

NHS Dental Services

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

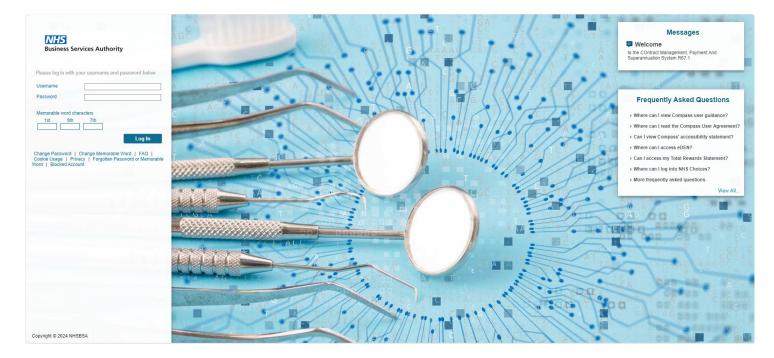
For more detail on rules associated with each of the data items on the FP17O, please refer to the "Completion of Form Guidance – FP17O" available <u>here</u> and select the Dental forms menu option.

Please note that the patient will need to sign a paper PR form 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.

NHS Business Services Authority

Completion of online form guidance FP17O (Clinician) – England

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





The following screen will be displayed.



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

Select Activity creation to dislpay the launch screen:

Activity Creation Launch			
Contract ID Personal ID Location ID Form Type	* Q		
			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.

Patient Informa	ation Exemptions, Re	emissions & Patient Charge	Supporting Evidence CC	OVID Status Triage Results	Orthodontic Data Set	t Orthodontic Asse	ssment & Treatment Start	Orthodontic Conclusion	
Ethnic Origin	Clinician Declaration	Ortho Reg 11 / Appliance I	Repair						
Patient ID NHS Number			Q	Previous	Surname				
Surname			*	(If chang	ed since last visit)				
Forename			*						
Address				* Email Ad	ldress				1.
				Patient I					
					hone Number				
Post Code			Q	Patient	Declined				
Sex		Please Sel	ect 🗸 \star						
Date of Birth			*						
		_							
			Save as Draft and Create Another Cla	aim Save as Draft and Return	to Launch Screen Save a	and Create Another Claim	Save and Return to Launch Screer	Cancel and Return to Launch Scre	een

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.

Activity Reference										
Personal ID								C⊥⊻		
Treatment Location ID										
Contract ID	Patient Id	Surname	Forename	D.O.B.	Sex	Last Know Postcode		Action		
	Filter	T Filter T	Filter	Filter	▼ Filter	T Filter	T	Clear Filters		
Patient Information Exemptions, Remissions	11145	ASTONVILLA	ENGLAND	08/06/1950	м	WN7 1NJ		Select	& Treatment Start	Orthodontic Conclusio
Ethnic Origin Clinician Declaration Ortho F	11173	BASTIA	FRANCE	08/06/1950	м	WN7 1NJ		Select		
Patient ID	11154	BIRMINGHAM	ENGLAND	08/06/1950	м	WN7 1NJ		Select		
IHS Number	11174	BORDEAUX	FRANCE	08/06/1950	М	WN7 1NJ		Select		7
Gurname	11166	BRAGA	PORTUGAL	08/06/1950	м	WN7 1NJ		Select		
	11149	CHELSEA	ENGLAND	08/06/1950	М	WN7 1NJ		Select		
orename	11997	FINDON	TERRY	08/06/1950	М	WN7 1NJ		Select		
ddress	11144	FOREST	ENGLAND	08/06/1950	М	WN7 1NJ		Select		
	11992	GOFFSPARK	RUSSELL	08/06/1950	м	WN7 1NJ		Select		
	11140	LEIPZIG	EASTGERMANY	08/06/1950	М	WN7 1NJ		Select		
	11170	MARSEILLES	FRANCE	08/06/1950	М	WN7 1NJ		Select		
	11171	MONACO	FRANCE	08/06/1950	м	WN7 1NJ		Select		
Post Code	11332	OVERLANDERS	PAUL	08/06/1950	м	WN7 1NJ		Select		
ex	12003	PRIORY	JAMES	08/06/1950	м	WN7 1NJ		Select		
Date of Birth	11334	REBELROUSERS	CLIFF	30/06/2006	м	WN7 1NJ		Select		
	Records 1 to	15 of 21					Page	1/2 🗎 🖬		
									nd Return to Launch Screen	Cancel and Return to La

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
- Tax Credit Exemption is no longer accepted on a course of treatment with the Date of Acceptance on or after 6 April 2025.
 - * 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.

