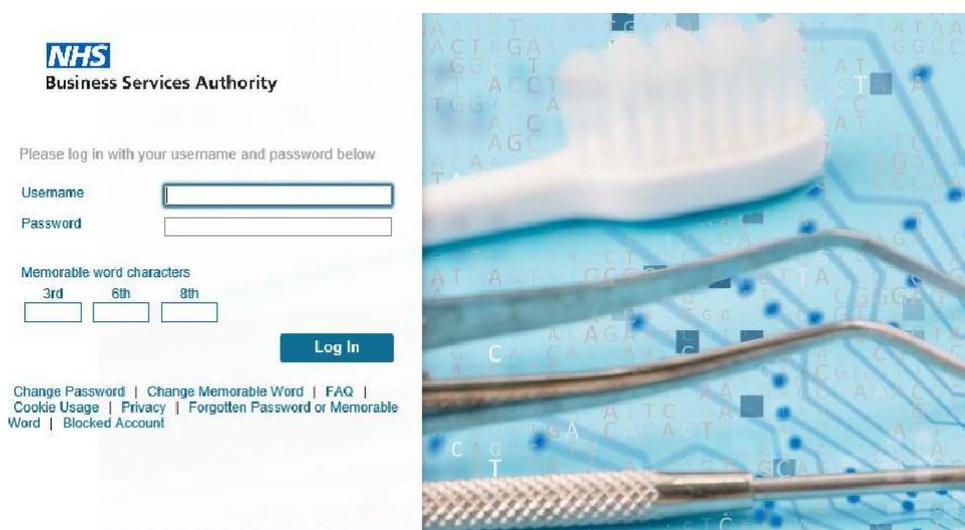
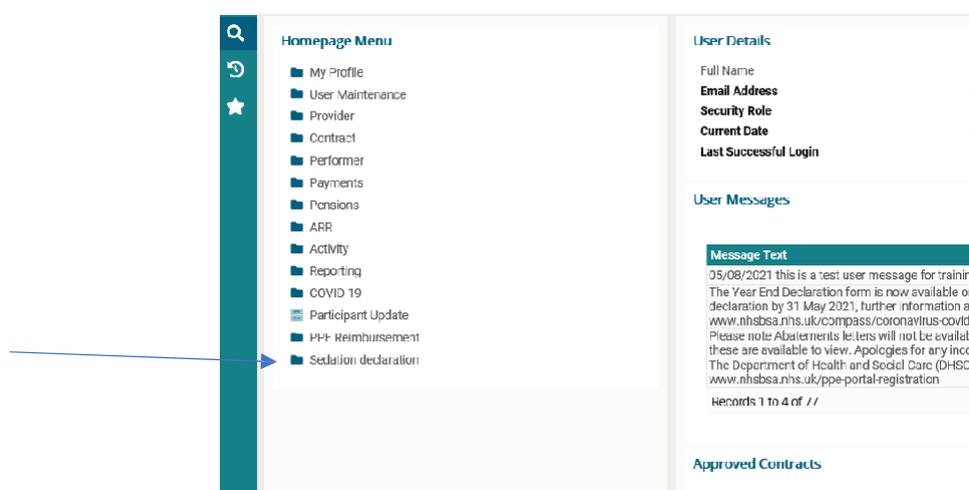


Provider guidance for completing Sedation Compliance Self-declaration form on Compass

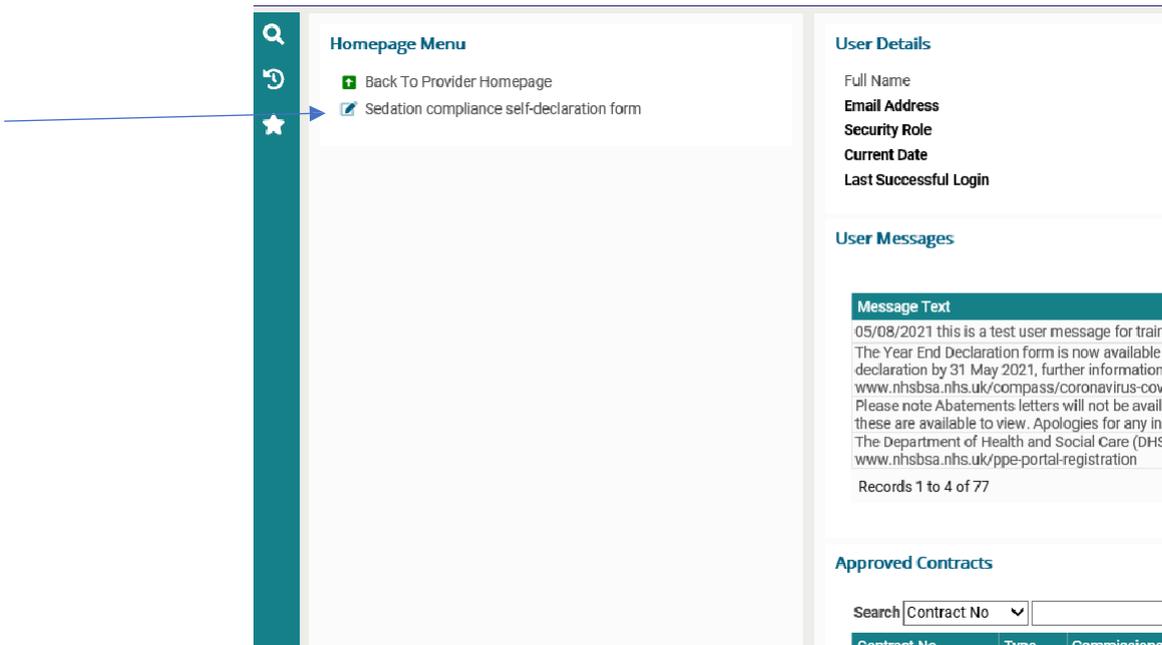
1. Sign into Compass <https://compass.nhsbsa.nhs.uk/eseries/esr.elogin>. For help accessing Compass please see guidance available on our website <https://www.nhsbsa.nhs.uk/compass>.



