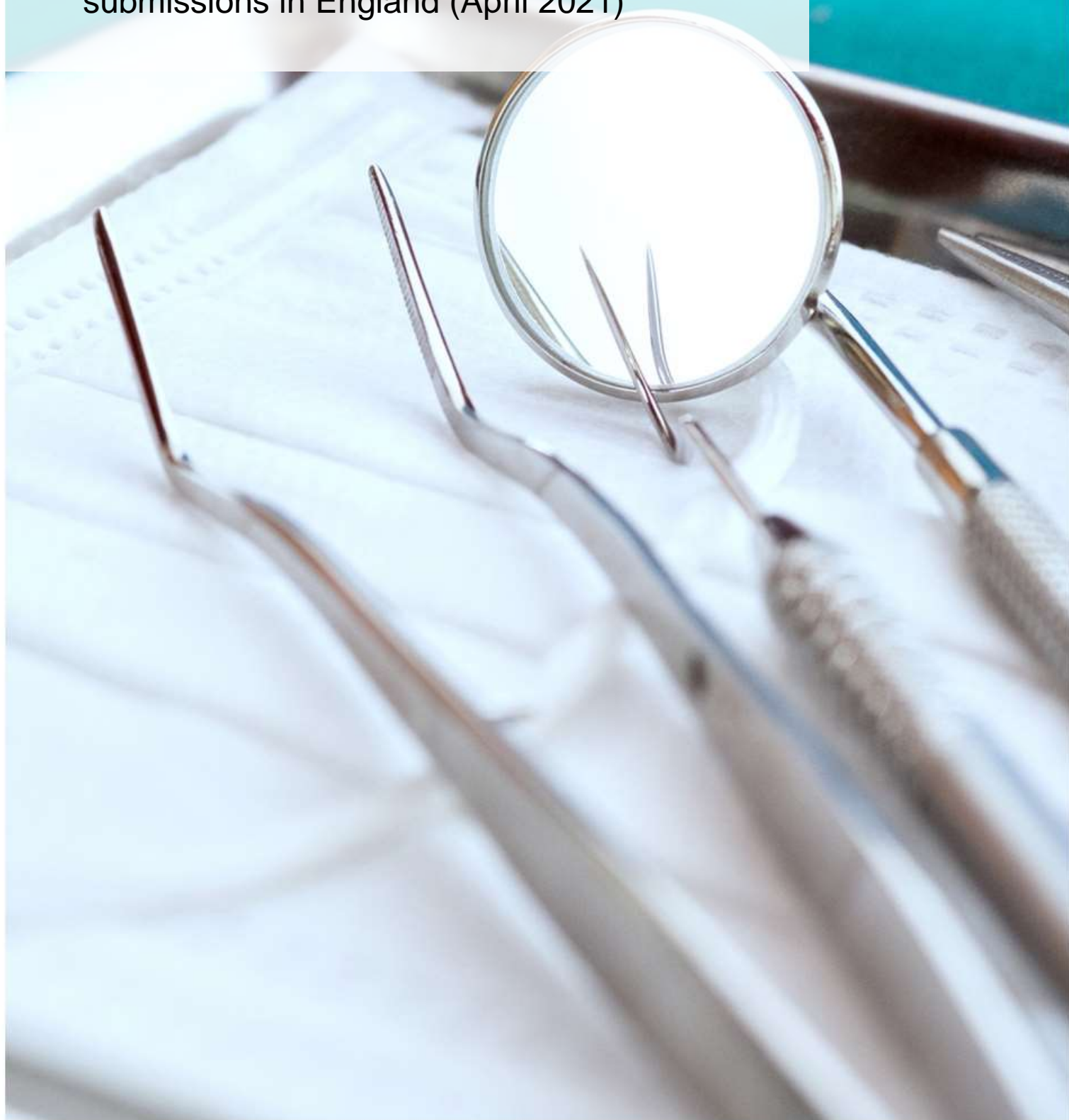


# NHS Dental Services

Guidance for the completion of FP17 activity submissions in England (April 2021)



## Introduction

This guide has been produced to help providers and performers to:

- use the online FP17 form available in the NHSBSA Compass system
- address some of the more common questions relating to the business rules associated with the processing of FP17s, whether they have been submitted using the online forms or submitted via a practice management system.

