

NHS Dental Services

The below information provides the details to use the online form function in Compass to enter and submit FP17O form information .

For more detail on rules associated with each of the data items on the FP17O, please refer to the “Completion of Form Guidance – FP17O” available [here](#) and select the Dental forms menu option.

Please note that the patient will need to sign a paper PR form. 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 FP170 (Performer) – England

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

Homepage Menu	
<input checked="" type="checkbox"/>	My Profile
<input checked="" type="checkbox"/>	Performer
<input checked="" type="checkbox"/>	Pensions
<input checked="" type="checkbox"/>	Payments
<input checked="" type="checkbox"/>	Activity
<input checked="" type="checkbox"/>	Reporting
<input checked="" type="checkbox"/>	COVID-19

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

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
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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 (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.

The form is titled 'Patient Information' and contains the following fields:

- Activity Reference
- Performer ID
- Treatment Location ID
- Contract ID (1000630000)
- Patient ID (with magnifying glass icon)
- NHS Number
- Surname
- Forename
- Address
- Post Code
- Sex (Please Select...)
- Date of Birth
- Previous Surname (If changed since last visit)
- Email Address
- Patient Declined
- Mobile Phone Number
- Patient Declined

At the bottom, there are 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 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.

The Patient List modal displays the following data:

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

Records 1 to 15 of 21

Page 1 / 2

This screen also allows for the recording of the optional Previous Surname, Patient's E-mail Address and Patient's Mobile Telephone Number fields. If the patient does not give an e-mail address then the

“Patient Declined” box underneath must be ticked. Similarly, if the patient does not give a mobile phone number then the “Patient Declined” box underneath must be ticked.
An NHS Number must be entered. If it not known or available then zero must be entered.

Exemptions, Remissions & Patient's Charge

Use this tab to enter any exemption or remission appropriate for the patient concerned or to enter the patient charge collected. Only one exemption or remission category can be entered. If any exemption or remission category is entered then one of the Evidence of Exemption or Remission Seen boxes must be ticked.

For patients who are aged under 18 tick that specific exemption box.

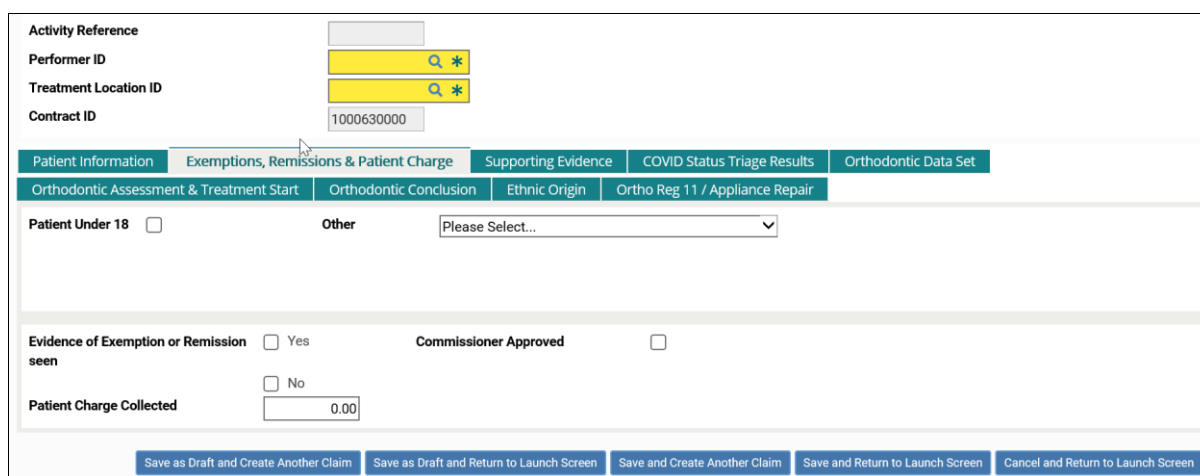
All Other exemption categories appropriate for adult patients are now available from a drop down list.

None of the fields are mandatory, but the following on-screen validation checks will take place:

- If the patient is aged under 18 at the Date of Referral* on an assessment claim then the Patient Under 18 box must be ticked
- If the patient is aged 18 or over at the Date of Referral* on an assessment claim then the Patient Under 18 box must not be ticked
- If the Aged 18 in Full Time Education box is selected then the patient must be aged 18 at the Date of Referral*
- If Partial remission - HC3 Certificate is selected than there must be an accompanying non-zero patient charge entered
- If Expectant Mother or Nursing Mother is selected then the patient must be female

* - Date of Assessment for cases where Date of Assessment is before 1st April 2019

The box “Commissioner Approved” must be ticked on all assessment claims where the patient is 18 or over at the Date of Referral.



