

NOSC 2026 Rhif 68

HEALTH AND SOCIAL CARE

Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Amendment) Directions 2026

Made

27 March 2026

Coming into force

1 April 2026

The Welsh Ministers in exercise of the powers conferred by sections 12, 66(4), 203(9) and (10), and 204(1) of the National Health Service (Wales) Act 2006(a) give the following directions. These directions apply to Local Health Boards in Wales and come into force on 01 April 2026.

Title and commencement

1.—a) The title of these Directions is the Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Amendment) Directions 2026.

(1) These Directions come into force on and have effect from 1 April 2026.

Interpretation

2. In these Directions—

"the 2006 PDS Regulations" means the Personal Dental Services Agreements (Wales) Regulations 2006 (WSI 2006/489 (W.120)) as amended;

"the 2026 Regulations" means the National Health Service (General Dental Services Contracts and Charges) (Wales) Regulations 2026 (WSI 2026/37 (W.10)) as amended;

"the PDS SFE 2009" means the Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements 2009 (2009 No.17) as previously amended;

"mandatory services" has the meaning given in regulation 14 of the 2026 Regulations, as applied to Personal Dental Agreements by the 2006 PDS Regulations;

"advanced mandatory services" has the meaning given in the 2006 PDS Regulations as amended;

"orthodontic services" has the meaning given in the 2006 PDS Regulations;

"unit of orthodontic activity" has the meaning given in the 2006 PDS Regulations;

"Personal Dental Agreement" means a personal dental services agreement entered into under the 2006 PDS Regulations.

Any expression used in these Directions which is also used in the PDS SFE 2009 (as previously amended) has the same meaning as in the PDS SFE 2009 unless these Directions provide otherwise.

Amendments to the Personal Dental Services Statement of Financial Entitlements

3.—b) The Directions given by Welsh Ministers to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements, which came into force on 24 April 2009**(b)**, are amended as follows.

(1) In the introduction, after paragraph 1.2, after the words "provided in Section 12." insert—

"References in this SFE to "mandatory services" and "care packages" have the meanings given to those expressions in the National Health Service (General Dental Services Contracts and Charges) (Wales) Regulations 2026 ("the 2026 Regulations"), as applied to personal dental services agreements by the Personal Dental Services Agreements (Wales) Regulations 2006 ("the PDS Regulations") as amended. Orthodontic services provided under a personal dental services agreement continue to be remunerated on the basis of units of orthodontic activity in accordance with the provisions of this SFE that apply to orthodontic services. Nothing in the provisions of this SFE that relate to mandatory services or care packages applies to the remuneration of orthodontic services."

(2) In the introduction for paragraph 1.3 substitute—

"**1.2.** Words and expressions used in these directions and in the 2026 Regulations and the National Health Service (Wales) Act 2006 bear the same meaning as in those instruments; references to legislation are to that legislation as amended; and words in the singular include the plural and vice versa."

(3) In Section 2 (Negotiated Annual Agreement Values), for the heading "Negotiated Annual Agreement Values" substitute—

"Annual Agreement Values"

(4) Omit paragraph 2.1 substitute —

"**2.1.** With effect from 1 April 2026, agreements that were considered to have a Negotiated Annual Agreement Value (NAAV) Will now be deemed to have an Annual Agreement Value (AAV). All references in this SFE to the AAV therefore apply equally to the NAAV.

(5) For paragraph 2.2 substitute—

"**2.2.** Payments under a personal dental services agreement in respect of the agreed and mandatory services specified in the agreement are to be based on an Annual Agreement Value ("AAV"), being the total annual value in pounds sterling agreed between the Local Health Board and the contractor for the provision of those services and required terms under the agreement."

(6) For paragraph 2.3 substitute—

"**2.3.** The AAV reflects the value of delivering mandatory services in the following standard proportions—

(a) 7% for urgent treatment for new patients;

(b) 2009 No. 17. Amended by 2010 No. 21, 2011 No. 34, 2012 No. 26, 2013 No. 10, 2014 No. 28, 2015 No. 24, 2016 No.27, 2016 No. 32, 2017 No. 20, 2018 No. 72, 2019 No. 43, 2020 No. 67, WG21-22, WG21-84, WG21-89, WG23-02, WG25-03, WG25-05, WG25-08 and WG 25-45

- (b) 3% for recall appointments to patients allocated a recall period of 18 months or greater;
- (c) 10% for new patient assessments arising from the Dental Access Portal;
- (d) 70% for care packages;
- (e) 5% for prevention services; and
- (f) 5% for national or local priorities.

