

NHS Dental Services

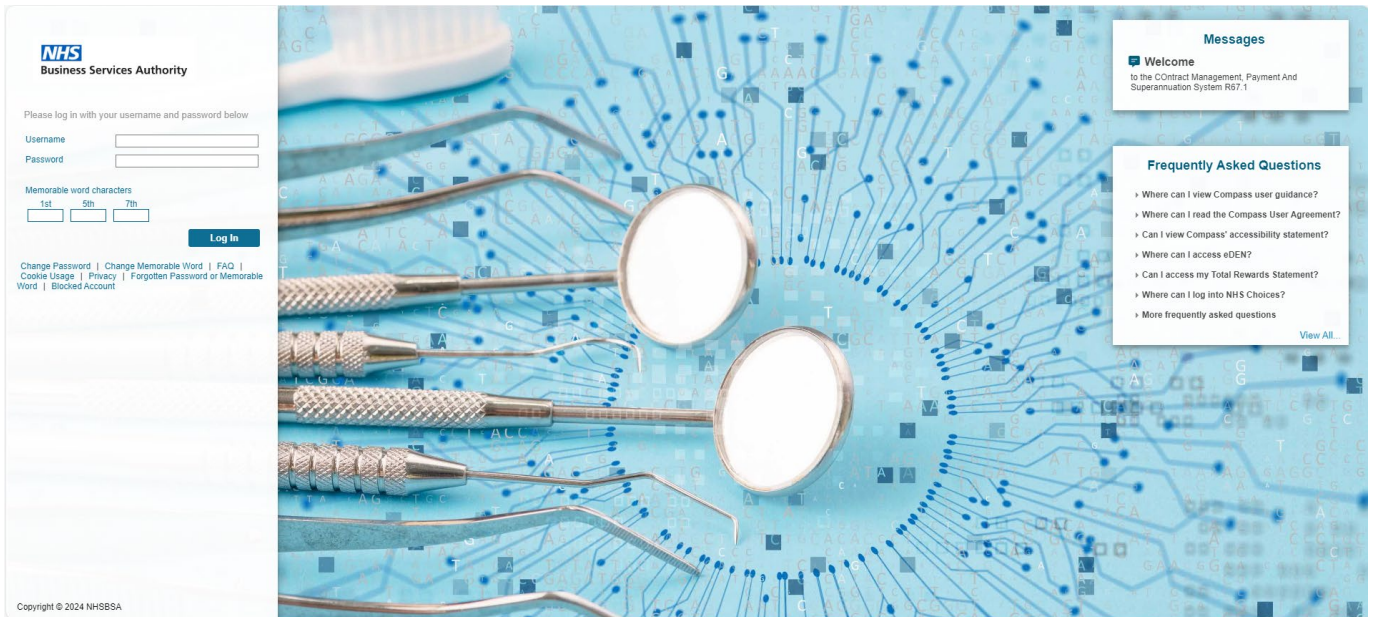
This guide provides details on how to use the online form function in Compass to enter and submit FP17W form information.

More detail on rules associated with each of the data items on the FP17W can be found on our website.

The patient must sign a paper PRW form or the electronic equivalent. The signed PRW 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 FP17W (Clinician) – Wales

Log on to Compass



Select **Activity** from 'Homepage Menu':

Homepage Menu

- My Profile
- Clinician
- Pensions
- Payments
- Activity**
- Reporting
- COVID-19

System Messages

No System Messages Found

User Messages

No User Messages.

User Details

Full Name
Email Address
Security Role
Current Date
Last Successful Login

The following screen will be displayed.

The screenshot displays a user profile page with the following sections:

- Homepage Menu:** A list of navigation options including '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', and 'View Authorisation List'.
- User Details:** A table showing user information:

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:** A table with columns 'Message Text' and 'Action'. It shows 'Records 0 to 0 of 0' and 'Page 1 / 1'.
- Approved Contracts:** A search bar with 'Contract No' and a search icon. Below it is a table with columns: 'Contract No', 'Type', 'Commissioner', 'Start Date', 'Postcode', and 'Action'.

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

Select **Activity Creation (Clinician)** to display the Activity Creation Launch Screen:

The screenshot shows the 'Activity Creation Launch' screen with the following fields:

- Contract ID:** A text input field with a magnifying glass icon and an asterisk (*).
- Personal ID:** A text input field.
- Location ID:** A text input field.
- Form Type:** A dropdown menu with an asterisk (*).

At the bottom right, there are 'Next' and 'Cancel' buttons.

You can enter Contract ID manually, or select the magnifying glass icon to display all the contracts you work on and choose the appropriate contract.

Use drop down to choose the form type (FP17W) and select **Next**.

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

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 select the magnifying glass next to the 'Postal address Selector'. Then select the correct address from the list displayed.

The screenshot shows the 'Patient Information' tab in a software interface. The form includes the following fields:

- Patient ID: Searchable field with a magnifying glass icon.
- NHS Number: Text input field.
- Surname: Text input field with a validation asterisk.
- Forename: Text input field with a validation asterisk.
- Address: Multiple stacked text input fields with a validation asterisk on the top one.
- Post Code: Text input field with a magnifying glass icon.
- Sex: Dropdown menu with 'Please Select...' and a validation asterisk.
- Date of Birth: Text input field with a validation asterisk.
- Previous Surname (If changed since last visit): Text input field.
- Email Address: Text input field.
- Patient Declined (Mobile Phone Number): Check box.
- Patient Declined: Check box.

At the bottom, 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 it is an existing patient, select the magnifying glass next to 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 the 'Patient List' modal window overlaid on the 'Patient Information' form. The modal window contains a table with the following data:

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

The modal window also includes filter dropdowns for each column header, a 'Clear Filters' button, and pagination information: 'Records 1 to 3 of 3' and 'Page 1 / 1'.

