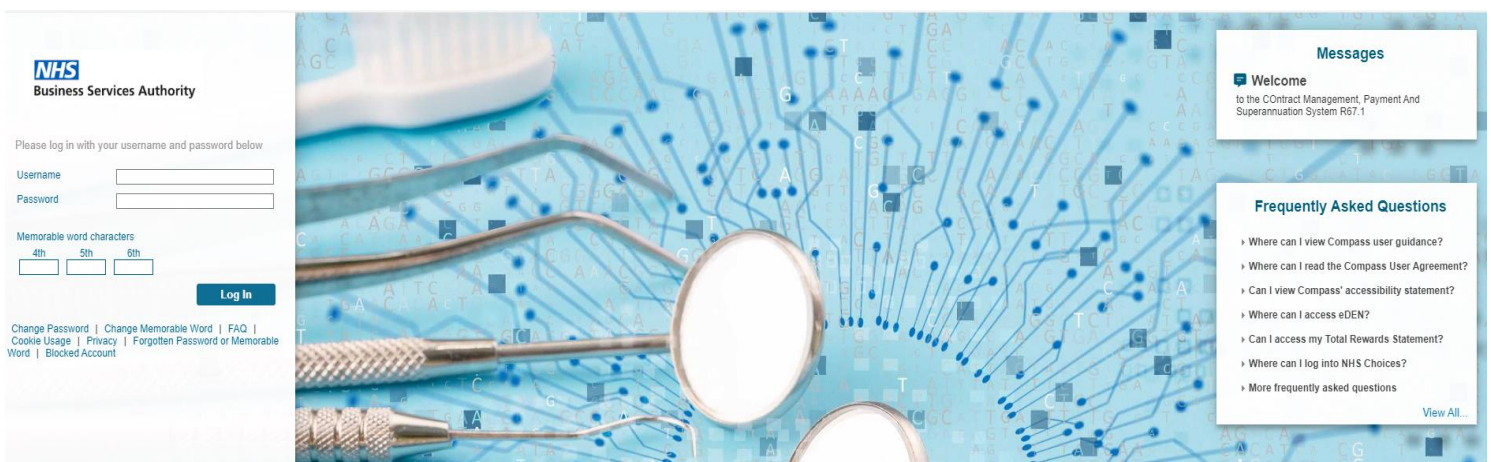


## NHS Dental Services

The below information provides the details to complete FP17 forms using the online form function in Compass.

Please note that the patient will need to sign a paper PR form (obtainable from your usual form supplier) or the electronic equivalent. 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 (Provider, Practice Manager or Receptionist) – England



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

**Providers Homepage** BSA D

**Homepage Menu**

- My Profile
- User Maintenance
- Provider
- Contract
- Clinician
- Payments
- Pensions
- Activity
- Reporting
- COVID-19
- Participant Update

**User Details**

Full Name: MARK JAMES GOATMAN  
 Email Address: DCSSTransformation@capita.co.uk  
 Security Role: Business Owner  
 Current Date: 26/03/2024  
 Last Successful Login: 26/03/2024 10:10:38

**User Messages**

Message Text	Action

Records 0 to 0 of 0 Page 1 / 1

**System Messages**

No System Messages Found

The following screen will be displayed.

**Providers Homepage**

**Homepage Menu**

- Back To Provider Homepage
- Activity Authorisation Search
- Activity Creation
- Activity Creation (Clinician)
- Activity Dashboard
- Activity Dashboard (Clinician)
- Activity File Archive Search
- Activity File Monitor
- Activity Search (Detail)
- Activity Search (Detail - Clinician)
- Activity Search (Summary)
- Activity Search (Summary - Clinician)
- Maintain or Finalise Draft Claims
- Maintain or Finalise Draft Claims (Clinician)
- New Patient Declaration
- Ortho Par Score Capture and Submission
- Ortho Par Score Sample Request
- Clinician PIN Request
- WebEDI Account Update
- View Authorisation List

**User Details**

Full Name: MARK JAMES GOATMAN  
 Email Address: DCSSTransformation@capita.co.uk  
 Security Role: Business Owner  
 Current Date: 26/03/2024  
 Last Successful Login: 26/03/2024 10:10:38

**User Messages**

Message Text	Action

Records 0 to 0 of 0 Page 1 / 1

**Approved Contracts**

Search

Contract No	Type	Commissioner	Start Date	Postcode	Action

Please note that if you are a Provider/Clinician creating your own online FP17s, please select Activity Creation (Clinician) and follow the separate guidance document for Clinicians.

