10	9	1	0	0	✓
Total Claims	0	10	9	1	0	0	

First
Previous
1
Next
Last

Displaying 1 of 1 rows

17. Tariff Currency and Bandings

This section will provide you with information relating to tariff currencies and payment bandings. Details of the payment are included in the contract that has been agreed with the commissioners.

The tariff amount can be found on the claims page under Claim Components → Available For Claim as well as the Services screen from your homepage → Services → View → Components.

If you wish to discuss any of these tariffs, please consult with your Commissioning Organisation.

The below table contains some tariff information.

	Tariff	Meaning
1	Per Unit	Per Patient or Per Test
2	Retainer	Retainer is that you will deliver a service no matter how many patients you see. A Commissioner may ask for evidence to be provided of tests completed. There may be a certain number for the Commissioner to honour payment. These are usually payable yearly.
3	Actual Population Per Item	Similar to 4 - but per Patient or Per Test
4	Actual Population Retainer	<p>Actual Population retainer – this would usually be a small amount often circa £1 per patient paid over the year and often split quarterly (i.e. if £1 per head per 10000 patients then they would be paid £2500 per quarter to deliver the service for the year as and when required).</p> <p>For example – a treatment room / out of hospital care service would pay circa £1.27 per actual patient per year to provide a number of elements as and when required such as minor trauma/blood samples/ear syringing/ dressings etc.</p>
5	Weighted Population Per Item	Similar to 1 but these are based on weighted population.
6	Weighted Population	Weighted population retainer – as per the above but used for a service for a clinical condition that could have more of an impact on patients of a certain age group / deprivation etc. where some practices would see more activity or that would need more time and effort to provide the same service to their patients demographic.
7	Annualised Actual Population Retainer	<p>This works by spreading the payment over a year. In the below payment example, the actual list size of this particular GP practice is 7,892. We are paying £1.00 per patient. This is how the calculations work out:</p> <p>Annual Payment = £7,892.00 Bi-Annual Payment = £3,946.00 Quarterly Payment = £1,973.00</p>

		Monthly Payment = £675.67
8	Monetary Tariff	A component is created and the Monetary tariff is selected. There is no Base Tariff value. The point of this new tariff type is to allow the user to enter the amount they want to be paid. This could be for example, where the GP practice has put on addition GP/Locum sessions and wants to claim for these sessions. It would be advisable to request evidence/supporting information where such tariffs are applied.
9	Bandings – Static Activity and Static Percentage & Sliding Scale	Bandings can be used by Commissioners for performance related payments. You could use the Static Activity where achievements that meet a certain threshold will determine a higher financial return for the provider. These can be calculated as patients seen or procedures undertaken. Static Percentage shows where performance will be related to percentage complete and based upon them you get a different tariff. The sliding scale is set between 0 and 100 % with every single step up by a percent equals a different tariff amount.

18. System Statuses

Below are common CQRS Local system statuses and what they represent.

Notification Type	Meaning
Service Created	A brand new service has been created. For example, Minor Surgery.
Service Published	The service and components have been added and it is ready to be offered out to Service Providers.
New Contract	The contract is the service and agreement available to a participating Service Provider
Pending Internal Approval	Awaiting Approval from a Provider Approver. This is the status that the Service Provider will see.
Pending System Approval	A claim has been submitted by a SP User to a SP Admin. This is the status that the Service Provider will see.
Pending System Review	If a claim has been submitted with a supporting document, the file (s) will be scanned through an anti-malware check first. The status will change after a minute or two and will display 'Pending First Commissioning Review'.
Pending Tier1 Review	The Service Provider has submitted their claim and is waiting for the First Commissioner (Tier 1) to approve the claim
Pending Second Commissioning Review	The Service Provider has submitted their claim and is waiting for the Second Commissioner (Tier 2) to approve the claim.
Claim Approved	The claim has now been approved for payment by the Commissioner
First Review Declined	Tier 1 Commissioner has declined the claim.
Second Review Declined	Tier 2 Commissioner has declined the claim.
Commissioner Approver Declined	Tier 2 commissioner approver has declined the claim.
Component Nearing End	The claim window for your component (s) is due to expire shortly. A notification will alert you that there is less than 48 hours left to submit the Claim.
Claim Period Expired	The claim window for your component (s) has expired - you will need to process it again next month.
Unclaimed Component	Alert that (service name) has not been claimed. A notification will alert you there is less than 48 hours left to make a claim.