This guide can also be used as a training tool for individuals new to NHS dentistry. Please note that this guide is only to be used for the submission of dental activity submissions for general courses of NHS dental treatment in England.

Details on the dental activity submission for orthodontic courses of NHS dental treatment can be found in [Guidance for the completion of FP17O activity submissions](#).

## Activity Claim Creation

Contract ID	<input type="text"/>
Performer ID	<input type="text"/>
Location ID	<input type="text"/>
Form Type	<input type="text" value="v"/>


**Contract ID** - Enter the 10 numeric character contract number of the provider. This is required on every form.

**Performer ID** - Enter the 6 digit number of the performer responsible for this course of treatment. This may pre-populate following Compass log in or you can enter it manually. This is required on every form.

**Location ID**- Enter the 6 digit location ID number. This may pre-populate or you can enter it manually. This is required on every form.

**Form Type** - Select FP17 from the drop-down list.

## Patient Information

NHS Number	<input type="text"/>
Surname	<input type="text"/>
Forename	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Post Code	<input type="text"/>
Postal Address Selector	<input type="text"/> 
Sex	<input type="text" value="Please Select..."/>
Date of Birth	<input type="text"/>

**Patient's NHS Number** - Enter the patient's 10 digit NHS number. This is an optional field.

**Surname** - Enter the patient's surname up to 14 alpha characters. This is required on every form.

**Forename** - Enter the patient's forename up to 14 alpha characters. This is required on every form.

**Address** - Enter the patient's house number or name and street. This is required on every form.

**Postcode** - Enter the patient's postcode.

**Sex** – Select M for Male or F for Female. This is required on every form.

**Date of Birth** – Enter the patient's date of birth in format ddmmyyyy. This is required on every form.

Previous Surname (If changed since last visit)	<input type="text"/>
Email Address	<input type="text"/>
Mobile Phone Number	<input type="text"/>

**Previous Surname** – Enter the patient's previous surname if changed since last visit.

**Email Address** – Enter the patient's email address. This is optional.

**Mobile Number** – Enter the patient's mobile number. This is optional.

## Treatment Dates/Incomplete

For Incomplete Treatment the Band for actual Treatment provided	<input type="text"/>	<input type="button" value="v"/>
Date of Acceptance	<input type="text"/>	<input type="button" value="12"/>
Date of Completion or Last Visit	<input type="text"/>	<input type="button" value="12"/>

**Incomplete treatment** – For banded courses of treatment commenced but not completed, select 1,2 or 3 from the drop-down list to show the work that has been completed. The patient charge will be calculated against whichever of these boxes is crossed. A charge band must also be present in Treatment Category, showing the treatment that has been started, so the band crossed in this section must be the same as, or higher than, the band crossed in Treatment Dates/Incomplete.

**Date of Acceptance** – Enter date of acceptance for the course of treatment. This is required on every form.

**Completion or Last Visit** – Enter date of completion if the course was completed, or the date of last visit if it was not completed. All forms should be submitted within two months of the date of completion. If a decision is made to mark the form as incomplete, it should be submitted as quickly as possible.