If you are a Provider/Clinician, Provider, Practice Manager or Receptionist and you are creating online FP17s for Clinicians within the practice, select Activity creation to display the launch screen:

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

Home » Activity Creation Launch

NOTE: The claims created in this session (unless they are Triage claims) will require prior independent authorisation by a clinician before they can be released for processing.

Contract ID  \* 🔍

Personal ID  🔍

Location ID

Form Type  \* ▼

You can either enter Contract ID, Clinician ID and Location ID manually or click on the magnifying glass to display all the appropriate contracts, Clinicians and Locations and choose the appropriate ones. Use drop down to choose the form type (FP17 or FP17O) and select “next” button.

Select **Patient Information** tab and complete relevant patient information.

Patient Information | Dental Care Professional | Treatment Dates/Incomplete | Exemptions, Remissions & Patient Charge | Supporting Evidence | Treatment Category | COVID Status Triage Results | Clinical Data Set

Other | Ethnic Origin

Patient ID  🔍

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

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:

Home » Activity Creation Launch » General » Patient List

Patient Id	NHS Number	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
14050		FORD	GERALD	30/06/2006	M	WN7 1NJ	Select
11144		FOREST	ENGLAND	08/06/1950	M	WN7 1NJ	Select
11992		GOFFSPARK	RUSSELL	08/06/1950	M	WN7 1NJ	Select
14049		KELLY	FREDA	30/06/2006	F	WN7 1NJ	Select
14773		KORNIKOVA	ANNA	08/06/1950	F	WN7 1NJ	Select
14720		LAWRENCIUM	HUNDREDDANDTHREE	08/06/1950	M	WN7 1NJ	Select
11140		LEIPZIG	EASTGERMANY	08/06/1950	M	WN7 1NJ	Select
14004		LINDGREN	NILS	30/06/2006	M	PO12 3EN	Select

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To filter the patient list you can enter the patient's surname, forename or date of birth in the relevant blank field below the column header and click enter on your keyboard to display your choice. Select the patient from the list displayed and this will populate the online FP17 Patient Information tab:

Patient Id	NHS Number	Surname	Forename	D.O.B.	Sex	Last Known Postcode	Action
<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	FINDON	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="button" value="Clear Filters"/>
11997		FINDON	TERRY	08/06/1950	M	WN7 1NJ	<input type="button" value="Select"/>

Records 1 to 1 of 1 Page  / 1

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.

Once patient details are completed, select the **Treatment Dates/Incomplete** tab and the enter dates of acceptance and completion which can be in the following formats – DDMMYY, DD/MM/YY, DDMMCCYY, DD/MM/CCYY

*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.*

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	COVID Status Triage Results	Clinical Data Set
Other	Ethnic Origin						
For Incomplete Treatment the Band for actual Treatment provided		<input type="text"/>					
Date of Acceptance	<input type="text"/>	Completion Date same as Acceptance		<input type="checkbox"/>			
Date of Completion or Last Visit	<input type="text"/>	Flexible Commissioning Flag		<input type="text"/>			
<input type="button" value="Save as Draft and Create Another Claim"/> <input type="button" value="Save as Draft and Return to Launch Screen"/> <input type="button" value="Save and Create Another Claim"/> <input type="button" value="Save and Return to Launch Screen"/> <input type="button" value="Cancel and Return to Launch Screen"/>							

If it is incomplete treatment, 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.

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.

Patient Information	Dental Care Professional	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"/>
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"/>
Prisoner	<input type="checkbox"/>	Income-related employment and support allowance	<input type="checkbox"/>	Universal Credit	<input type="checkbox"/>	Nursing mother	<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"/>					
<input type="button" value="Save as Draft and Create Another Claim"/> <input type="button" value="Save as Draft and Return to Launch Screen"/> <input type="button" value="Save and Create Another Claim"/> <input type="button" value="Save and Return to Launch Screen"/> <input type="button" value="Cancel and Return to Launch Screen"/>							