2. On the Compass homepage, click on 'Sedation declaration' menu item, on the left-hand side of the page.



- On the Sedation declaration drop down menu select 'Sedation compliance self-declaration form'.

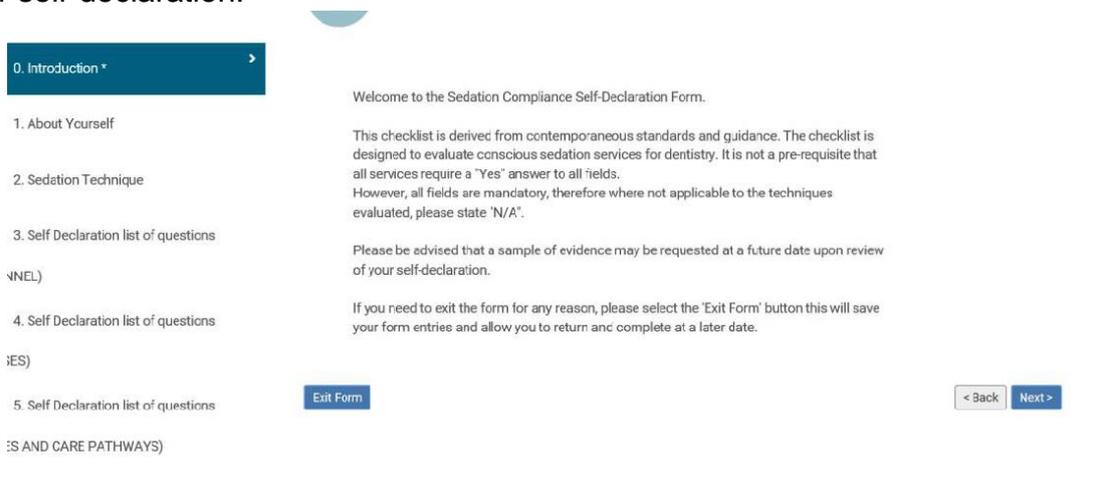


- On the sedation my forms page, select 'Start new form' to begin your declaration form.



Please note prior to submission you can press 'exit form' at any time and the form will save and is accessible in the 'my forms page' to come back to complete later. If 'cancel form' is selected the form will be permanently deleted.

- At the form entry page, please read the introduction information before clicking next to start your self-declaration.



6. On the first section of the declaration form 'About Yourself', please enter your provider ID and contract number the following information fields should then auto-populate. If your landline/mobile number is not correct, please amend accordingly. Once contract information is present click next.

1. About Yourself

Username

Provider ID

Contract ID

Treatment Location ID

Contract Address

Contract Landline Number

Contract Mobile Number

Contract Region Team

Year

If Treatment Location ID is left blank, answers will apply to all locations

Exit Form

Sedation Compliance Self-Declaration Form - Page 1 of 14

< Back Next >

7. On the Safe Sedation Technique section, select the techniques that apply to your contract. Please use the boxes to indicate the age groups and techniques which apply to your contract. At least one box must be ticked to progress the form. Once entered click next.

2. Sedation Technique

Sedation techniques to be evaluated (please tick all that apply):

Sedation Technique	IHS Only	IV Only	IHS and IV	Advanced
Over 16 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 12 - 16 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 12 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exit Form Cancel Form

Sedation Compliance Self-Declaration Form - Page 2 of 14

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8. From sections 3 to 13 please work your way through the questions. Once each section has been completed, please click next at the bottom of the page to continue. Please be advised that all answer fields are mandatory and either 'yes', 'no' or 'not applicable' is required to be entered to be able to continue to the next section. If required please enter any notes of action/s to be completed in the 'Action required' field and any additional notes in the 'notes' field for our information, if this is not applicable then please leave both text fields blank.