The screenshot shows a web form with the following fields and tabs:

- Activity Reference**: Text input field.
- Performer ID**: Text input field with a search icon and an asterisk.
- Treatment Location ID**: Text input field with a search icon and an asterisk.
- Contract ID**: Text input field with the value "1000630000".
- Tabs**:
 - Patient Information
 - Exemptions, Remissions & Patient's Charge** (Active)
 - Supporting Evidence
 - COVID Status Triage Results
 - Orthodontic Data Set
- Sub-tabs**:
 - Orthodontic Assessment & Treatment Start
 - Orthodontic Conclusion
 - Ethnic Origin
 - Ortho Reg 11 / Appliance Repair
- Exemption Options**:
 - Patient Under 18**: ☐
 - Other**:
- Evidence of Exemption or Remission seen**:
 - ☐ Yes
 - ☐ No
- Commissioner Approved**: ☐
- Patient Charge Collected**: Text input field with the value "0.00".
- 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
 - Cancel and Return to Launch Screen

Supporting Evidence

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

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

Patient Information	Exemptions, Remissions & Patient Charge	Supporting Evidence	COVID Status Triage Results	Orthodontic Data Set
Orthodontic Assessment & Treatment Start	Orthodontic Conclusion	Ethnic Origin	Ortho Reg 11 / Appliance Repair	

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

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	<input type="text"/>
Performer ID	<input type="text"/>
Treatment Location ID	<input type="text"/>
Contract ID	1000630000

Patient Information	Exemptions, Remissions & Patient Charge	Supporting Evidence	COVID Status Triage Results	Orthodontic Data Set
Orthodontic Assessment & Treatment Start	Orthodontic Conclusion	Ethnic Origin	Ortho Reg 11 / Appliance Repair	

No. of Triages this course of treatment resulting in patient COVID status:

Patient Shielded

At Increased Risk of severe illness from COVID-19

Possible/confirmed COVID patient or those living in household

Patient is COVID-19 Symptom Free at present

Other

Orthodontic Data Set

Use this “tab” to record any Orthodontic Data Set details required concerning the appliances or retainers fitted, radiographs/photographs taken or extractions made.

Tick the Treatment Proposed box for any claim involving an Assessment Appliance Fitted or tick the Treatment Completed/Abandoned/Discontinued box for any orthodontic conclusion claim.

If the Extractions box is set to Y then the tooth notations applicable to those extractions must be entered and similarly if extraction tooth notations are entered then the Extraction box must be set to Y.

Activity Reference
Performer ID
Treatment Location ID
Contract ID 1000630000

Patient Information | Exemptions, Remissions & Patient Charge | Supporting Evidence | COVID Status Triage Results | **Orthodontic Data Set**

Orthodontic Assessment & Treatment Start | Orthodontic Conclusion | Ethnic Origin | Ortho Reg 11 / Appliance Repair

Treatment Proposed ☐
Treatment Completed/Abandoned/Discontinued ☐
Aerosol Generating Procedure (No. of appointments)
Radiograph(s) taken (Number)
Photographs Y/N ☐
Extractions Y/N ☐
Removable upper appliance Y/N ☐
Functional appliance Y/N ☐
Fixed upper appliance Y/N ☐
Retainer upper Y/N ☐
Removable lower appliance Y/N ☐
Fixed lower appliance Y/N ☐
Retainer lower Y/N ☐

Extractions
Search Quadrant

Quadrant	Tooth	Action

Records 0 to 0 of 0 Page 1 / 1

For extractions each individual tooth must be recorded in a separate transaction by using the “Create” button. Select the Quadrant and Tooth notation from a drop-down list in each case. Select the “Save/Create” button to add further tooth notations or “Save” to return to the Orthodontic Data Set “tab”.

Orthodontic Assessment & Treatment Start | Orthodontic Conclusion | Ethnic Origin | Ortho Reg 11 / Appliance Repair

Treatment Proposed ☐
Treatment Completed/Abandoned/Discontinued ☐
Aerosol Generating Procedure (No. of appointments)
Radiograph(s) taken (Number)
Photographs Y/N ☐
Extractions Y/N ☐
Removable upper appliance Y/N ☐
Functional appliance Y/N ☐
Fixed upper appliance Y/N ☐
Retainer upper Y/N ☐
Removable lower appliance Y/N ☐
Fixed lower appliance Y/N ☐
Retainer lower Y/N ☐

Extractions
Search Quadrant

Quadrant	Tooth	Action

Records 0 to 0 of 0 Page 1 / 1

Orthodontic Assessment & Treatment Start

Use this tab to record the assessment and start of treatment phase.

Select one of "Assessment & review", "Assessment & refuse treatment", "Assessment & appliance fitted" or "Assessment and Debond". Selection of one of these boxes will allow the entry of "IOTN", "Aesthetic Component" and/or "IOTN not applicable". Note that if an IOTN value of 3 is entered then an accompanying Aesthetic Component item is mandatory. An IOTN entry is now mandatory for any assessment claim. IOTN NA cannot be used for an Assess/Appliance Fitted claim and an Aesthetic Component is mandatory for such claims.

Please note for Assessment and Dedond to be claimed the following must be true.