## Exemptions, Remissions & Patient Charge

Patient Under 18	<input type="checkbox"/>	Full remission - HC2 cert	<input type="checkbox"/>	Partial remission - HC3 cert	<input type="checkbox"/>	Expectant mother	<input type="checkbox"/>	Nursing mother	<input type="checkbox"/>
Aged 18 in full-time education	<input type="checkbox"/>	Income support	<input type="checkbox"/>	NHS tax credit exemption	<input type="checkbox"/>	Income-based jobseeker's allowance	<input type="checkbox"/>	Pension credit guarantee credit	<input type="checkbox"/>
Prisoner	<input type="checkbox"/>	Income-related employment and support allowance	<input type="checkbox"/>	Universal Credit	<input type="checkbox"/>				
Evidence of Exemption or Remission seen		<input type="checkbox"/> Yes <input type="checkbox"/> No							
Patient Charge Collected		<input type="text" value="0.00"/>							

**Patient Under 18** – Select this box if patient is under 18.

**Full Remission** – HC2 cert. – Select this box if patient is named on an HC2 certificate.

**Partial Remission** – HC3 cert. – Select this box if patient is named on an HC3 certificate.

**Expectant mother** – Select this box if the patient is pregnant.

**Nursing mother** – Select this box if the patient had a baby in the last 12 months.

**Aged 18 in full time education** – Select this box if the patient is aged 18 and in full time education.

**Income Support** – Select this box if the patient or patient's partner receives Income Support.

**NHS tax credit exemption** – Select this box if the patient is named on an NHS Tax Credit Exemption Certificate.

**Income-based jobseekers allowance** – Select this box if the patient or patient's partner receive Income-based Jobseekers Allowance.

**Pension credit guarantee credit** – Select this box if the patient or patient's partner receive Pension Credit Guarantee Credit.

**Prisoner** – Select this box if the patient is in prison or a young offender institution.

**Income related employment and support allowance** - Select this box if the patient or patient's partner receive Income related employment and support allowance.

**Universal credit** - Select this box if the patient or patient's partner receive universal credit

**Evidence of Exemption or Remission seen** – Select either the Yes or No box to indicate whether the patient provided evidence of exemption or remission.

**Patient Charge Collected** – Enter any NHS patient charge that has been collected for this course of treatment.

## Treatment Category

Band 1	<input type="checkbox"/>	Band 2	<input type="checkbox"/>	Band 3	<input type="checkbox"/>	Urgent treatment	<input type="checkbox"/>	Regulation 11 replacement appliance	<input type="checkbox"/>
Prescription only	<input type="checkbox"/>	Denture repairs	<input type="checkbox"/>	Bridge repairs	<input type="checkbox"/>	Arrest of bleeding	<input type="checkbox"/>	Removal of sutures	<input type="checkbox"/>

**Band 1** – Select this box for a band 1 course of treatment.

**Band 2** – Select this box for a band 2 course of treatment.

**Band 3** – Select this box for a band 3 course of treatment.

**Urgent treatment** – Select this box for treatment that falls in the band 1 urgent treatment category.

**Regulation 11 replacement appliance** – Select this box if a non-orthodontic replacement appliance under Regulation 11 has been provided –a patient's charge needs to be entered which should be 30% of the band 3 charge per appliance.

**Prescription only** – Select this box if the only treatment provided during this course of treatment is the issue of a prescription. No patient charge will be deducted.

**Denture repairs** – Select this box if the only treatment provided during this course of treatment is for denture repairs. No patient charge will be deducted.

**Bridge repairs** – Select this box if the only treatment provided during this course of treatment is for bridge repairs. No patient charge will be deducted.

**Arrest of bleeding** – Select this box if the only treatment provided during this course of treatment is for the arrest of bleeding. No patient charge will be deducted.

**Removal of sutures** – Select this box if the only treatment provided during this course of treatment is for the removal of sutures. No patient charge will be deducted.

**Only one of these boxes can be crossed.**

## COVID Status Triage Results

Image of Covid Status screen

No. of Triages this course of treatment resulting in patient COVID status:	
Patient Shielded	<input type="text"/>
At Increased Risk of severe illness from COVID-19	<input type="text"/>
Possible/confirmed COVID patient or those living in household	<input type="text"/>
Patient is COVID-19 Symptom Free at present	<input type="text"/>
Other	<input type="text"/>

The recording of Triage information prior to any face to face treatment is mandatory. The number of Triages taken place prior to the patient attending the practice should be recorded against each COVID status box as required.