Patient Information	Exemptions, Rer	missions & Patient Charge	Supporting Evidence C	OVID Status Triage Results	Orthodontic Data Set	Orthodontic Asse	ssment & Treatment Start	Orthodontic Conclusion
Ethnic Origin Clini	ician Declaration	Ortho Reg 11 / Appliance I	Repair					
Patient Under 18		Other	Please Select		~			
Evidence of Exemption	or Remission seen	Yes	Commissioner Appro	oved [
		No						
Patient Charge Collecte	a	0.00						
			Save as Draft and Create Another C	Naim Save as Draft and Deturn	o Launch Screen I Save an	d Create Another Claim	Save and Peturn to Launch Scree	Cancel and Return to Launc



Supporting Evidence

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

Patient Informat	ion Exemptions, Re	missions & Patient Charge	Supporting Evidence	COVID Status Triage Results	Orthodontic Data Set	Orthodontic Assessment & Treatment Start	Orthodontic Conclusion
Ethnic Origin	Clinician Declaration	Ortho Reg 11 / Appliance	Repair				
	igning for the patient	on behalf of the patient.					
Where Aged 18 in Name of college c	Full Time Education exe r university	mption is claimed.					
	or Nursing Mother exemp emption Certificate Num date						
Where Income Su Guarantee remiss Name of person re	ion is claimed.	ance, Employment Support A	lowance or Pension Credit				
	rson receiving benefit (E e Number of person rece						
Certificate Number	3 Certificate or Tax Credi er or Card Number nit (HC3 Certificates only			0.00			
		Sé	we as Draft and Create Another Cl	aim Save as Draft and Return to L	aunch Screen Save and Cre	ate Another Claim 🚺 Save and Return to Launch Screen	Cancel and Return to Launch Screen

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 no longer required for submission.

Patient Informa	ation Exemptions, Re	missions & Patient Charge	Supporting Evidence	COVID Status Triage Results	Orthodontic Data Set	Orthodontic Asse	ssment & Treatment Start	Orthodontic Conclusion
Ethnic Origin	Clinician Declaration	Ortho Reg 11 / Appliance	Repair					
No. of Triages thi COVID status:	is course of treatment resu	lting in patient						
Pati	ient Shielded							
At li	ncreased Risk of severe ill	ness from COVID-19						
	sible/confirmed COVID pa isehold	tient or those living in						
Pati	ient is COVID-19 Symptom	Free at present						
Oth	er							
			Save as Draft and Create Anothe	er Claim Save as Draft and Return	to Launch Screen Save and	d Create Another Claim	Save and Return to Launch Scree	Cancel and Return to Launch



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.

Patient Information Exemptions, Remissions & Patient Charge	Supporting Evidence	COVID Status Triage Results	Orthodontic Data Set	Orthodontic Assessment & Treatment Start	Orthodontic Conclusion
Ethnic Origin Clinician Declaration Ortho Reg 11 / Appliance	e Repair				
Treatment Proposed Treatment Completed/Abandoned/Discontinued	Aerosol G Procedure		No. of		
Radiograph(s) taken Removable upper appliance Y/N V Removable lower appliance Y/N V	(Number) Photograp Functiona			per appliance Y/N 🗸 Retainer	upper Y/N v lower Y/N v
Extractions					
Search Quadrant 🗸					Create
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".