The Local Health Board may depart from the standard proportions set out in this paragraph, within the overall total of 100%, (following consultation with the affected contractor when this is on an individual basis) giving at least 28 clear days' written notice before any variation takes effect. The AAV also includes the full annual payment to be made in respect of the contractor's attendance at collaborative meetings in accordance with paragraph 6A.1."

(7) Omit paragraphs 2.4 and 2.5.

(8) For paragraph 2.6 substitute—

"2.6. In respect of the first financial year during which a personal dental services agreement has effect for payment purposes, the Local Health Board and the contractor must agree an AAV based on—

- (a) the mandatory services that the contractor is required to provide in the proportions applicable to that agreement; and
- (b) the full annual payment for collaborative meetings.

If the agreement takes effect for payment purposes after the start of the financial year, the first AAV is an annualised amount for calculation purposes, even though only a proportion of that annualised amount will in fact be payable in that part-year."

(9) For paragraph 2.8 substitute—

"2.8. Where the mandatory services, or service levels, that a contractor is required to provide under its personal dental services agreement are revised (for example, where the proportions of mandatory services the contractor is required to provide are changed), a new AAV will have to be established for that contractor."

(10) For paragraph 2.9 substitute—

"2.9. If at the start of a new financial year a contractor was in receipt of Monthly AAVPs in respect of the last month of the previous financial year, and the contractor will continue to be under an obligation to provide the same mandatory services at the same levels, the amount of its AAV for the new financial year is to be uprated by a percentage amount determined by the Welsh Ministers. The uprating applies to the AAV excluding the collaborative meetings payment. The uprated AAV for the new financial year is then increased by the applicable collaborative meetings payment for that year."

(11) For paragraph 2.10 substitute—

"2.10. The percentage determined by the Welsh Ministers for the financial year 2026–2027 is [X]%.**"**

(12) For paragraph 2.11 substitute—

"2.11. It is intended that at the start of each financial year this SFE will be amended so as to include that percentage increase. In practice, these adjustments will be factored into Monthly AAVPs by the NHS BSA on a national basis. The Local Health Board must not itself, therefore, adjust the amounts that it has loaded into the NHS BSA's computerised payment systems by these adjustments."

(13) After paragraph 2.11 insert—

“2.12. For the financial year 2026–2027 the Welsh Ministers direct that Local Health Boards are to vary the proportions applicable to personal dental services agreements so that the 5% allocated for national or local priorities under paragraph 2.3(f) is applied to the care packages proportion in paragraph 2.3(d). No separate national priorities payment is therefore due in respect of the financial year 2026–2027.”

(14) For the heading "Payment of Monthly Annual Agreement Value Payments" substitute—

"Payment of Monthly Annual Agreement Value Payments for Mandatory Services"

(15) For paragraph 3.1 substitute—

“3.1. At any point, there should be in respect of each personal dental services agreement an AAV, determined in accordance with Section 2. This is to be an annual (or annualised) amount, and is to provide the basis for the calculation of the Monthly AAVPs payable under the agreement in respect of the mandatory services that the contractor is required to provide. This AAV is known as the Actual Annual Agreement Value ("AAAV") of that agreement at that point.”

(16) In paragraph 3.5, for "units of dental or orthodontic activity is changed" substitute "mandatory service proportions or mandatory service levels are changed".

(17) In paragraph 3.8, for "Charges are recoverable under those Regulations in respect of specified types of treatment." substitute "Charges are recoverable under those Regulations in respect of mandatory dental services, subject to a cap of £384 per patient in respect of a course of treatment or multiple courses of treatment that are delivered at the same time."

(18) After paragraph 3.8 insert—

“3.8A. No NHS charge may be made and recovered in respect of a clinical examination, any report on that examination, or the provision of an assessment and advice where, at the same time no other treatment is provided and no dental appliances are supplied, and the patient is under the age of 25 years or has attained the age of 60 years.”

3.8B. No NHS charge may be made and recovered where examination and assessment lead, with no other treatment being provided, to the issue of a prescription, the repair of a dental appliance, or the arrest of bleeding.”