## Clinical Data Set

Scale & polish	<input type="checkbox"/>	Fluoride varnish	<input type="checkbox"/>	Fissure sealants	<input type="text"/> (No. Teeth)	Radiograph(s) taken	<input type="text"/> (Number)
Endodontic treatment	<input type="text"/> (No. Teeth)	Permanent fillings & Sealant restorations	<input type="text"/> (No. Teeth)	Extractions	<input type="text"/> (No. Teeth)	Crown(s) provided	<input type="text"/> (No. Teeth)
Upper denture - Acrylic	<input type="text"/> (No. Teeth)	Lower denture - Acrylic	<input type="text"/> (No. Teeth)	Upper denture - Metal	<input type="text"/> (No. Teeth)	Lower denture - Metal	<input type="text"/> (No. Teeth)
Veneer(s) applied	<input type="text"/> (No. Teeth)	Inlay(s)	<input type="text"/> (No. Teeth)	Bridge(s) fitted	<input type="text"/> (No. units)	Referral for advanced mandatory services	<input type="text"/> (Band)
Examination	<input type="checkbox"/>	Antibiotic items prescribed	<input type="text"/> (No. prescriptions)	Other treatment	<input type="checkbox"/>	Best Practice Prevention	<input type="checkbox"/>
Aerosol Generating Procedure	<input type="text"/> (No. of appointments)	Decayed Permanent Teeth	<input type="text"/> (No. Teeth)	Missing Permanent Teeth	<input type="text"/> (No. Teeth)	Missing Deciduous Teeth	<input type="text"/> (No. Teeth)
Decayed Permanent Teeth	<input type="text"/> (No. Teeth)	Decayed Deciduous Teeth	<input type="text"/> (No. Teeth)	Missing Permanent Teeth	<input type="text"/> (No. Teeth)	Missing Deciduous Teeth	<input type="text"/> (No. Teeth)
Filled Permanent Teeth	<input type="text"/> (No. Teeth)	Filled Deciduous Teeth	<input type="text"/> (No. Teeth)				

**Scale and polish** – This box should be selected if a scale and polish is carried out.

**Fluoride varnish** – Select this box to indicate that a topical fluoride preparation has been applied to the surfaces of any primary and permanent teeth as a primary preventive measure.

**Fissure sealants** – Enter the number of permanent teeth where sealant material has been applied to the pit and fissure systems as a primary preventive measure.

**Radiograph(s) taken** – The total number of radiographs taken should be entered in this box irrespective of the type or size. For example, 2 bite wings and 1 panoramic = 3 radiographs.

**Endodontic treatment** – The number of teeth endodontically treated (root filled) should be entered in this box.

**Permanent fillings and Sealant restorations** – Enter the number of teeth (not the total number of individual restorations) that have been therapeutically treated by the placement of directly applied permanent restorations, namely:

- Permanent fillings in amalgam, composite resin, synthetic resin, glass ionomer, compomers, silicate or silicophosphate materials (includes any acid-etch or pin retention).
- Sealant restorations involving the placement of composite resin, glass ionomer or compomer material.

**Extractions** – The number of teeth extracted should be entered into this box. This also includes surgical removal of a buried root, unerupted tooth, impacted tooth or exostosed tooth.

**Crown(s) provided** – The figure entered in this box is the number of teeth that have been provided with laboratory-fabricated permanent crowns as a finished restoration on this course of treatment.

- The crowns may be full or three-quarter crowns but must be in a permanent material, in accordance with the materials listed in Schedule 3 Band 3 Charges – Provision of Appliances of the National Health Service (Dental Charges) Regulations 2005. Any post, pins or cores for retention are not counted separately.