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

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	<b>Supporting Evidence</b>	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	<input type="text"/>
Relationship to patient	<input type="text"/>
Where Aged 18 in Full Time Education exemption is claimed.	
Name of college or university	<input type="text"/>
Where Expectant or Nursing Mother exemption is claimed.	
NHS Maternity Exemption Certificate Number	<input type="text"/>
Baby due/born on date	<input type="text"/>
Where Income Support, Jobseeker's Allowance, Employment Support Allowance or Pension Credit Guarantee remission is claimed.	
Name of person receiving benefit	<input type="text"/>
Date of Birth of person receiving benefit (DD/MM/YYYY)	<input type="text"/>
National Insurance Number of person receiving benefit	<input type="text"/>
Where HC2 or HC3 Certificate or Tax Credit remission is claimed.	
Certificate Number or Card Number	<input type="text"/>
Patient Charge Limit (HC3 Certificates only) – £999.99 format	<input type="text" value="0.00"/>

[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.

Patient Information		Dental Care Professional		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"/>						
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"/>						

## 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 and submission of this information is no longer required.

Patient Information		Dental Care Professional		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		Ethnic Origin													
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 (pre 01/09/2022)	<input type="text"/>	(No. Teeth)	Endodontics - Molar	<input type="text"/>	(No. Teeth)	Endodontics - Non-molar	<input type="text"/>	(No. Teeth)	Highest BPE Sextant Score	<input type="text"/>					
Untreated Decayed Teeth	<input type="text"/>	(No. Teeth)	Permanent fillings	<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)	Custom Made Occlusal Appliance Hard Bite	<input type="checkbox"/>	Custom Made Occlusal Appliance Soft Bite	<input type="checkbox"/>	Denture Additions/Reline/Rebase	<input type="checkbox"/>							
Phased Treatment	<input type="checkbox"/>	Pre-formed crowns	<input type="text"/>	(No. Teeth)	Advanced Perio RSD	<input type="text"/>	(No. sextants)	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 Deciduous Teeth	<input type="text"/>	(No. Teeth)							
Filled Permanent Teeth	<input type="text"/>	(No. Teeth)	Filled Deciduous Teeth	<input type="text"/>	(No. Teeth)										

Click on **Other** tab and complete accordingly

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	COVID Status Triage Results	Clinical Data Set
Other <b>Ethnic Origin</b>							
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)				
<input type="button" value="Save as Draft and Create Another Claim"/> <input type="button" value="Save as Draft and Return to Launch Screen"/> <input type="button" value="Save and Create Another Claim"/> <input type="button" value="Save and Return to Launch Screen"/> <input type="button" value="Cancel and Return to Launch Screen"/>							

Repeat for the **Ethnic Origin** tab

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	COVID Status Triage Results	Clinical Data Set
Other <b>Ethnic Origin</b>							
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 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"/>
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"/>
Any other ethnic group	<input type="checkbox"/>	Patient declined	<input type="checkbox"/>			Chinese	<input type="checkbox"/>
<input type="button" value="Save as Draft and Create Another Claim"/> <input type="button" value="Save as Draft and Return to Launch Screen"/> <input type="button" value="Save and Create Another Claim"/> <input type="button" value="Save and Return to Launch Screen"/> <input type="button" value="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 treatment complete select either “Save and create another FP17” tab or “Save and return to launch screen” tab as only the Clinician who carried out the treatment can authorise the claim.

Individual Clinicians can find and authorise their claims by logging in to Compass and selecting Activity and then Activity Authorisation Search. This will present the following screen:

Home > Activity Authorisation Search

Contract ID  Personal ID

The claims listed below have been created by your practice but are awaiting authorisation before they can be processed through the NHS Dental Services system. Please select each claim and authorise appropriately by completing the Clinician Declaration tab or select 'Authorise All' below which will allow you to complete a single Clinician Declaration which will apply to all claims showing on the list. To narrow down claims to a specific contract, enter the Contract ID at the top of the screen and press 'Search'.

Search

Contract ID	Personal ID	Patient Surname	Patient Forename	Date of Birth	Treatment Start Date	Treatment End Date	Form Type	Action
9251790001	835773	LEADINGSPEACE	JIM	08/06/1950	18/03/2024	25/03/2024	Gen.	<input type="button" value="Authorise"/>



If there are any claims to authorise they will be listed here, click Authorise All (or claims can be authorised individually) and you will be presented with the Clinician Declaration tab which allows the Clinician to review and authorise the FP17.

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

Once the boxes have been ticked, click Authorise.