**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 FP17W, 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 PRW form (obtainable from your usual form supplier) 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
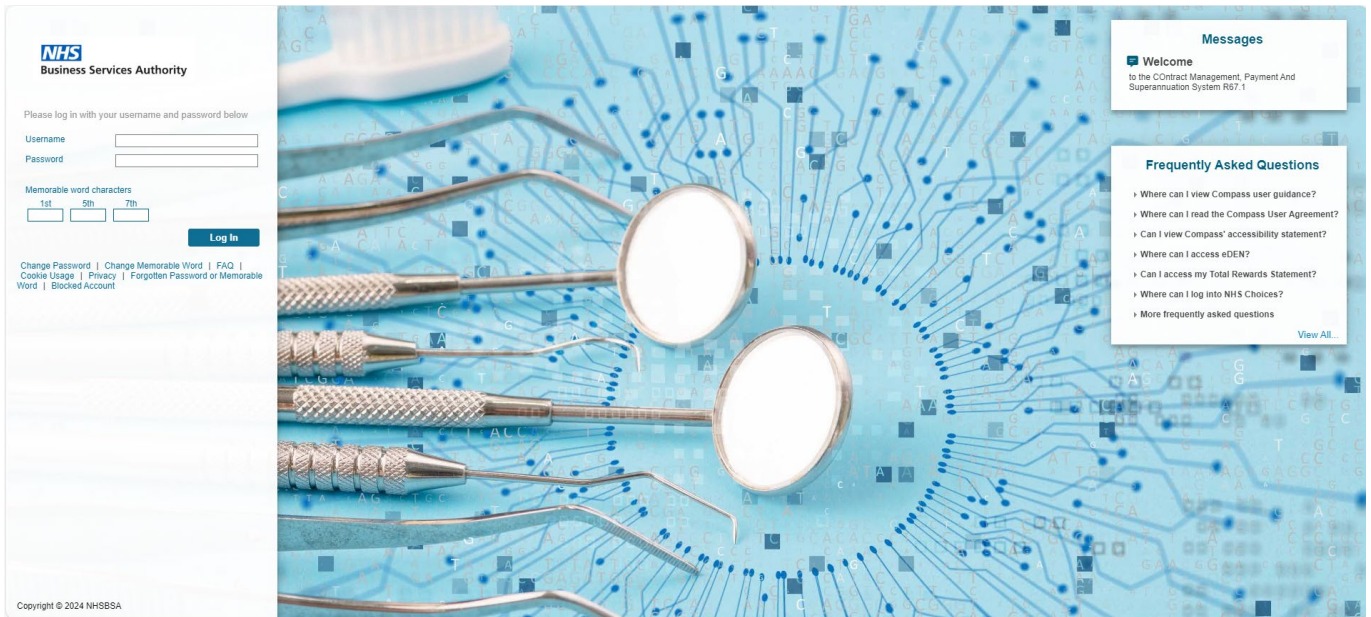
Log on to Compass and select Activity from the Homepage Menu:

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 dislpay the launch screen:

Home » Activity Creation Launch

Contract ID		* Q
Personal ID		
Location ID		
Form Type		v *

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) 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.

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.

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 click enter on your keyboard to display your choice. Select the patient from the list displayed and this will populate the online FP17W Patient Information 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, 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.

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.

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. Tick the Welsh DAP New Patient box if a patient has been referred via Dental Access Portal (DAP) for routine treatment. Tick the Welsh New Urgent Patient Referral box if a patient has been referred via Health Board emergency lines or NHS 111 for urgent treatment. If a patient has been referred for urgent treatment via Health Board emergency lines or NHS 111 and subsequently failed to attend, tick both the Welsh New Urgent Patient Referral box and the Patient Did Not Attend box.
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.

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.

