

NHS Dental Services

The below information provides the details to use the online form function in Compass to enter and submit FP17 form information.

For more detail on rules associated with each of the data items on the FP17, please refer to the “Completion of Form Guidance – FP17” available on the NHSBSA Website from the Dental activity processing section and select the [Dental forms](#) menu option.

Please note that the patient will need to sign a paper PR form (obtainable from your usual form supplier). The signed PR form will need to be retained by the practice as part of the patient record for a period of two years.

Completion of online form guidance FP17 (Performer) – England

Log on to Compass and select Activity from the Homepage Menu:

Homepage Menu		System Messages											
<ul style="list-style-type: none"> My Profile Performer Pensions Payments Activity Reporting COVID-19 		No System Messages Found											
		User Messages No User Messages.											
		User Details <table border="1"> <tbody> <tr> <td>Full Name</td> <td>AMANDA JANE PAMELA GRANT</td> </tr> <tr> <td>Email Address</td> <td>DCSSTransformation@capita.co.uk</td> </tr> <tr> <td>Security Role</td> <td>Performer</td> </tr> <tr> <td>Current Date</td> <td>29/11/2021</td> </tr> <tr> <td>Last Successful Login</td> <td>29/11/2021 13:57:11</td> </tr> </tbody> </table>		Full Name	AMANDA JANE PAMELA GRANT	Email Address	DCSSTransformation@capita.co.uk	Security Role	Performer	Current Date	29/11/2021	Last Successful Login	29/11/2021 13:57:11
Full Name	AMANDA JANE PAMELA GRANT												
Email Address	DCSSTransformation@capita.co.uk												
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The following screen will be displayed.

Homepage Menu

- Back To Performer Homepage
- Activity Authorisation Search
- Activity Creation
- Activity Dashboard
- Activity Search (Detail)
- Activity Search (Summary)
- Maintain or Finalise Draft Claims
- Performer PIN Request

System Messages

No System Messages Found

User Messages

No User Messages.

User Details

Full Name	AMANDA JANE PAMELA GRANT
Email Address	DCSSTransformation@capita.co.uk
Security Role	Performer
Current Date	29/11/2021
Last Successful Login	29/11/2021 13:57:11

PLEASE NOTE: The boxes displayed as yellow are all mandatory fields

Select Activity creation to display the launch screen:

[Home](#) » [Activity Creation Launch](#)

Contract ID	<input type="text"/>	
Performer ID	835773	AMANDA JANE PAMELA GRANT
Location ID	<input type="text"/>	
Form Type	<input type="text"/>	

[Next](#) [Cancel](#)

You can either enter Contract ID manually or click on the magnifying glass to display all the contracts you work on and choose the appropriate contract.
Use drop down to choose the form type (FP17 or FP17O) and select “next” button.

Select **Patient Information tab** and complete relevant patient information – DOB format can be either DDMMCCYY or DD/MM/CCYY.

If it is a new patient, you must enter their details manually, however, you can search for their address by entering their post code in the Post Code field and clicking on the magnifying glass next to the 'Postal address Selector'. Then select the correct address from the list displayed.

If it is an existing patient, click on the magnifying glass next to Patient ID field and this will present you with a list of all your existing patients from which you can select the patient.