Internally Declined	This is where a Provider Approver has declined a claim.
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19. Glossary of Terms

Please find some useful information listed below to help you understand what some of the functionality will do as well as explaining what certain terms and phrases mean.

Term/System Function	Explanation
Tasks & Notifications	A Task is something that requires an action. For example, approving a payment. Notifications are advice/reminders. For example, you will receive a notification if there is less than 48 hours left to make a claim. There will also be a notification when the claims window opens.
Published Date	This is the date that the Service was published (made available for Service Providers) by the Commissioner.
Cost Centre	This is the department at the Commissioning Organisation that finance payments will come from to pay a Service Provider.
Commissioner Submission	Some Commissioning Organisations will ask CSUs to submit claims on behalf of certain Service Providers and this particular function is for use by CSU staff.
Service Provider	A GP practice.
Services	Also known as Schemes. These are local to your area and will depend on which services are on offer. These could be: Wound Care, Cardiovascular health checks, Post-op suture removal, Warfarin prescribing etc.
Bandings	There are 2 banding types - Static Activity and Static Percentage which are usually used for performance related payments. Commissioners could use the Static Activity where achievements that meet a certain threshold will determine a higher financial return for the provider. Static Percentage is when performance will be related to percentage complete and based upon them will return a different tariff amount. A sliding scale can also be used whereby every single step up determines a different tariff amount.
Service Class	These are Local Incentivised Services, Local Enhanced Services, QOF or Other.
Components	The Commissioner adds Components for which a Service Provider can claim against – these can be - incisions, excisions, injections etc.
Provider	The GP practice/Service Provider.
Create New Claim	The Service Provider user would input all the required information in order to make a claim.
Pending Internal Approval	This is at the point where a Service is requiring approval from a Service Provider Approver (Practice or Business Manager).
Claim ID	All claims have a Claim ID which can be referenced at any time or used to search for a particular claim.
Tariff Currency - Actual and Weighted	Age and sex of the patients as well as any in nursing or residential care, additional patient need due to medical conditions, patient turnover and unavoidable costs based upon rurality and staff market forces for the area. This results in an adjusted count of patients known as the “weighted patient count.” (Therefore, ‘actual’ practice population is the number of registered patients with no weighting/adjustment applied.)
Base Tariff	If you choose, for example, Per Unit for the Tariff Currency and pay a Base Tariff of £10, this will in theory will mean that you will pay £10 per patient or per test etc.
Claim Schedule	These are the periods of time set by the Commissioner. These may be monthly payments and therefore 12 months are created in a schedule. The Commissioner would input for example for Month 1 - From 01/04/2020 to 30/04/2020.

