

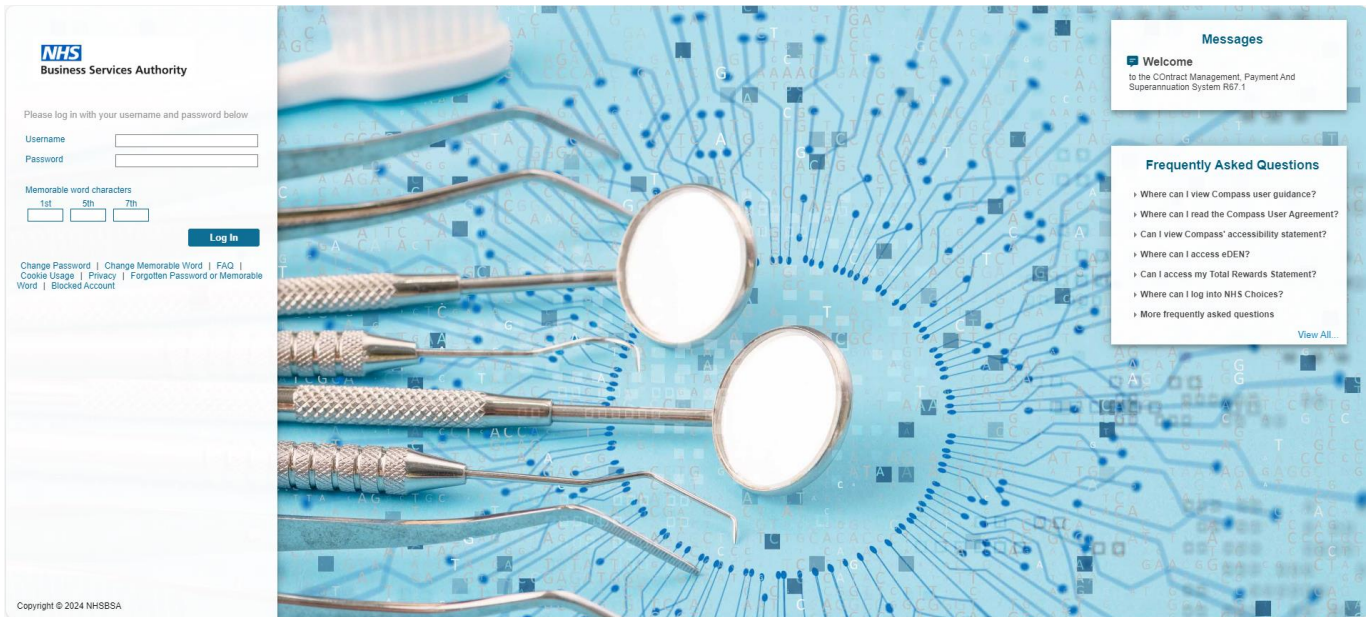
NHS Dental Services

The below information provides the details to use the online form function in Compass to enter and submit FP17W form information.

For more detail on rules associated with each of the data items on the FP17, please refer to the “Completion of Form Guidance – FP17W” available on the NHSBSA Website from the Dental activity processing section and select the [Dental forms](#) menu option.

Please note that the patient will need to sign a paper PR form (obtainable from your usual form supplier) 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.

Completion of online form guidance FP17 (Clinician) – Wales



Log on to Compass and select Activity from the 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.

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 displayed as yellow are all mandatory fields

Select Activity creation to display the launch screen:

Home > Activity Creation Launch

Contract ID * 🔍

Personal ID

Location ID

Form Type * ▼

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 (FP17W or FP17OW) 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 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			
Patient ID	<input type="text"/>					
NHS Number	<input type="text"/>					
Surname	<input type="text"/>			Previous Surname	<input type="text"/>	
Forename	<input type="text"/>			(If changed since last visit)		
Address	<input type="text"/>			Email Address	<input type="text"/>	
	<input type="text"/>			Patient Declined	<input type="checkbox"/>	
	<input type="text"/>			Mobile Phone Number	<input type="text"/>	
	<input type="text"/>			Patient Declined	<input type="checkbox"/>	
Post Code	<input type="text"/>					
Sex	<input type="text"/>					
Date of Birth	<input type="text"/>					

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.