Patient Id	Surname	Forename	D.O.B.	Sex	Last Known Postcode	Action
11145	ASTONVILLA	ENGLAND	08/06/1950	M	WN7 1NJ	Select
11173	BASTIA	FRANCE	08/06/1950	M	WN7 1NJ	Select
11154	BIRMINGHAM	ENGLAND	08/06/1950	M	WN7 1NJ	Select
11174	BORDEAUX	FRANCE	08/06/1950	M	WN7 1NJ	Select
11166	BRAGA	PORTUGAL	08/06/1950	M	WN7 1NJ	Select
11149	CHELSEA	ENGLAND	08/06/1950	M	WN7 1NJ	Select
11997	FINDON	TERRY	08/06/1950	M	WN7 1NJ	Select
11144	FOREST	ENGLAND	08/06/1950	M	WN7 1NJ	Select
11992	GOFFSPARK	RUSSELL	08/06/1950	M	WN7 1NJ	Select
11140	LEIPZIG	EASTGERMANY	08/06/1950	M	WN7 1NJ	Select
11170	MARSEILLES	FRANCE	08/06/1950	M	WN7 1NJ	Select
11171	MONACO	FRANCE	08/06/1950	M	WN7 1NJ	Select
11332	OVERLANDERS	PAUL	08/06/1950	M	WN7 1NJ	Select
12003	PRIORY	JAMES	08/06/1950	M	WN7 1NJ	Select
11334	REBELROUSERS	CLIFF	30/06/2006	M	WN7 1NJ	Select

[illegible]

Once patient details are completed, if a Dental Care Professional (DCP) has undertaken all or part of the course of treatment (within their scope of practice), select the **Dental Care Professional** tab, if a DCP hasn't undertaken any part of the treatment then select the **Treatment Dates/Incomplete** tab.

Where a DCP has carried out all or part of the course of treatment (within their scope of practice), select one of the DCP options available.

Only one box is required to be selected.

The GDC Number of the DCP that carried out the treatment must be entered too,

The screenshot shows the 'Dental Care Professional' tab selected. The form includes a section titled 'A Dental Care Professional carried out all or part of the work in this course of treatment:'. Below this, it asks the user to 'Please tick one of the following boxes' and lists four options: Therapist, Hygienist, Dental Nurse, and Clinical Technician, each with an adjacent checkbox. Below the list is a text input field for 'Enter the GDC Number of the Dental Care Professional' with a search icon. At the bottom of the form, there are three buttons: 'Save and Create Another Claim', 'Save and Return to Launch Screen', and 'Cancel and Return to Launch Screen'.

Treatment Dates/Incomplete tab

If the treatment is incomplete, enter the band of treatment carried out and ensure there is an accompanying band of treatment either equal or of a higher value entered in the **Treatment Category** screen.

Enter dates of acceptance and completion which can be in the following formats – DDMMYY, DD/MM/YY, DDMCCYY, DD/MM/CCYY. Or for completion if this is the same as the acceptance date tick the “Completion Same as Date of Acceptance” box, the previously entered Date of Acceptance will automatically populate the Date of Completion or Last Visit.

Note: Date of completion is not necessary at this stage if the course of treatment is going to be left open and saved as a draft.

The screenshot shows the 'Treatment Dates/Incomplete' tab selected. The form includes a section for 'For Incomplete Treatment the Band for actual Treatment provided' with a dropdown menu. Below this are two date input fields: 'Date of Acceptance' and 'Date of Completion or Last Visit', both with search and refresh icons. To the right of these fields is a checkbox for 'Completion Date same as Acceptance' and a dropdown for 'Flexible Commissioning Flag'. At the bottom of the form, there are five buttons: 'Save as Draft and Create Another Claim', 'Save as Draft and Return to Launch Screen', 'Save and Create Another Claim', 'Save and Return to Launch Screen', and 'Cancel and Return to Launch Screen'.

If the contract is participating in a flexible commissioning arrangement, then choose one of the options available from the drop-down list provided for Flexible Commissioning Flag.

Securing Access for Urgent Care
Promoting Access to Routine Care
Providing Care of High Needs Groups
Starting Well
Enhanced Health in Care Homes
Collaboration in Local Care Networks

If the patient is exempt, select the **Exemptions, Remissions & Patient Charge** tab and enter the necessary information. If an exemption or remission is claimed, then one of the “evidence seen” boxes **must** be ticked – including a prison exemption. However, the patient charge entry is not mandatory if the patient is not exempt.

Please note that if a patient is under 18, both the "Patient under 18" and "Evidence of Exemption or Remission seen – Yes/No" boxes have to be ticked.