(19) In paragraph 3.11, for "These NHS charges should have been collected by the contractor in respect of treatment that has counted or will count towards the volume of activity that the contractor is to provide under its PDS agreement." substitute "These NHS charges should have been collected by the contractor in respect of mandatory dental services provided under the agreement. Where a contractor has provided mandatory services for which a charge is payable under Schedule 5 to the 2026 Regulations, the payment which would otherwise be payable by the Local Health Board to that contractor must be reduced by the amount of that charge, irrespective of whether or not that charge has been recovered by the contractor."

(20) In paragraph 3.21, after sub-paragraph (f) insert—

“(g) the proportions of mandatory services that the contractor—

(i) is contracted to provide during the relevant financial year;

(ii) has so far provided during the financial year, based on data submitted to the Local Health Board; and

(iii) has left to provide during the financial year,

expressed as percentages against each of the mandatory service categories set out in paragraph 2.3.”

(8) In paragraph 3.23—

(a) for "30th June" substitute "18 May";

- (b) after sub-paragraph (d) insert—
- “(e) the proportions of mandatory services the contractor was contracted to provide and actually provided during the financial year, expressed as percentages against each of the mandatory service categories in paragraph 2.3, identifying any shortfall or over-delivery in each category and overall;
 - (f) details of any financial adjustments made during the year in respect of mandatory services; and
 - (g) details of any make-good periods agreed in respect of mandatory services and their outcomes.”

(21) After Section 3 insert the following new Section—

"Section 3A — Payments for Mandatory Services

Mandatory services categories

3A.1. Under the 2026 Regulations, contractors providing mandatory services under a personal dental services agreement are required to provide—

- (a) urgent access for new patients, as described in Part 1 of Schedule 1 to the 2026 Regulations;
- (b) recall appointments for patients allocated a recall period of 18 months or greater;
- (c) new patient assessments arising from the Dental Access Portal, as described in Part 2 of Schedule 1 to the 2026 Regulations;
- (d) care packages, as described in Part 3 of Schedule 1 to the 2026 Regulations;
- (e) prevention services, as described in Part 4 of Schedule 1 to the 2026 Regulations; and
- (f) national priorities, as described in Part 5 of Schedule 1 to the 2026 Regulations, in accordance with directions issued by the Welsh Ministers from time to time.

3A.2. The proportion of each mandatory service relates to—

- (a) where the personal dental services agreement begins on 1 April, each financial year; or
- (b) where it begins on another date, the remainder of that financial year and each financial year thereafter.

Urgent access for new patients (7%)

3A.3. The Local Health Board must arrange for the contractor to be remunerated for its participation in the Urgent Access Appointments Programme.

3A.4. The value of each urgent care appointment for a new patient for the financial year 2026–2027 is £75. This value will be updated by direction for each subsequent financial year.

3A.5. The payment for urgent care appointments for new patients is to reflect the value of 7% of the contractor's AAV (unless the proportions have been varied under paragraph 2.3). The annual number of urgent care appointments required may be calculated as—

$$\text{AAV} \times 0.07 \div \text{£75 (for 2026–2027)}$$

3A.6. The personal dental services agreement must include provision for the contractor to be paid for—

- (a) missed urgent care appointments for new patients, or appointments ended early, provided that the conditions for payment specified in the agreement are met; and
- (b) unfilled urgent care appointments for new patients.

3A.7. Unless there are urgent care appointments in respect of which the contractor cannot meet the conditions for payment, the Local Health Board must pay the contractor the full value of 7% of the AAV for this mandatory service. Where conditions have not been met in respect of any appointment, the Local Health Board must set out the relevant deduction in the Monthly Payment Schedule under paragraph 3.21.

New patient assessments (10%)

3A.8. The Local Health Board must arrange for the contractor to be remunerated for the provision of new patient assessments arising from the Dental Access Portal.

3A.9. The value of each new patient assessment for the financial year 2026–2027 is £54.42. This value will be updated by direction for each subsequent financial year.

3A.10. The payment for new patient assessments is to reflect the value of 10% of the contractor's AAV (unless the proportions have been varied). The annual number of new patient assessments required may be calculated as—

$$AAV \times 0.10 \div £54.42 \text{ (for 2026–2027)}$$

Care packages (70%)

3A.11. The Local Health Board may only pay the contractor for provision of a care package of a type listed in Table A in the Schedule to this SFE.