Home » Activity Creation L

Activity Reference

Personal ID

Treatment Location ID

Contract ID

Patient Information

ACORN Assessment

Patient ID

NHS Number

Surname

Forename

Address

Post Code

Sex

Date of Birth

Patient List

Patient Id	NHS Number	Surname	Forename	D.O.B.	Sex	Last Known Postcode	Action
11674		ABBEYWOOD	ABBY	08/06/1950	F	CV5 7GH	Select
10797		ABBOTT	KEVIN	30/06/2006	M	WN7 1NJ	Select
13747		ABEDIAMIN	BAMSHAD	08/06/1950	M	WN7 1NJ	Select
13748		ABEDIAMIN	BAMSHAD	08/06/1950	F	WN7 1NJ	Select
14330		ABERDARE	THOMAS	08/06/1950	M	WN7 1NJ	Select
10548		ABERFOYLE	LOCH	30/06/2006	M	CV5 7JD	Select
14333		ABERTILLERY	JOHN	08/06/1950	M	WN7 1NJ	Select
12619		ABERTRIDWR	MICHAEL	08/06/1950	M	WN7 1NJ	Select
13134		ABERYSTWYTH	SAMMY	30/06/2006	M	WN7 1NJ	Select
13327		ABINGDON	THAMES	08/06/1950	M	BN21 4EA	Select
10586		ADELAIDE	QUEEN	03/01/2002	F	CV5 7GH	Select
13932		AIRES	RAM	08/06/1950	M	PO12 3BG	Select
11487		AJAX	JOHANN	08/06/1950	M	CV5 7JH	Select
13314		ALBAICIN	GRANADA	08/06/1950	F	BN20 9AE	Select
13377		ALBERT	EDDIE	08/06/1950	M	WN7 1NJ	Select

Records 1 to 15 of 889

Page 1 / 60

If a Dental Care Professional (DCP) is providing the full course of dental treatment (within their scope of practice) as a Direct Access Clinician, please select the Direct Access Clinician type from the drop-down list (Dental Therapist, Dental Hygienist or Clinical Dental Technician). Please note that the boxes below this do not need completing unless another DCP clinician is assisting with the course of treatment.

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

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.

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>Direct Access Clinician Type</p> <p>A Dental Care Professional carried out all or part of the work in this course of treatment:</p> <p>Dental Care Professional Type</p> <p>Enter the GDC Number of the Dental Care Professional</p>						
<p>Save as Draft and Cr 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>						

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, DDMMCCYY, DD/MM/CCYY. Or 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. Tick the ACORN assessment box if this was carried out.

Note: 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
ACORN Assessment	Other	Ethnic Origin	Clinician Declaration			
For Incomplete Treatment the Band for actual Treatment provided		<input type="text"/>				
Date of Acceptance	<input type="text"/>	<input type="text"/>	Completion Date same as Acceptance	<input type="checkbox"/>		
Date of Completion or Last Visit	<input type="text"/>	<input type="text"/>				
ACORN Assessment Carried Out	<input type="checkbox"/>					
<div style="display: flex; justify-content: space-between;"> 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 </div>						

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 ticked – including a prison exemption. However, the patient charge entry is not mandatory if the patient is not exempt.

Please note that if a patient is under 18, both the "Patient under 18" and "Evidence of Exemption or Remission seen – Yes/No" boxes have to be ticked.

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						
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	<input type="text"/>	0.00							
<div style="display: flex; justify-content: space-between;"> 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 </div>									

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

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

Relationship to patient

Where Aged 18 in Full Time Education exemption is claimed.

Name of college or university

Where Expectant or Nursing Mother exemption is claimed.

NHS Maternity Exemption Certificate Number

Baby due/born on date

Where Income Support, Jobseeker's Allowance, Employment Support Allowance or Pension Credit Guarantee remission is claimed.

Name of person receiving benefit

Date of Birth of person receiving benefit (DD/MM/YYYY)

National Insurance Number of person receiving benefit

Where HC2 or HC3 Certificate or Tax Credit remission is claimed.

Certificate Number or Card Number

Patient Charge Limit (HC3 Certificates only) – £999.99 format

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

N.B. 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
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"/>	Regulation 11 replacement appliance	<input type="checkbox"/>
Prescription only	<input type="checkbox"/>	Denture repairs	<input type="checkbox"/>	Bridge repairs	<input type="checkbox"/>	Arrest of bleeding	<input type="checkbox"/>	Removal of sutures	<input type="checkbox"/>