Activity Reference					
Performer ID	<input type="text" value=""/> <input type="button" value="Q"/> <input type="button" value="*"/>				
Treatment Location ID	<input type="text" value=""/> <input type="button" value="Q"/> <input type="button" value="*"/>				
Contract ID	<input type="text" value="1000630000"/>				

Patient Information	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge		Supporting Evidence	Treatment Category
COVID Status Triage Results	Clinical Data Set	Other	Ethnic Origin		



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 ☐ Yes ☐ No

Patient Charge Collected

Select the **Supporting Evidence** tab and complete with relevant information (if required)

Activity Reference
Performer ID
Treatment Location ID
Contract ID

 *
  *

Patient Information Treatment Dates/Incomplete Exemptions, Remissions & Patient Charge **Supporting Evidence** Treatment Category COVID Status Triage Results

Clinical Data Set Other Ethnic Origin

Where another person signs for treatment on behalf of the patient.

Name of person signing for the patient


Relationship to patient

Where Aged 18 in Full Time Education exemption is claimed.

Name of college or university

Where Expectant or Nursing Mother exemption is claimed.

NHS Maternity Exemption Certificate Number

Baby due/born on date 

Where Income Support, Jobseeker's Allowance, Employment Support Allowance or Pension Credit Guarantee remission is claimed.

Name of person receiving benefit

Date of Birth of person receiving benefit (DD/MM/YYYY)

National Insurance Number of person receiving benefit

Where HC2 or HC3 Certificate or Tax Credit remission is claimed.

Certificate Number or Card Number

Patient Charge Limit (HC3 Certificates only) – £999.99 format

Save as Draft and Create Another Claim Save as Draft and Return to Launch Screen Save and Create Another Claim Save and Return to Launch Screen Cancel and Return to Launch Screen

Select **Treatment Category** tab and enter relevant information.

N.B. If the Regulation 11 box is ticked there must be a patient charge entered in the Exemptions, Remissions & Patient Charge area.

Activity Reference			
Performer ID		<input type="text" value=""/> <input type="button" value="Q"/> <input type="button" value="*"/>	
Treatment Location ID		<input type="text" value=""/> <input type="button" value="Q"/> <input type="button" value="*"/>	
Contract ID		<input type="text" value="1000630000"/>	

Patient Information	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	COVID Status Triage Results
Clinical Data Set	Other	Ethnic Origin			
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"/>	Removal of sutures	<input type="checkbox"/>
Prescription only	<input type="checkbox"/>	Denture repairs	<input type="checkbox"/>	Bridge repairs	<input type="checkbox"/>
Arrest of bleeding	<input type="checkbox"/>				

COVID Status Triage Results

Select the **COVID Status Triage Results** tab to enter the number of Triages taken place prior to the patient attending the practice, this should be recorded against each COVID status box as required. The recording of Triage information prior to any face-to-face treatment is optional

Activity Reference			
Performer ID		<input type="text" value=""/> <input type="button" value="Q"/> <input type="button" value="*"/>	
Treatment Location ID		<input type="text" value=""/> <input type="button" value="Q"/> <input type="button" value="*"/>	
Contract ID		<input type="text" value="1000630000"/>	

Patient Information	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	COVID Status Triage Results
Clinical Data Set	Other	Ethnic Origin			

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"/>

Select the **Clinical Data Set** tab and complete to show the treatment carried out