3A.12. The payment values for care packages for the financial year 2026–2027 are—

Table 1

<i>Care Package Type</i>	<i>Payment Value</i>
Simple Restorative Care Package	£72.06
Extensive Restorative Package	£137.50
Periodontal Care Package	£97.06
Denture Care Package	£172.80
Stabilisation Care Package	£150.00
Anterior Root Canal Package	£182.36
Posterior Root Canal Package	£365.44
Crown, Bridge, Inlay, Onlay and Veneer Care Package	£280.88
Miscellaneous Care Package	£50.00

These values will be updated by direction for each subsequent financial year.

3A.13. To qualify for payment under paragraph 3A.12, each care package must include—

- (a) the relevant services from Schedule 2 to the 2026 Regulations which, in the clinical judgement of the practitioner, are most appropriate for the treatment of the patient;
- (b) preventative interventions appropriate to the patient's risk profile;
- (c) a stabilisation phase where clinically necessary;
- (d) definitive treatment for diagnosed conditions;
- (e) a recall interval based on clinical risk; and

- (f) patient education and self-care support.

Annual caps on specific care packages

3A.14. The Local Health Board must not remunerate—

- (a) more than two Periodontal Care Packages provided to an individual patient in any financial year; or
- (b) total provision of Crown, Bridge, Inlay, Onlay and Veneer Care Packages by a contractor that exceeds 10% of the care package proportion of the AAV in any financial year,

unless prior written approval has been obtained from the Local Health Board under paragraph 3A.15.

3A.15. Where a contractor wishes to exceed the 10% cap in paragraph 3A.14(b), it must apply in writing to the Local Health Board setting out—

- (a) the clinical justification;
- (b) the number and value of the additional care packages proposed; and
- (c) the impact on delivery of other mandatory service categories.

The Local Health Board must respond within 28 days and may approve, refuse, or approve subject to conditions.

Treatment plan requirements

3A.16. The Local Health Board must not remunerate a contractor for a care package to be delivered over more than one appointment unless, at the time of the first examination, the contractor has provided the patient with a treatment plan on a form supplied by the Local Health Board specifying—

- (a) the patient's name;
- (b) the contractor's name;
- (c) the place or places where treatment is to be received;
- (d) the contractor's telephone number during normal surgery hours;
- (e) details of the services considered necessary;
- (f) any proposals for services available under the agreement that the patient may alternatively receive privately, together with the costs; and
- (g) where the patient decides to accept private services, a signed confirmation that the patient understands those services are private and not provided under the agreement.

3A.17. Where a care package is delivered over more than one appointment, the Local Health Board must not pay the contractor unless the treatment plan form confirms on completion—

- (a) the services actually provided; and
- (b) where the treatment plan was revised during treatment, details of the revision.

Post-delisting payment

3A.18. Where a patient is removed from the contractor's list of active patients ("de-listed") before a care package is completed, the Local Health Board must remunerate the contractor for any outstanding care package fee, provided the contractor demonstrates—

- (a) the care package had commenced before de-listing;
- (b) adequate efforts were made to secure the patient's attendance for outstanding appointments;
- (c) the contractor has written to the patient explaining that the care package has ended and that the patient must re-register via the Dental Access Portal; and
- (d) evidence of the steps in (b) and (c) has been retained for 24 months from de-listing and is available on request for audit purposes.

3A.19. Where an outstanding care package fee is claimed following de-listing, the amount claimed must be reduced so that the combined total of the amount claimed and any NHS charge paid by the patient in respect of that care package does not exceed the care package value in paragraph 3A.12.

Evidence retention

3A.20. It is a condition of payment under this Section that the contractor retains for 24 months from the date of provision and makes available to the Local Health Board on request—

- (a) treatment plans and any revisions;
- (b) patient consent forms where a patient accepted private services as an alternative to services under the agreement;
- (c) clinical records documenting all treatment provided under each care package;
- (d) evidence of efforts to secure patient attendance where claiming payment following a missed appointment or de-listing;
- (e) correspondence with patients regarding de-listing; and
- (f) applications made to the Local Health Board for approval to exceed the 10% Crown, Bridge, Inlay, Onlay and Veneer Care Package cap.

Prevention capitation payment (5%)

3A.21. The Local Health Board must arrange for the contractor to be remunerated for the provision of prevention services through a capitation payment equivalent to 5% of the contractor's AAV, paid in equal monthly instalments.