**Upper denture – Acrylic** – This box is completed when an acrylic or resin-based denture is provided (i.e. full or partial denture). The number of teeth present on the denture should be entered.

**Lower denture – Acrylic** – This box is completed when an acrylic or resin-based denture is provided (i.e. full or partial denture). The number of teeth present on the denture should be entered.

**Upper denture – Metal** – This box is completed when a metal-based denture is provided (i.e. full or partial denture). The number of teeth present on the denture should be entered.

**Lower denture – Metal** – This box is completed when a metal-based denture is provided (i.e. full or partial denture). The number of teeth present on the denture should be entered.

**Veneer(s) applied** – This is the number of teeth that have been provided with laboratory fabricated veneers in any permanent material. They may be on the labial or palatal surface.

**Veneer(s)**– This is the number of teeth that have been provided with laboratory fabricated veneers in permanent materials in accordance with the materials listed in Schedule 3 Band 3 Charges – Provision of Appliances of the National Health Service (Dental Charges) Regulations 2005. They may be on the labial or palatal surface.

**Inlay(s)** – The number of teeth provided with inlays, pinlays or onlays, using an indirect technique and permanent material, in accordance with the materials listed in Schedule 3 Band 3 Charges – Provision of Appliances of the National Health Service (Dental Charges) Regulations 2005

**Bridge(s) fitted** – This box is completed when a bridge or more than one bridge is fitted. The number entered is the total number of units that the bridge(s) spans. For example, you should include the number of retainers and pontics together. Adhesive bridges are entered in a similar manner and the total number of units includes the pontic(s) and any associated 'wings'.

**Referral for advanced mandatory services** – Enter the band of the treatment to be provided under advanced mandatory services. In "Treatment Category", enter the band of the treatment provided by the performer referring the patient. The collection of the patient charge is the responsibility of the referring performer and is based on the charge band for the entire course of treatment.

**Examination** – Cross this box when carrying out an examination for treatment planning purposes which would normally include charting of the teeth, recording of the periodontal condition and soft tissue examination all of which would be detailed with other necessary clinical details on the clinical record.

**Antibiotic Items Prescribed** – This box is completed when the patient is issued with a prescription containing antibiotic items. The number of antibiotic items should be entered (i.e. the number of antibiotic treatments rather than the number of pills).

**Other treatment** – This box should be completed when any treatment has been provided for which there is no appropriate clinical dataset item. This item can be entered in addition to other clinical data.

**Best practice prevention according to Delivering Better Oral Health offered** - This box should be completed prior to submitting the form. It should be ticked if you have followed the guidance as detailed in Delivering Better Oral Health.

**Aerosol Generating Procedure** – This field is to be completed to record the number of AGP appointments provided as part of the course of treatment.

**Decayed teeth - Permanent** (teeth with established caries) - Enter the **number of permanent teeth** that are decayed for all patients aged 6 years and over. If a tooth has decay and is also restored, count the tooth as decayed.

**Decayed teeth - Deciduous** (teeth with established caries) - Enter the **number of deciduous teeth** that are decayed for all patients up to and including patients aged 11. If a tooth has decay and is also restored, count the tooth as decayed.

**Missing teeth - Deciduous** (Where a tooth has been extracted) – Enter the **number of deciduous teeth** that are missing for all patients aged 6 years and under. Only count a tooth as missing if you are confident that that tooth was extracted and not exfoliated. Deciduous teeth ULA, ULB, URA, URB, LLA, LLB, LRA, LRB should be excluded from the count

**Missing teeth - Permanent** (Where a tooth has been extracted) – Enter the **number of permanent teeth** that are missing for all patients aged 12 years and over. Only count a tooth as missing if you are confident that that tooth was extracted.

**Filled teeth - Permanent** – Enter the **number of permanent teeth** that are filled/restored for all patients aged 12 year and over. Include temporary restorations.