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	COVID Status Triage Results	Clinical Data Set	Other
<div> <div> <div>Ethnic Origin</div> <div>Dentist Declaration</div> <div>Override Rules</div> </div> <div> <div>Scale & polish</div> <div>Endodontic treatment (pre 01/10/2022)</div> <div>Untreated Decayed Teeth</div> <div>Upper denture - Acrylic</div> <div>Veneer(s) applied</div> <div>Examination</div> <div>Aerosol Generating Procedure</div> <div>Phased Treatment</div> <div>Decayed Permanent Teeth</div> <div>Filled Permanent Teeth</div> </div> <div> <div>Fluoride varnish</div> <div>Endodontics - Molar</div> <div>Permanent fillings</div> <div>Lower denture - Acrylic</div> <div>Inlay(s)</div> <div>Antibiotic items prescribed</div> <div>Custom Made Occlusal Appliance Hard Bite</div> <div>Pre-formed crowns</div> <div>Decayed Deciduous Teeth</div> <div>Filled Deciduous Teeth</div> </div> <div> <div>Fissure sealants</div> <div>Endodontics - Non-molar</div> <div>Extractions</div> <div>Upper denture - Metal</div> <div>Bridge(s) fitted</div> <div>Other treatment</div> <div>Custom Made Occlusal Appliance Soft Bite</div> <div>Advanced Perio RSD</div> <div>Missing Permanent Teeth</div> </div> <div> <div>Radiograph(s) taken</div> <div>Highest BPE Sextant Score</div> <div>Crown(s) provided</div> <div>Lower denture - Metal</div> <div>Referral for advanced mandatory services</div> <div>Best Practice Prevention</div> <div>Denture Additions/Reline/Rebase</div> <div>Missing Deciduous Teeth</div> </div> </div>								

[Save and Create Another Claim](#)
[Save and Return to Launch Screen](#)
[Cancel and Return to Launch Screen](#)

Click on **Other** tab and complete accordingly

Activity Reference

Performer ID

Treatment Location ID

Contract ID

1000630000

Patient Information	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	COVID Status Triage Results
<div> <div>Clinical Data Set</div> <div>Other</div> <div>Ethnic Origin</div> </div> <div> <div>Treatment on referral</div> <div>Free repair/replacement</div> <div>Further treatment within 2 months</div> <div>Domiciliary services</div> <div>Sedation services</div> <div>NICE Guidance</div> </div>					

[Save as Draft and Create Another Claim](#)
[Save as Draft and Return to Launch Screen](#)
[Save and Create Another Claim](#)
[Save and Return to Launch Screen](#)
[Cancel and Return to Launch Screen](#)

Repeat for **Ethnic Origin** tab

Activity Reference
Performer ID
Treatment Location ID
Contract ID

Patient Information
Treatment Dates/Incomplete
Exemptions, Remissions & Patient Charge
Supporting Evidence
Treatment Category
COVID Status Triage Results

Clinical Data Set
Other
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"/>						

Save as Draft and Create Another Claim
Save as Draft and Return to Launch Screen
Save and Create Another Claim
Save and Return to Launch Screen
Cancel and Return to Launch Screen

If the treatment is on-going, select either “Save as draft and create another FP17” or “Save as draft and return to launch screen” tab – claim can be finalised at a later date.

If the treatment is completed, select **Dentist Declaration** tab and click on the relevant boxes– the claim created can only be submitted for validation if this section is completed.

Activity Reference
Performer ID
Treatment Location ID
Contract ID

MARK JAMES COX

Patient Information
Treatment Dates/Incomplete
Exemptions, Remissions & Patient Charge
Supporting Evidence
Treatment Category
COVID Status Triage Results

Clinical Data Set
Other
Ethnic Origin
Dentist Declaration


All the necessary care and treatment that the patient is willing to undergo will be provided ☐

All the currently necessary care and treatment that the patient is willing to undergo has been carried out ☐

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 ☐

Save as Draft and Create Another Claim
Save as Draft and Return to Launch Screen
Save and Create Another Claim
Save and Return to Launch Screen
Cancel and Return to Launch Screen

Select either the “Save and create another FP17” tab or the “Save and return to launch screen” tab once the Declaration has been entered. The “Save and create another FP17” tab will take you to the creation screen for a new claim and the “Save and return to launch screen” will take you to the screen that enables you to change contract/performer details for any further claims

A decorative graphic consisting of a blue and teal wave shape that spans the width of the page, positioned below the header.

To authorise claims that have been created by support staff – i.e. Practice Manager or Receptionist, select “Activity” from the menu, followed by “Activity Authorisation Search” which will list the claims awaiting authorisation.