3A.22. The capitation payment under paragraph 3A.21 must not be subject to financial recovery based solely on activity levels, provided that the contractor is delivering prevention services in accordance with Part 4 of Schedule 1 to the 2026 Regulations.

3A.23. Where monitoring or audit by the Local Health Board reveals non-delivery of prevention services in accordance with Part 4 of Schedule 1 to the 2026 Regulations, the Local Health Board may—

- (a) require the contractor to take remedial action within a specified timeframe;
- (b) withhold future prevention capitation payments until compliance is demonstrated;
- (c) recover capitation payments made in respect of periods of non-delivery; or
- (d) take such other action as is permitted under the breach provisions of the personal dental services agreement.

Recall capitation payment (3%)

3A.24. The Local Health Board must arrange for the contractor to be remunerated for the provision of recall appointments to patients who were allocated a recall period of 18 months or greater at their previous appointment under the agreement, through a capitation payment equivalent to 3% of the contractor's AAV, paid in equal monthly instalments.

3A.25. The capitation payment under paragraph 3A.24 must not be subject to financial recovery based solely on activity levels, provided that the contractor—

- (a) is delivering prevention services in accordance with Part 4 of Schedule 1 to the 2026 Regulations; and
- (b) is recalling at least 80% of its low-risk active patients on recall intervals of 18 to 24 months.

National priorities (5%)

3A.26. Subject to paragraph 2.12 (2026–2027 transitional direction), the Local Health Board must arrange for the contractor to be remunerated for participation in the National Priorities Scheme, equivalent to 5% of the contractor's AAV, on receipt of evidence that the contractor has undertaken satisfactory steps to deliver the relevant scheme element in the relevant financial year.

Urgent care for active patients

3A.27. Contractors must provide urgent care for their active patients. This is not separately remunerated; an urgent care appointment for an active patient is to be remunerated through the appropriate care package payment under paragraphs 3A.11 to 3A.13.

Advanced mandatory services

3A.28. Where a personal dental services agreement includes the provision of advanced mandatory services, payments for those services are to be based on the same care package types and values as set out in paragraph 3A.12, except that the Local Health Board and the contractor may agree in writing an uplift to reflect the additional complexity of provision at referral level.

3A.29. Where a patient is referred for advanced mandatory services under a personal dental services agreement, payment for those services is made under that agreement and not under the referring GDS contract.

3A.30. All other provisions of this SFE that apply to mandatory services (including treatment plan requirements, evidence retention, NHS charge deductions and reconciliation obligations) apply equally to advanced mandatory services."

(22) After Section 6 insert the following new Section—

"Section 6A — Collaborative Meetings Payment

6A.1. The Local Health Board must arrange for the contractor to be remunerated for attendance at meetings in respect of the cluster to which its practice belongs by including the payment in the AAV. The full annual payment for the financial year 2026–2027 is £1,200, payable in respect of attendance at a minimum of four meetings during the financial year. This value will be updated by direction for each subsequent financial year.

6A.2. Where the contractor attends fewer than four collaborative meetings in a financial year, the Local Health Board must deduct from future Monthly AAVPs—

- (a) £300 for each meeting not attended, applied as soon as reasonably practicable following the end of the financial year, or at termination of the agreement if earlier.

6A.3. At the end of a financial year in which the contractor has attended no collaborative meetings, the Local Health Board must deduct the full annual payment of £1,200 from future Monthly AAVPs or recover it as an overpayment.

6A.4. The collaborative meetings payment forms part of the AAV but is excluded from the mandatory services uprating base for the purposes of paragraph 2.9.”

(23) For the heading "Vocational Training" in Part 7 substitute—

"Foundation Training"

(24) For paragraph 7.1 substitute—

“7.1. Payments in respect of foundation training are payments to a contractor who hosts a Foundation Trainer and Foundation Trainee under an Approved Foundation Training Scheme. They are intended to provide payment to the Foundation Trainer for the time and expertise involved in providing foundation training, and to contribute towards the additional costs incurred by the contractor. The payments apply only to those undertaking foundation training as a condition of inclusion in a dental performers list.”

