

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

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

NHS Business Services Authority	ACTEGA GG T TGG ACT TGG AC	
Please log in with your username and password below	AGC	
Usemame	TA	
Password	and the second se	
Memorable word characters 3rd 6th 8th Log In	AT A L COLORA	
Change Password Change Memorable Word FAQ Cookie Usage Privacy Forgotten Password or Memorable Word Blocked Account		
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2. On the Compass homepage, click on 'Sedation declaration' menu item, on the left-hand side of the page.



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

A Homepage Menu	User Details
 Back To Provider Homepage Sedation compliance self-declaration form 	Full Name Email Address Security Role Current Date Last Successful Login
	User Messages Message Text 05/08/2021 this is a test user message for trainlin The Year End Declaration form is now available o declaration by 31 May 2021, further information a www.nhsbsa.nhs.uk/vcompass/coronavirus-covid Please note Abatements letters will not be availad these are available to view. Apologies for any inco The Department of Health and Social Care (DHSC www.nhsbsa.nhs.uk/ppe-portal-registration Records 1 to 4 of 77
	Approved Contracts Search Contract No

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

	Start New Form	
My Forms		
		C

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.

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

0. Introduction *		
	Welcome to the Sedation Compliance Self-Declaration Form.	
1. About Yourself	This checklist is derived from contemporaneous standards and guidance. The checklist is	
2. Sedation Technique	all services require a "Yes" answer to all fields. However, all fields are mandatory, therefore where not applicable to the techniques evaluated, please state "N/A".	
3. Self Declaration list of questions	Please be advised that a sample of evidence may be requested at a future date upon review	
NNEL)	of your self-declaration.	
4. Self Declaration list of questions	If you need to exit the form for any reason, please select the 'Exit Form' button this will save your form entries and allow you to return and complete at a later date.	
iES)		
5. Self Declaration list of questions	Exit Form	< Back Next >
S AND CARE PATHWAYS)		

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.

juest : 0 - < New Request > je : Form Entry igned to : Finance NHS Contracts	1. About Your	rself		
duction	Username			
	Provider ID		× *	
nt Yourself *	Contract ID	✓ ★		
	Treatment Location ID			
tion Technique		If Treatment Location ID is left blank, answers will a	pply to all locations	
	Contract Address			
Declaration list of questions	Contract Landline Number			
	Contract Mobile Number			
	Contract Region Team			
Declaration list of questions	Year	21/22		
	Exit Form Sedation	Compliance Self-Declaration Form - Page 1 of 14	< Back N	ext >
Sociarction list of associations				

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. Sed Sedation techniques to	lation Technique D be evaluated (plea	se tick all that apply):		-
Sedation Technique	IHS Only	IV Only	IHS and IV	Advanced
Over 16 years Age 12 - 16 years Under 12 years				
Exit Form Cancel Fo	Sedatio	n Compliance Self-Declarat	ion Form - Page 2 of 14	< Back Next >

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 [eclaration list o	of questions	(PERSONNEL)		
PERSONNEL (E	videnced	by seciduori su	anuaning	andexperier	ice record)		
DOMAIN Esser	ntial	STANDARD I	MET	ACTION RE	QUIRED	NOTES	
		YES/NO/NOT	г				
		APPLICABLE					
Is the sedation service dentist led?	*	~					
Does the dental lead have the appropriate training and experience?	*	~					

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.

	. Final Declaration Page	
Thank you for compl For your declaration below and click into declaration. Finally, p boxes.	leting your self-declaration. to be submitted please read the clause the box to confirm that you agree to the please complete the following information	
On completion of the information you have I declare that all info declaration for the fi the best of my know evidence may be rec declaration submitte	ese final steps, you are declaring that the e provided within this form is accurate.	
Full Name		*
Job Title		*
Contact Email		*
Exit Form	Sedation Compliance Self-Declaration Form - Pag	ge 14 of 14



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.

Summary		
Provider ID Contract ID Contract Landline Number Contract Region Team Full Name Job Title Completed Date		
Click Submit to forward this for	m	
to : DS Payment Adjustments for : BSA Review		
Exit Form Cancel Form		< Back 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 <u>dentalcases@nhsbsa.nhs.uk</u>.