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	ACORN Assessment	Other			
Ethnic Origin		Clinician Declaration									
Cleaning and Instruction <input type="checkbox"/> Removal of Plaque Retentive Factors <input type="checkbox"/> Toothbrushing Advice <input type="checkbox"/> Inter Dental Cleaning Aids <input type="checkbox"/> Oral Hygiene Improvement Plan		Fluoride varnish <input type="checkbox"/> Permanent fillings <input type="text"/> (No. Teeth) Custom Made Occlusal Appliance Hard Bite <input type="checkbox"/>	Fissure sealants <input type="text"/> (No. Teeth) Non-surgical extraction <input type="text"/> (No. Teeth) Custom Made Occlusal Appliance Soft Bite <input type="checkbox"/>	Radiograph(s) taken <input type="text"/> (Number) Surgical removal <input type="text"/> (No. Teeth) Denture Additions/Reline/Rebase <input type="checkbox"/>	Endodontics - Molar <input type="text"/> (No. Teeth) Endodontics - Non-molar <input type="text"/> (No. Teeth) Upper denture - Acrylic <input type="text"/> (No. Teeth) Veneer(s) applied <input type="text"/> (No. Teeth) Crown(s) provided <input type="text"/> (No. Teeth) Aerosol Generating Procedure <input type="text"/> (No. of appointments)	Patient Presented With <input type="text"/> Referral for AMS <input type="text"/> (Band) Lower denture - Acrylic <input type="text"/> (No. Teeth) Onlay with cusp coverage <input type="text"/> (No. Teeth) Pre-formed crowns <input type="text"/> (No. Teeth) Caries Treatment Offered but Further Self Care Improvement required <input type="checkbox"/>	Plaque Score <input type="text"/> Upper denture - Metal <input type="text"/> (No. Teeth) Bridge(s) fitted <input type="text"/> (No. units) Other treatment <input type="checkbox"/> Perio Treatment Offered but Further Self Care Improvement required <input type="checkbox"/>	Examination <input type="text"/> Lower denture - Metal <input type="text"/> (No. Teeth) Prevention and Stabilisation <input type="text"/> (No. Teeth) Advanced Perio RSD <input type="text"/> (No. sextants) Virtual Consultation Provided as Part of the Course of Treatment <input type="checkbox"/>	Best Practice Prevention <input type="checkbox"/> Dietary Changes Agreed <input type="checkbox"/> Brief Intervention in Smoking/Tobacco Use and Referral <input type="checkbox"/> Brief Intervention in Alcohol Use and Referral <input type="checkbox"/> Advice on Fluoride Toothpaste and Spit No Rinse	Basic Periodontal Exam Score Upper Right <input type="text"/> Upper Anterior <input type="text"/> Upper Left <input type="text"/> Lower Right <input type="text"/> Lower Anterior <input type="text"/> Lower Left <input type="text"/>	Prescribed Items <input type="checkbox"/> Antibiotic <input type="checkbox"/> High Fluoride Toothpaste/Daily Rinse <input type="checkbox"/> Oral Hygiene Mouthwash <input type="checkbox"/> Oral Medicine Mouthwash/Sprays <input type="checkbox"/> Analgesics <input type="checkbox"/> Antifungals/Antivirals <input type="checkbox"/> Sedatives <input type="checkbox"/> Artificial Saliva Products
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											

Click on **ACORN Assessment** tab and complete accordingly

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
Medical History <input type="text"/> Total Number of Teeth in Mouth <input type="text"/> (No. Teeth) Decayed <input type="text"/> (No. Teeth) Deciduous Teeth <input type="text"/> (No. Teeth)	Social History <input type="text"/> Periodontitis <input type="text"/>	Dental History <input type="text"/> Other Dental Need <input type="text"/>	Tooth Decay <input type="text"/> Decayed Permanent Teeth <input type="text"/> (No. Teeth)	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	

Click on **Other** tab and complete accordingly

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			
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"/> I have assessed and communicated risks and agreed <input type="text"/> months 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	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					

Repeat for **Ethnic Origin** tab

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				
White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Other White Background	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Other Mixed Background	<input type="checkbox"/>	Asian or Asian British Indian	<input type="checkbox"/>	Asian or Asian British Pakistani	<input type="checkbox"/>
Other Asian background	<input type="checkbox"/>	Black or Black British Caribbean	<input type="checkbox"/>	Black or Black British African	<input type="checkbox"/>	Other Black background	<input type="checkbox"/>
Any other ethnic group	<input type="checkbox"/>	Patient declined	<input type="checkbox"/>			White and Black African	<input type="checkbox"/>
						Asian or Asian British Bangladeshi	<input type="checkbox"/>
						Chinese	<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” tab – claim can be finalised at a later date.
 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.

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			
All the necessary prevention, care and treatment that the patient is willing to undergo will be provided <input type="checkbox"/>						
All the necessary prevention, care and treatment that the patient is willing to undergo has been carried out <input type="checkbox"/>						
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"/>						

Select either the “Save and create another FP17W” tab or the “Save and return to launch screen” tab 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/performer details for any further claims

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.