(25) For paragraph 7.2 substitute—

“7.2. A contractor is entitled to receive payments in respect of a Foundation Trainee if—

- (a) the Foundation Trainee is undertaking foundation training as part of an Approved Foundation Training Scheme;
- (b) the contractor hosts a Foundation Trainer approved by the Postgraduate Dental Dean;
- (c) the contractor has entered into a training agreement with the Postgraduate Dental Dean; and
- (d) the contractor's premises and facilities have been approved by the Postgraduate Dental Dean as suitable for foundation training.”

(26) For paragraph 7.3 substitute—

“7.3. A contractor satisfying the conditions in paragraph 7.2 is entitled to receive—

- (a) a Trainer Grant; and
- (b) a Service Cost Payment.”

(27) For paragraph 7.4 substitute—

“7.4. The Trainer Grant is a monthly payment to the contractor in recognition of the time and expertise of the Foundation Trainer. The amount for the financial year 2026–2027 is £[X] per month for each Foundation Trainee. It is payable from the month the Foundation Trainee commences training until the month the Foundation Trainee completes or ceases training, on a pro rata basis for any part-month.”

(28) For paragraph 7.5 substitute—

“7.5. The Service Cost Payment is a monthly payment to contribute towards additional costs incurred by the contractor in hosting foundation training, including surgery time, materials and equipment used by the Foundation Trainee, and administrative costs. The amount for the financial year 2026–2027 is £[X] per month for each Foundation Trainee.”

(29) In paragraph 11.7, for "a contractor was not entitled to receive all or part thereof (whether because eligibility criteria were not met or the payment was calculated incorrectly)" substitute "a contractor was not entitled to receive all or part thereof (whether because eligibility criteria were not met, the payment was calculated incorrectly, or mandatory service activity returns were inaccurate or incomplete)".

(30) After paragraph 11.7 insert—

“11.7A. Where the Local Health Board or NHS BSA becomes aware that a contractor has been overpaid or underpaid in respect of mandatory services, the Local Health Board must—

- (a) notify the contractor in writing within 14 days;
- (b) specify the amount and reason; and
- (c) in the case of overpayment, specify the method and timing of recovery; or
- (d) in the case of underpayment, make payment within 28 days of notification.”

(31) In paragraph 11.19 (termination reconciliation), after "The RB shall serve the Contractor with written details of the reconciliation as soon as reasonably practicable, and in any event no later than four months after the termination of the agreement." insert "The reconciliation must include all Monthly AAVPs paid and payable in respect of mandatory services, all payments for urgent access appointments, new patient assessments and care packages, all prevention and recall capitation payments, all NHS charges that should have been deducted, and any overpayments and underpayments in respect of mandatory services."

(32) After paragraph 11.23 of the PDS SFE 2009 insert—

“11.24. The provisions of this SFE as amended by the Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Amendment) Directions 2026 have effect in relation to mandatory services provided on or after 1 April 2026.

11.25. The provisions of this SFE as they had effect immediately before 1 April 2026 continue to apply in relation to payments for mandatory services provided before 1 April 2026.

11.26. Where, immediately before 1 April 2026, a course of treatment expressed in units of dental activity had commenced under a personal dental services agreement but had not been completed, payment for completion of that course of treatment on or after 1 April 2026 is to be made in accordance with this SFE as it had effect immediately before 1 April 2026.

11.27. Existing personal dental services agreements have effect on and after 1 April 2026 as if entered into under the Personal Dental Services Agreements (Wales) Regulations 2006 as amended by the 2026 Regulations. The Local Health Board and the contractor may agree to vary an existing agreement to bring it into express conformity with the amended Regulations and this SFE as amended.

11.28. Nothing in these Amendment Directions affects the operation of this SFE in relation to orthodontic services. Orthodontic services continue to be remunerated on the basis of units of orthodontic activity in accordance with the provisions of this SFE that applied to orthodontic services immediately before 1 April 2026 and as those provisions may be separately amended from time to time.”

