

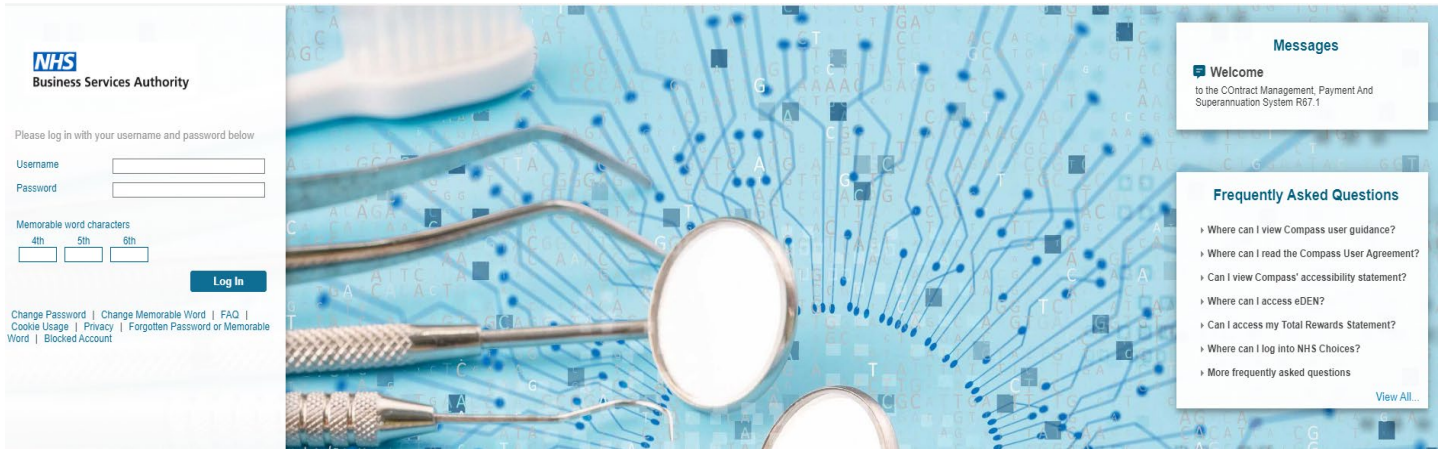
## **NHS Dental Services**

This guide provides details on how to use the online form function in Compass to enter and submit FP17 forms.

The patient must sign a paper PR form or electronic equivalent. The signed PR form must 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



## Select **Activity** from '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

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

### User Messages

Message Text	Action

Records 0 to 0 of 0 Page  / 1

### System Messages

No System Messages Found

Select **Activity Creation** to display 'Activity Creation Launch' screen.

The screenshot shows the Clinician Homepage with a 'Homepage Menu' on the left and 'System Messages', 'User Messages', and 'User Details' on the right. The 'Activity Creation' menu item is highlighted in blue.

**Homepage Menu**

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

**System Messages**  
No System Messages Found

**User Messages**  
No User Messages.

**User Details**  
Full Name  
**Email Address**  
**Security Role**  
**Current Date**  
**Last Successful Login**

**PLEASE NOTE: The boxes marked with an asterisk symbol(\*) are all mandatory fields**

The screenshot shows the 'Activity Creation Launch' form. It includes a breadcrumb trail 'Home » Activity Creation Launch', a note about claim authorization, and four input fields: 'Contract ID' (yellow, asterisk, magnifying glass), 'Personal ID' (white, magnifying glass), 'Location ID' (grey, magnifying glass), and 'Form Type' (yellow dropdown, asterisk). 'Next' and 'Cancel' buttons are at the bottom right.

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  \*

Next Cancel

You can enter Contract ID, Clinician ID and Location ID manually, or select the magnifying glass icon 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**.

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

The screenshot shows a form with the following fields and sections:

- Patient Information** (Active tab)
- Patient ID**: Text input with a magnifying glass icon.
- NHS Number**: Text input.
- Surname**: Text input with an asterisk.
- Forename**: Text input with an asterisk.
- Address**: Multiple stacked text input fields with an asterisk.
- Post Code**: Text input with a magnifying glass icon.
- Sex**: Dropdown menu with "Please Select..." and an asterisk.
- Date of Birth**: Text input with an asterisk.
- Previous Surname (If changed since last visit)**: Text input.
- Email Address**: Text input.
- Mobile Phone Number**: Text input.
- Patient Declined**: Two checkboxes.

Buttons at the bottom: 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 it is an existing patient, select the magnifying glass icon next to the 'Patient ID' field. This will present you with a list of all your existing patients from which you can select the patient:

The screenshot shows a "Patient List" modal window with the following table:

Patient Id	NHS Number	Surname	Forename	D.O.B.	Sex	Last Known Postcode	Action
14761		CAPRIATI	JENNIFER	08/06/1950	F	WN7 1NJ	Select
14976		DIOCLETIAN	JOAQUIN	08/06/1950	M	WN7 1NJ	Select
14534		MCENROE	JOHN	08/06/1950	M	WN7 1NJ	Select

Records 1 to 3 of 3. Page 1 / 1

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:



## Dental Care Professional tab

If a Dental Care Professional (DCP) is providing the full course of dental treatment (within their scope of practice) as a Direct Access Clinician, select the Direct Access Clinician type from the drop-down list.