Ethnic Origin Clinician Declaration Ortho Reg 11 / A				
Treatment Proposed Treatment Completed/Abandoned/Discontinued	Aerosol Gen	erating (No. of		
Radiograph(s) taken Removable upper appliance Y/N	Extractions		× Y/N ×	Retainer upper Y/N
Removable lower appliance Y/N	Quadrant Tooth 🗸	*	Y/N 🔽	Retainer lower Y/N
Extractions Search Quadrant V		Save	Save/Create Cancel	Create
Quadrant		т	iooth	Action
Records 0 to 0 of 0				Page 1 / 1
	Save as Draft and Create Another 0	laim Save as Draft and Return to Launch Scree	n Save and Create Another Claim Save and F	Return to Launch Screen Cancel and Return to Launch Screen

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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	s, Remissions & Patient Charge	Supporting Evidence	COVID Status Triage Results	Orthodontic Data Set	Orthodontic Asse	essment & Treatment Start	Orthodontic Conclusion
Ethnic Origin Clinician Declaration	on Ortho Reg 11 / Appliance	Repair					
Assessment & review		Assess & r	refuse treatment]	As	sess & appliance fitted	
Assessment & Debond		4 4 - 4 - 4		(1.10)	100		_
IOTN Date of Referral	(1-5)	Aesthetic	component	(1-10)	10	TN not applicable	
Date of Assessment							
Date Appliance Fitted	i						
		Save as Draft and Create Anoth	er Claim Save as Draft and Returr	n to Launch Screen Save a	nd Create Another Claim	Save and Return to Launch Screer	n Cancel and Return to Launch Sc

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.

Patient Information	Exemptions, Remission	ns & Patient Charge	Supporting Evidence	COVID Status Triage Results	Orthodontic Data	Set Orthodontic Asse	ssment & Treatment Start	Orthodontic Conclusion
Ethnic Origin Clinic	ian Declaration Orth	io Reg 11 / Appliance R	Repair					
Treatment abandoned [- patient failed to return		Treatment abandon - patient requested		Treatment discontinued [Treatme	nt completed 🗌	PAR scores calculated Y/N	~
ΙΟΤΝ	(1-5)	Aesthetic compone	nt (1-1	0) IOTN not applicable [Pre-Trea	itment PAR	Post-Treatmen Score	t PAR
Date of Completion or Last Visit	i							
		s	Save as Draft and Create Anoti	ner Claim Save as Draft and Return	n to Launch Screen Sa	ave and Create Another Claim	Save and Return to Launch Screen	Cancel and Return to Launch S

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"

Patient Informati	ion Exemptions, Rei	missions & Patient Charge	Supporting Evidence	COVID Status Triage Results	Orthodontic Data S	Set Orthodontic Asses	sment & Treatment Start	Orthodontic Conclusion
Ethnic Origin	Clinician Declaration	Ortho Reg 11 / Appliance	Repair					
Repair to applianc Date of Completio	e fitted by another contra n or Last Visit	actor	Ē		Regulation 11 replacer	ment appliance		
			Save as Draft and Create Anot	her Claim Save as Draft and Return	to Launch Screen Sav	ve and Create Another Claim	Save and Return to Launch Screen	Cancel and Return to Launch

Ethnic Origin

Select this tab and complete the Ethnic Origin accordingly.

		-			-				
Patient Information	Exemptions, Ren	nissions & Patient Charge	Supporting Evidence	COVID Status Triage Results	Orthodontic Data Set	Orthodontic Asse	ssment & Treatment Start	Orthodontic Co	nclusion
Ethnic Origin Clinic	ian Declaration	Ortho Reg 11 / Appliance Re	epair						
White British		White Irish		Other White Background	White and	Black Caribbean	White and Bl	ack African	
White and Asian		Other Mixed Background	1	Asian or Asian British Indian 🗌	Asian or A Pakistani	Asian British	Asian or Asia Bangladeshi		
Other Asian background		Black or Black British Caribbean		Black or Black British African 🗌	Other Bla	ck background	Chinese		
Any other ethnic group		Patient declined							
		_							
		Sa	ave as Draft and Create Ano	ther Claim Save as Draft and Return	to Launch Screen Save and	d Create Another Claim	Save and Return to Launch Scree	n Cancel and Re	turn to Launch

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.



Clinician Declaration

If the treatment is completed, select **Clinician 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

Patient Information	Exemptions, Remissions	& Patient Charge	Supporting Evidence	COVID Status Triage Results	Orthodontic Data Se	t Orthodontic Asse	ssment & Treatment Start	Orthodontic Conclusion	
Ethnic Origin Clinician 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									
			Save as Draft and Create Another	r Claim Save as Draft and Return	to Launch Screen Save	and Create Another Claim	Save and Return to Launch Screen	n Cancel and Return to Launch	h Screen

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.