Claim Window	The Service Provider will have a certain period of time to submit their claim to the Commissioner and the Commissioner will have a certain period of time to approve the claim.
Contract Basis Code - Confirmed & OptIn	Confirmed means auto confirmed where a provider is automatically confirmed to participate and opt-in is where a practice will have a choice of saying Yes or No. This function will not be used in CQRS Local - For CQRS National only.
Per Unit	Per Unit is coding that persons medical records to claim and then reporting on these numbers for evidence. It could also be referred to as: Per Patient or per test.
Retainer	Retainer is that you will deliver a service no matter how many people you see. A Commissioner may ask for evidence to be provided of tests completed. There may be a certain number for the Commissioner to honour payment. These are usually payable yearly.
Commissioning Organisations	They are responsible for commissioning Quality Services
Quality Services	Quality Services include QOF, DES and V&I but also locally commissioned Quality Services
Commissioner	This will mean your Commissioner or someone from the Commissioning Organisation who deals with your Services, Contracts and Payments
Minimum Viable Product	A minimum viable product (MVP) is a development technique in which a new product or website is developed with sufficient features to satisfy early adopters. The final, complete set of features is only designed and developed after considering feedback from the product's initial users
Contracts	A contract is an arrangement between the Commissioning Organisation and the Service Providers (GP practices).
Claims	This is what the Service Provider is requesting for payment.
Claim Name	This will show you which Service Provider the claim is for and may read something like "Commissioner Claim for Humber Medical Centre".
Bulk Claims	Bulk Claims is a convenient way of undertaking mass claims and can save the Commissioner a lot of time and effort.
Reporting	This functions allows you to generate a report for certain activities. For a Commissioning Organisation you can, for example, run a report on the number of incisions/excisions claimed by one or all Service Providers over a certain timeframe. For a Service Provider you can run a report on the number of claims approved/declined over a certain period of time or instances where a claim window has expired. Reports can then be downloaded to CSV format and electronically filed away.
Claim Frequency	You can specify when a Service Provider can make a claim for these Components. The frequencies are: Monthly, Quarterly, Bi-Annually or Annually.
Evidence Required	A Commissioner may request that a Service Provider supplies and uploads evidence to support these claims. The Commissioner will indicate in the grey box what type of evidence is required and in what preferred format this is to be produced in.

20. Acronyms

Below is a list of acronyms used in CQRS Local which are listed alphabetically. Please note that there may be some acronyms listed here that only exist in CQRS National. There are also acronyms listed here relating to the CSUs who are part of the CSU Collaborative.

For convenience, the acronyms have been placed in alphabetical order.

Acronym	Meaning
A&G	Arden & GEM CSU
API	Application Programming Interface
AUA	Avoiding Unplanned Admissions
CC	Core Contact
CO	Commissioning Organisation
CQRS	Calculating Quality Reporting Service
CRP	Contractor Registered Population
CSU	Commissioning Support Unit
DES	Directed Enhanced Service
ES	Enhanced Service
GDS	Government Digital Service
GPDC	General Practice Data Collector
GPES	General Practice Extraction Service
GPPCF	GP Payments Calculations Futures
HSCN	Health and Social Care Network
ICB	Integrated Care Board
ICS	Integrated Care Systems
IIF	Investment and Impact Fund
ISFE	Integrated Single Financial Environment
LCS	Locally Commissioned Services
LES	Local Enhanced Service
MESH	Message Exchange for Social Care and Health
MLCSU	Midlands and Lancashire CSU
MVP	Minimum Viable Product
NCD	Network Contract DES
NECS	North of England Commissioning Support Unit
NEL	North East London CSU
NHAIS	National Health Applications and Infrastructure Services
ODS	Organisation Data Service
ORD	Organisation Reference Data
PCD	Patient Confidential Data
PCSE	Primary Care Support England
QOF	Quality Outcomes Framework
RLO	Regional Local Office
SCW	South, Central and West CSU
SFI	Standing Financial Instructions
SP	Service Provider
SPO	Service Provider Organisations
STP	Sustainability and Transformation Partnership
V&I	Vaccinations and Immunisations
WPLS	Weighted Practice List Size

21. Administration – Account Management

To access the Administration guide, please visit our Academy site which can be accessed [here](#).

22. Frequently Asked Questions

Please click on the below link to see a list of all the FAQs. <https://welcome.cqrs.nhs.uk/service-desk/>

23. Useful Links

Further Training - CQRS Local – eLearning

You can also find additional training resources in the CQRS Learning Centre.

<https://welcome.cqrs.nhs.uk/cqrs-training/>

Help & Support

The CQRS service desk are here to answer any questions you may have. Please contact us. Our contact details are:

Telephone: 0330 124 4039 open 8am-6pm, Mon-Fri (excluding public holidays)

Email: support@cqrs.co.uk

Commissioner Engagement Event

This was held in October 2022. A video of the event is now available to view [here](#).