**Filled teeth - Deciduous** – Enter the **number of deciduous teeth** that are filled/restored for all patients aged 6 years and under. Include temporary restorations.

**NB: If there are no teeth in any of the Decayed, Missing or Filled categories or a category is not appropriate due to the age of the patient, enter a value of zero.**

## Other Services

Treatment on referral	<input type="checkbox"/>
Free repair/replacement	<input type="checkbox"/>
Further treatment within 2 months	<input type="checkbox"/>
Domiciliary services	<input type="checkbox"/>
Sedation services	<input type="checkbox"/>
NICE Guidance	<input type="text"/> (No. of Months)

**Treatment on referral** – Select this box if you are treating a patient that has been referred to you. If the referral is for advanced mandatory services no patient charge will be deducted. If the patient is referred for Additional Services (Sedation or Domiciliary services) a charge will be taken, as this is considered a new course of treatment. A charge band in “Treatment Category” must also be present.

**Free repair/replacement** – Select this box if a restoration (Permanent Filling or Sealant Restoration/Root Filling, Crown or Inlay) has to be repaired or replaced within 12 months. The box should be selected even if a patient charge is not applicable. A charge band in “Treatment Category” must also be present and should be the band applicable to the course of treatment this should be entered in patient charge collected box in “Exemptions, Remissions & Patient Charge”, otherwise no patient charge will be deducted. A charge band in “Treatment Category” must also be present and should be the band applicable to the whole course of treatment.

**Further treatment within 2 months** – Select this box if this course of treatment was required within two months of the completion of a previous course of treatment and is in the same or lower band. This applies to all patients whether exempt/remitted from charges or charge payers. No patient charge will be deducted if applicable.

This does not apply if the original course of treatment was either ‘urgent’ treatment or was incomplete treatment. Additionally, if an ‘urgent’ treatment is required at any point within two months this cannot be claimed as continuation and must be claimed as a separate course of treatment. A patient charge will be deducted if applicable.

**Domiciliary services** – Select this box if domiciliary services have been provided. If treatment has been provided, then a charge band in “Treatment Category” should be crossed and a patient charge will be deducted if applicable

**Sedation services** – Select this box if sedation services have been provided. If treatment has been provided, then a charge band in “Treatment Category” should be crossed and a patient charge will be deducted if applicable.

**NICE Guidance** - Select this box to show the recommended recall interval. This should be between 3 and 24 months. If it has not been possible to provide the patient with a recommended recall interval, leave this part of the form blank.

## Ethnic Origin

White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Other White Background	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Other Mixed Background	<input type="checkbox"/>	Asian or Asian British Indian	<input type="checkbox"/>	Asian or Asian British Pakistani	<input type="checkbox"/>	Asian or Asian British Bangladeshi	<input type="checkbox"/>
Other Asian background	<input type="checkbox"/>	Black or Black British Caribbean	<input type="checkbox"/>	Black or Black British African	<input type="checkbox"/>	Other Black background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Any other ethnic group	<input type="checkbox"/>	Patient declined	<input type="checkbox"/>						

Enter the patient's indicated ethnic group, or alternatively select the Patient declined box.

## Dentist's Declaration

All the necessary care and treatment that the patient is willing to undergo will be provided	<input type="checkbox"/>
All the currently necessary care and treatment that the patient is willing to undergo has been carried out	<input type="checkbox"/>
I declare that I am properly entitled to practice under the current dental regulations and 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. For the purpose of verification of this and the prevention and detection of fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the NHS Business Services Authority	<input type="checkbox"/>

**Dentist's Declaration** – The declaration must be completed by a qualified dentist on every form. This would normally be the performer responsible for the course of treatment.

All three declarations should be selected on every form submitted, with the exception of courses of treatment where the performer decides to discontinue treatment. In this instance, only the first and last boxes should be selected.

### Contact us:

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