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

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   0.00

| 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 |

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	☐	Band 2	☐	Band 3	☐	Urgent treatment	☐	Regulation 11 replacement appliance	☐
Prescription only	☐	Denture repairs	☐	Bridge repairs	☐	Arrest of bleeding	☐	Removal of sutures	☐

| 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 |

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
- ☐ Removal of Plaque Retentive Factors
- ☐ Toothbrushing Advice
- ☐ Inter Dental Cleaning Aids
- ☐ Oral Hygiene Improvement Plan

Fluoride varnish	☐	Fissure sealants	[____] (No. Teeth)	Radiograph(s) taken	[____] (Number)
Permanent fillings	[____] (No. Teeth)	Non-surgical extraction	[____] (No. Teeth)	Surgical removal	[____] (No. Teeth)
Custom Made Occlusal Appliance Hard Bite	☐	Custom Made Occlusal Appliance Soft Bite	☐	Denture Additions/Reline/Rebase	☐

| Endodontics - Molar | [____] (No. Teeth) | Patient Presented With | [▼] | Plaque Score | [▼] | Examination | [▼] |
| Endodontics - Non-molar | [____] (No. Teeth) | Referral for AMS | [____] (Band) | | | | |

| Upper denture - Acrylic | [____] (No. Teeth) | Lower denture - Acrylic | [____] (No. Teeth) | Upper denture - Metal | [____] (No. Teeth) | Lower denture - Metal | [____] (No. Teeth) |
| Veneer(s) applied | [____] (No. Teeth) | Onlay with cusp coverage | [____] (No. Teeth) | Bridge(s) fitted | [____] (No. units) | Prevention and Stabilisation | [____] (No. Teeth) |

| Crown(s) provided | [____] (No. Teeth) | Pre-formed crowns | [____] (No. Teeth) | Other treatment | ☐ | Advanced Perio RSD | [____] (No. sextants) |
| Aerosol Generating Procedure | [____] (No. of appointments) | Caries Treatment Offered but Further Self Care Improvement required | ☐ | Perio Treatment Offered but Further Self Care Improvement required | ☐ | Virtual Consultation Provided as Part of the Course of Treatment | ☐ |

Best Practice Prevention
- ☐ Dietary Changes Agreed
- ☐ Brief Intervention in Smoking/Tobacco Use and Referral
- ☐ Brief Intervention in Alcohol Use and Referral
- ☐ Advice on Fluoride Toothpaste and Spit No Rinse

Basic Periodontal Exam Score

Upper Right	[▼]
Upper Anterior	[▼]
Upper Left	[▼]
Lower Right	[▼]
Lower Anterior	[▼]
Lower Left	[▼]

Prescribed Items
- ☐ Antibiotic
- ☐ High Fluoride Toothpaste/Daily Rinse
- ☐ Oral Hygiene Mouthwash
- ☐ Oral Medicine Mouthwash/Sprays
- ☐ Analgesics
- ☐ Antifungals/Antivirals
- ☐ Sedatives
- ☐ 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	[▼]	Social History	[▼]	Dental History	[▼]	Tooth Decay	[▼]
Total Number of Teeth in Mouth	[____] (No. Teeth)	Periodontitis	[▼]	Other Dental Need	[▼]	Decayed Permanent Teeth	[____] (No. Teeth)
Decayed Deciduous Teeth	[____] (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	☐
Free repair/replacement	☐
Further treatment within 2 months	☐
Domiciliary services	☐
Sedation services	☐

I have assessed and communicated risks and agreed [____] 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 ☐	White Irish ☐	Other White Background ☐	White and Black Caribbean ☐	White and Black African ☐
White and Asian ☐	Other Mixed Background ☐	Asian or Asian British Indian ☐	Asian or Asian British Pakistani ☐	Asian or Asian British Bangladeshi ☐
Other Asian background ☐	Black or Black British Caribbean ☐	Black or Black British African ☐	Other Black background ☐	Chinese ☐
Any other ethnic group ☐	Patient declined ☐			

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 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 ☐

All the necessary prevention, care and treatment that the patient is willing to undergo has been carried out ☐

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 ☐

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

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.