3. Self Declaration list of questions (PERSONNEL)



PERSONNEL (Evidenced by sedation staff training and experience record)

DOMAIN Essential	STANDARD MET YES/NO/NOT APPLICABLE	ACTION REQUIRED	NOTES
Is the sedation service dentist led?	<input type="text" value="*"/>	<input type="text"/>	<input type="text"/>
Does the dental lead have the appropriate training and experience?	<input type="text" value="*"/>	<input type="text"/>	<input type="text"/>

9. On the final declaration page please read the clause and tick the declaration box. Please also enter your full name, job title, and contact email address. The email address will be used to enable us to contact you regarding any queries following the completion of the form. Please be advised if any of the required fields are not completed, you will be unable to continue to the next page of the form.

14. Final Declaration Page



Thank you for completing your self-declaration.
For your declaration to be submitted please read the clause below and click into the box to confirm that you agree to the declaration. Finally, please complete the following information boxes.
On completion of these final steps, you are declaring that the information you have provided within this form is accurate.

I declare that all information provided in my self-declaration for the financial year is true and correct to the best of my knowledge and belief. I understand that evidence may be requested at a later date to support the declaration submitted. *

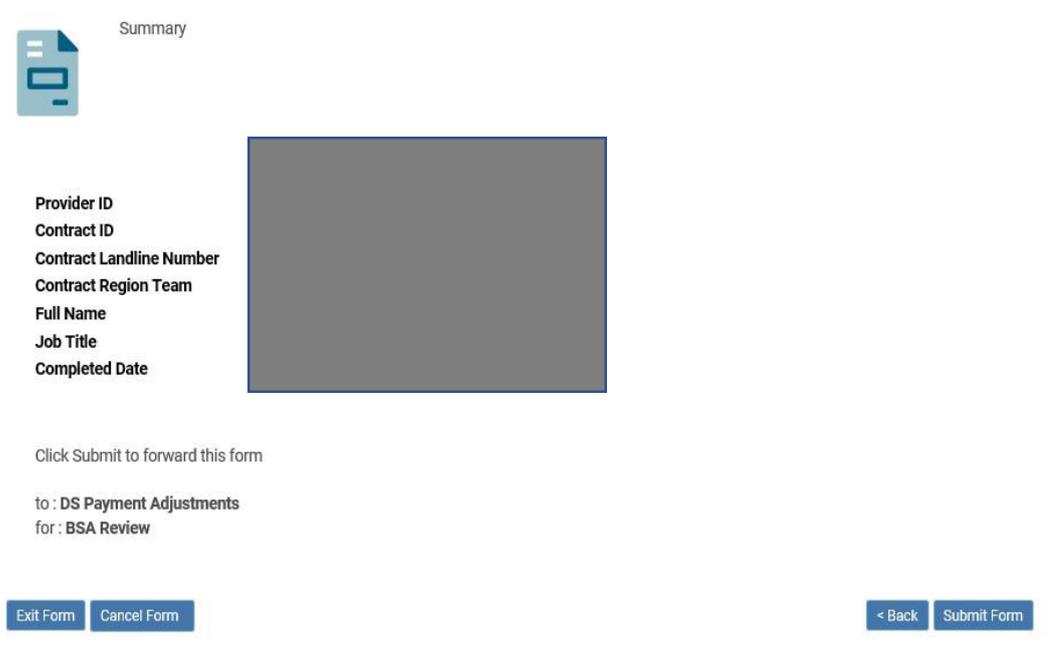
Full Name

Job Title

Contact Email

[Exit Form](#) Sedation Compliance Self-Declaration Form - Page 14 of 14 [< Back](#) [Next >](#)

10. Summary page - If you are happy with your completed form, please click 'submit form' button to complete your self-declaration. You will have the option to enter any additional notes at this stage related to your submission for our attention. Please note once the form has been submitted it can no longer be edited.



The screenshot shows a 'Summary' page with a document icon and the word 'Summary' at the top. Below this is a list of fields: Provider ID, Contract ID, Contract Landline Number, Contract Region Team, Full Name, Job Title, and Completed Date. To the right of these fields is a large grey rectangular area, likely representing a redacted or placeholder image. Below the list of fields, there is a text prompt: 'Click Submit to forward this form'. Underneath that, it says 'to : DS Payment Adjustments' and 'for : BSA Review'. At the bottom of the page, there are four buttons: 'Exit Form', 'Cancel Form', '< Back', and 'Submit Form'.

My forms page after declaration has been submitted

The 'my forms' page now shows the form and status as 'submitted'. The Provider Assurance Dental (PAD) Team will shortly be in touch regarding your declaration.

The form can then be accessed in 'read only' mode after submission but cannot be edited further once submitted.

For any queries regarding the completion of the sedation self-declaration form please contact the PAD team on dentalcases@nhsbsa.nhs.uk.