To filter the list you can enter the patient's surname, forename or date of birth in the relevant blank field below the column header and select enter to display your choice.

Select the patient from the list displayed and this will populate the online FP17W Patient Information tab:

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, DDMMYYYY, DD/MM/YYYY. 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.

Select the ACORN assessment box if this was carried out.

Select the Welsh DAP New Patient box if a patient has been referred via Dental Access Portal (DAP) for routine treatment.

Select the Welsh New Urgent Patient Referral box if a patient has been referred by Health Board emergency lines or NHS 111 for urgent treatment.

If a patient has been referred for urgent treatment by Health Board emergency lines or NHS 111 and subsequently failed to attend, select both the Welsh New Urgent Patient Referral box and the Patient Did Not Attend box.

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 contains the following fields and options:

- For Incomplete Treatment the Band for actual Treatment provided: [Dropdown menu]
- Date of Acceptance: [Date field with value 12/01/2020]
- Date of Completion or Last Visit: [Date field]
- Completion Date same as Acceptance:
- ACORN Assessment Carried Out:
- Welsh DAP New Patient:
- Welsh New Urgent Patient Referral:
- Patient Did Not Attend:

Buttons at the bottom: Save and Create Another Claim, Save and Return to Launch Screen, Cancel and Return to Launch 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 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			
Care Packages	Clinical Data Set	ACORN Assessment	Other	Ethnic Origin	Clinician Declaration				
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"/>	Exam only - under 25/60 or over	<input type="checkbox"/>	Income-related employment and support allowance	<input type="checkbox"/>	Universal Credit	<input type="checkbox"/>		
Evidence of Exemption or Remission seen		<input type="checkbox"/> Yes <input type="checkbox"/> No							
Patient Charge Collected			0.00						
Laboratory Fee			0.00	Lab Fee Commissioner Approved		<input type="checkbox"/>			

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
ACORN Assessment	Other	Ethnic Origin	Clinician Declaration			
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"/>					

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	Care Packages	Clinical Data Set
ACORN Assessment	Other	Ethnic Origin	Clinician Declaration				
Band 1	<input type="checkbox"/>	Band 2	<input type="checkbox"/>	Band 3	<input type="checkbox"/>	Urgent treatment	<input type="checkbox"/>
Urgent Care Package	<input type="checkbox"/>	Non-Urgent Care Packages		<input type="checkbox"/>		Regulation 11 replacement appliance	<input type="checkbox"/>

Select the **Care Packages** tab and complete with relevant information.

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	Care Packages	Clinical Data Set
ACORN Assessment	Other	Ethnic Origin	Clinician Declaration				
New/Initial Assessment	<input type="checkbox"/>		Simple Restorative	<input type="checkbox"/>		Extended Restorative	<input type="text"/> (No. Packages)
Periodontal	<input type="checkbox"/>		Anterior Root Canal	<input type="text"/> (No. Packages)		Posterior Root Canal	<input type="text"/> (No. Packages)
Crown, Bridge, Inlay, Onlay and Veneer	<input type="text"/> (No. Packages)		Denture	<input type="checkbox"/>		Stabilisation	<input type="checkbox"/>
Miscellaneous	<input type="checkbox"/>		Recall	<input type="checkbox"/>		Recall 18-24 months	<input type="checkbox"/>
Miscellaneous Trauma	<input type="checkbox"/>						
Warranty Treatment							
Warranty - Permanent Restorations		<input type="button" value="v"/>					
Warranty - Root Fillings		<input type="button" value="v"/>					
Warranty - Crowns, Bridges, Inlays, Onlays and Veneers		<input type="button" value="v"/>					

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	Care Packages	Clinical Data Set								
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Select the **ACORN Assessment** tab and complete accordingly

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence												
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Select the **Other** tab and complete accordingly

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category
Care Packages	Clinical Data Set	ACORN Assessment	Other	Ethnic Origin	Clinician Declaration
Treatment on referral	<input type="checkbox"/>			Referral for Advanced Services	<input type="checkbox"/>
Free repair/replacement	<input type="checkbox"/>			Referral for High Needs	<input type="checkbox"/>
Further treatment within 2 months	<input type="checkbox"/>				
Domiciliary services	<input type="checkbox"/>				
Sedation services	<input type="checkbox"/>				
I have assessed and communicated risks and agreed a personalised prevention and a clinical dental care plan with the patient. Shared decision making principles have been followed in agreeing the next review/ACORN date in		<input type="text" value=""/>	months		

Select **Ethnic Origin** tab

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	Care Packages	
Clinical Data Set	ACORN Assessment	Other	Ethnic Origin	Clinician Declaration			
White							
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"/>
Mixed multiple ethnic groups							
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"/>
Asian or Asian British							
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
Black or African or Caribbean or Black British							
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Other Black or African or Caribbean background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Other Ethnic Group							
Arab	<input type="checkbox"/>	Any other Ethnic Group	<input type="checkbox"/>				
Other							
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 either **Save as draft and create another FP17W** or **Save as draft and return to launch screen** – the claim can be finalised at a later date.

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

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	Clinical Data Set
ACORN Assessment	Other	Ethnic Origin	Clinician Declaration			
<p>All the necessary prevention, care and treatment that the patient is willing to undergo will be provided <input type="checkbox"/></p>						
<p>All the necessary prevention, 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>						
<p> <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"/> </p>						

Select either **Save and create another FP17W** or the **Save and return to launch screen** once the Declaration has been entered.

The “Save and create another FP17W” 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 and performer details for any further claims

To authorise claims that have been created by support staff such as Practice Manager or Receptionist, select **Activity** from the menu, followed by **Activity Authorisation Search** which will list the claims awaiting authorisation.