(33) In Section 12, in the list of acronyms—

- (a) omit the entry for "CAAV";
- (b) after the entry for "AAAV" insert—
"AAV — Annual Agreement Value"

- (c) after the entry for "AAVP" insert—
- “AAAV — Actual Annual Agreement Value (as substituted by these Directions)”
- (34) In the definition of "Annual uprating of NAAVs", for that entire definition substitute—
- “Annual uprating of AAVs is the percentage amount by which the AAV (excluding the collaborative meetings payment) is to be uprated, to be determined by the Welsh Ministers, which is included in paragraph 2.9.”
- (35) In the definition of "Monthly Annual Agreement Value Payments", for "Negotiated Annual Agreement Value of a PDS agreement" substitute—
- "Annual Agreement Value of a personal dental services agreement in respect of mandatory services"
- (36) For the definition of "Negotiated Annual Agreement Value" substitute—
- "Annual Agreement Value is the amount determined in accordance with Section 2. For personal dental services agreements that include orthodontic services, the AAV relates only to the mandatory services element of the agreement; the remuneration of orthodontic services is determined separately by reference to the negotiated annual agreement value applicable to orthodontic services."
- (37) In the definition of "Actual Annual Agreement Value", for "paragraph 3.1" substitute "paragraph 3.1 (as substituted by these Directions)".
- (38) After the definition of "Actual Annual Agreement Value" insert—
- "Active patient" has the meaning given in regulation 2 of the National Health Service (General Dental Services Contracts and Charges) (Wales) Regulations 2026, as applied to personal dental services agreements by the Personal Dental Services Agreements (Wales) Regulations 2006 as amended.
- "Care package" has the meaning given in regulation 2 of the National Health Service (General Dental Services Contracts and Charges) (Wales) Regulations 2026, as applied to personal dental services agreements by the Personal Dental Services Agreements (Wales) Regulations 2006 as amended.
- Dental Access Portal has the meaning given in regulation 2 of the National Health Service (General Dental Services Contracts and Charges) (Wales) Regulations 2026.
- "Foundation Trainee" means a dental practitioner who is undertaking foundation training as part of an Approved Foundation Training Scheme.
- "Foundation Trainer" means a dental practitioner who is approved by the Postgraduate Dental Dean to provide foundation training to a Foundation Trainee.
- "Mandatory services" has the meaning given in regulation 14 of the National Health Service (General Dental Services Contracts and Charges) (Wales) Regulations 2026, as applied to personal dental services agreements by the Personal Dental Services Agreements (Wales) Regulations 2006 as amended. For the avoidance of doubt, mandatory services does not include orthodontic services.
- "New patient assessment" has the meaning given in regulation 2 of the National Health Service (General Dental Services Contracts and Charges) (Wales) Regulations 2026.
- "The 2026 Regulations" means the National Health Service (General Dental Services Contracts and Charges) (Wales) Regulations 2026 (WSI 2026/37 (W.10)) as amended."
- (39) Omit the definition of "Vocational Trainee" and substitute—
- "Vocational Trainee — see Foundation Trainee."
- (40) At the end of the Schedule to the PDS SFE 2009, insert—

"Table A — Appointment and Care Package Types for Mandatory Services

The following types are payable as mandatory services under a personal dental services agreement in accordance with Section 3A.

Table 1

Type	Description
Urgent Care Appointment (New Patient)	An appointment for a new patient requiring urgent dental care, delivered through the Urgent Access Appointments Programme in accordance with Part 1 of Schedule 1 to the 2026 Regulations
New Patient Assessment	An assessment of a new patient arising from the Dental Access Portal in accordance with Part 2 of Schedule 1 to the 2026 Regulations
Simple Restorative Care Package	As described in Schedule 2 to the 2026 Regulations
Extensive Restorative Package	As described in Schedule 2 to the 2026 Regulations
Periodontal Care Package	As described in Schedule 2 to the 2026 Regulations
Denture Care Package	As described in Schedule 2 to the 2026 Regulations
Stabilisation Care Package	As described in Schedule 2 to the 2026 Regulations
Anterior Root Canal Package	As described in Schedule 2 to the 2026 Regulations
Posterior Root Canal Package	As described in Schedule 2 to the 2026 Regulations
Crown, Bridge, Inlay, Onlay and Veneer Care Package	As described in Schedule 2 to the 2026 Regulations
Miscellaneous Care Package	As described in Schedule 2 to the 2026 Regulations
Recall Appointment (18+ months)	A recall appointment for a patient on a recall interval of 18 months or greater
Prevention Service	A standalone prevention appointment or intervention as described in Part 4 of Schedule 1 to the 2026 Regulations

Note: This Table does not include orthodontic services, which continue to be remunerated by reference to units of orthodontic activity under the provisions of this SFE that apply to orthodontic services."

Signed by: Paul Casey, Deputy Director Primary and Community Care under the authority of the Cabinet Secretary for Health and Social Care, one of the Welsh Ministers.



Date: 27 March 2026