The boxes below this do not need completing unless another DCP clinician is assisting with the course of treatment.

Direct Access Clinician Type  
A Dental Care Professional carried out all or part of the work in this course of treatment:  
Dental Care Professional Type  
Enter the GDC Number of the Dental Care Professional

Dental Therapist  
Dental Hygienist  
Dental Nurse  
Clinical Dental Technician

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

Where a DCP is assisting with a course of treatment opened by a dentist or Direct Access Clinician, select one of the DCP options available from the drop down list.

Direct Access Clinician Type  
A Dental Care Professional carried out all or part of the work in this course of treatment:  
Dental Care Professional Type  
Enter the GDC Number of the Dental Care Professional

Dental Therapist  
Dental Hygienist  
Dental Nurse  
Clinical Dental Technician

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, DDMMYYYY, DD/MM/YYYY

The 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	Clinical Data Set	Other	Ethnic Origin
For Incomplete Treatment the Band for actual Treatment provided		<input type="text"/>	Completion Date same as Acceptance <input type="checkbox"/>		Flexible Commissioning Flag <input type="text"/>			
Date of Acceptance		<input type="text"/>						
Date of Completion or Last Visit		<input type="text"/>						

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, one of the 'evidence seen' boxes must be selected – including a prison exemption. The patient charge entry is not mandatory if the patient is not exempt.

If a patient is under 18, select **Patient under 18** and **Evidence of Exemption or Remission seen – Yes/No**.

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

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	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

If required, select the **Supporting Evidence** tab and complete with relevant information.

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

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

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	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"/>
Unscheduled Care Charge Exempt Treatment Only	<input type="checkbox"/>								
Care Pathway 1	<input type="text"/>	Care Pathway 2	<input type="text"/>	Care Pathway 3	<input type="text"/>				
<p>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</p>									

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	Clinical Data Set	
Other	Ethnic Origin	Clinician Declaration					
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 01/10/2022)	<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 (pre 01/04/26)	<input type="checkbox"/>
Denture Relines	<input type="checkbox"/>	Denture Additions	<input type="checkbox"/>	Advanced Perio RSD	<input type="text"/> (No. sextants)	Missing Deciduous Teeth	<input type="text"/> (No. Teeth)
Phased Treatment	<input type="checkbox"/>	Pre-formed crowns	<input type="text"/> (No. Teeth)	Missing Permanent Teeth	<input type="text"/> (No. Teeth)	Crown Refix with Post/Core Retention	<input type="text"/> (No. Teeth)
Decayed Permanent Teeth	<input type="text"/> (No. Teeth)	Decayed Deciduous Teeth	<input type="text"/> (No. Teeth)	Laboratory Made Splint	<input type="checkbox"/>	Arrest of Bleeding	<input type="checkbox"/>
Filled Permanent Teeth	<input type="text"/> (No. Teeth)	Filled Deciduous Teeth	<input type="text"/> (No. Teeth)	Bridge Repairs	<input type="checkbox"/>		
Soft Tissue Surgery	<input type="checkbox"/>	Non-Laboratory Made Splint/Appliance	<input type="checkbox"/>				
Prescription	<input type="checkbox"/>	Denture Repairs	<input type="checkbox"/>				
Removal of Sutures	<input type="checkbox"/>	Nurse Applied Fluoride Varnish	<input type="checkbox"/>				

Select the **Other** tab and complete accordingly.

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	Clinical Data Set	Other	Ethnic Origin
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)							

## Select the **Ethnic Origin** tab

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	Clinical Data Set			
Other	<b>Ethnic Origin</b>	Clinician Declaration							
<b>White</b>									
English or Welsh or Scottish or Northern Irish or British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Gypsy or Irish Traveller	<input type="checkbox"/>	Any other White background	<input type="checkbox"/>		
<b>Mixed multiple ethnic groups</b>									
White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Any other Mixed or Multiple ethnic background	<input type="checkbox"/>		
<b>Asian or Asian British</b>									
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
<b>Black or African or Caribbean or Black British</b>									
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Other Black or African or Caribbean background	<input type="checkbox"/>				
<b>Other Ethnic Group</b>									
Arab	<input type="checkbox"/>	Any other Ethnic Group	<input type="checkbox"/>						
<b>Other</b>									
Patient declined (pre 01/04/2026)	<input type="checkbox"/>	Ethnicity Not Stated	<input type="checkbox"/>	Patient Ethnicity Unknown	<input type="checkbox"/>				

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

If treatment complete select **Save and create another FP17** or **Save and return to launch screen**.

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	LEADINGSPACE	JIM	08/06/1950	18/03/2024	25/03/2024	Gen.	<a href="#">Authorise</a>

If there are any claims to authorise they will be listed here, select **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					
<p>All the necessary care and treatment that the patient is willing to undergo will be provided <input type="checkbox"/></p>							
<p>All the currently necessary care and treatment that the patient is willing to undergo has been carried out <input type="checkbox"/></p>							
<p>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"/></p>							
<input type="button" value="Authorise"/> <input type="button" value="Cancel"/>							

Once the boxes have been ticked, select **Authorise**.