- date of assessment is 1 October 2022 or later
- IOTN score is present or IOTN not applicable is selected
- patient is from overseas and they are unable to provide their orthodontic treatment records due to circumstances outside of their control
- patient has an orthodontic appliance
- patient has no history of NHS orthodontic treatment **in England**
- patient does not pay for NHS dental treatment

Date of Referral* and **Date of Assessment** are mandatory if anything is entered in this tab.

* - if Date of Assessment is on or after 1st April 2019

The Date of Referral must not be after the Date of Assessment. The Date Appliance Fitted must not be prior to the Date of Assessment and need only be present if "Assess & appliance fitted" is.

Patient Information	Exemptions, Remissions & Patient Charge	Supporting Evidence	COVID Status Triage Results	Orthodontic Data Set	Orthodontic Assessment & Treatment Start
Orthodontic Conclusion	Ethnic Origin	Dentist Declaration	Override Rules	Ortho Reg 11 / Appliance Repair	
Assessment & review	<input type="checkbox"/>	Assess & refuse treatment	<input type="checkbox"/>	Assess & appliance fitted	<input type="checkbox"/>
Assessment & Debond	<input type="checkbox"/>	Aesthetic component	<input type="text" value="(1-10)"/>	IOTN not applicable	<input type="checkbox"/>
IOTN	<input type="text" value="(1-5)"/>				
Date of Referral	<input type="text" value=""/>				
Date of Assessment	<input type="text" value=""/>				
Date Appliance Fitted	<input type="text" value=""/>				

Orthodontic Conclusion

This tab is used when an orthodontic course of treatment has reached its end.
The Date of Completion is mandatory if anything is entered in this tab.

Select one of the tick boxes “Treatment abandoned – patient failed to return”, “Treatment abandoned – patient requested”, “Treatment Discontinued” or “Treatment Completed”.
 The “PAR scores calculated” box must be completed by entering Y or N as appropriate.
 An IOTN entry is now mandatory for any conclusion claim. IOTN NA cannot be used for a Treatment Completed claim. Note that if an IOTN value of 3 is entered then an accompanying Aesthetic Component item is mandatory.
 Optionally a one or two digit Pre Treatment PAR Score and/or Post Treatment PAR Score can be entered.

The screenshot shows the 'Orthodontic Data Set' tab selected. The form includes fields for Activity Reference, Performer ID, Treatment Location ID, and Contract ID (1000630000). Below these are tabs for Patient Information, Exemptions, Remissions & Patient Charge, Supporting Evidence, COVID Status Triage Results, and Orthodontic Data Set. The Orthodontic Data Set tab is active, showing options for Treatment abandoned - patient failed to return, Treatment abandoned - patient requested, Treatment discontinued, and Treatment completed. There are also fields for IOTN (1-5), Aesthetic component (1-10), IOTN not applicable, Pre-Treatment PAR Score, and Post-Treatment PAR Score. A checkbox for 'PAR scores calculated Y/N' is checked. At the bottom, there are buttons for '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'.

Ortho Reg 11/Appliance Repair

This “tab” should be used for either of the items Repair to an Appliance Fitted by Another Dentist or Regulation 11 Replacement [orthodontic] Appliance is required. It cannot be used in conjunction with any Assessment or Treatment Start or Treatment Conclusion.
 The Date of Completion is mandatory if anything is entered in this “tab”

The screenshot shows the 'Ortho Reg 11 / Appliance Repair' tab selected. The form includes fields for Activity Reference, Performer ID, Treatment Location ID, and Contract ID (1000630000). Below these are tabs for Patient Information, Exemptions, Remissions & Patient Charge, Supporting Evidence, COVID Status Triage Results, and Orthodontic Data Set. The Ortho Reg 11 / Appliance Repair tab is active, showing options for 'Repair to appliance fitted by another contractor' and 'Regulation 11 replacement appliance'. There is a field for 'Date of Completion or Last Visit'. At the bottom, there are buttons for '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'.

Ethnic Origin

Select this tab and complete the Ethnic Origin accordingly.

Activity Reference	
Performer ID	<input type="text" value="925179"/>
Treatment Location ID	<input type="text" value="1000630000"/>
Contract ID	1000630000

Patient Information	Exemptions, Remissions & Patient Charge	Supporting Evidence	COVID Status Triage Results	Orthodontic Data Set
Orthodontic Assessment & Treatment Start	Orthodontic Conclusion	Ethnic Origin	Ortho Reg 11 / Appliance Repair	

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"/>			

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.

Dentist Declaration

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.

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

Activity Reference	
Performer ID	925179 MARK JAMES COX
Treatment Location ID	<input type="text" value="1000290000"/>
Contract ID	1000290000

Patient Information	Exemptions, Remissions & Patient Charge	Supporting Evidence	COVID Status Triage Results	Orthodontic Data Set
Orthodontic Assessment & Treatment Start	Orthodontic Conclusion	Ethnic Origin	Dentist Declaration	Ortho Reg 11 / Appliance Repair

☐ 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

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.