

Which?

Consumer harm and complaints experience in private dentistry

POLICY REPORT **OCTOBER 2026**

This publication reflects the view of Which?.

The following people were involved in the creation of this publication: Paige Bellini, Nicole Chan, Stephen McDonald

For further information, please contact Advocacy@which.co.uk

Our preferred citation for this publication is:

Which? (2026), Consumer harm and complaints experience in private dentistry. Available from:

<https://www.which.co.uk/policy-and-insight/article/consumer-harm-and-complaints-experience-in-private-dentistry-aCvDd7L0cJgn>

Contents

Executive Summary	3
1. Introduction	5
2. Consumer problems in private dentistry	7
2.1 The causes of problems	7
3. Patients' experiences of complaining	11
3.1 Why patients don't complain	11
3.2 Experience of making a complaint to a practice	13
3.3 Escalating complaints beyond the practice	18
4. Discussion and recommendations	22

Executive Summary

Increasing numbers of people are using private dental services in the UK as the provision of NHS dentistry declines. This has led to focus on whether the private dentistry market is delivering good outcomes for consumers and the Competition and Markets Authority (CMA) has opened a market study to explore this.

Which? has conducted primary research to better understand what kind of problems patients experience with private dentistry and the experience they have of making complaints. Our mixed methods study comprised an online poll of c.1,000 people who had experienced problems with private dental treatment in the past two years and ten in-depth interviews with patients who had made complaints about their dental treatment within the past two years.

The research finds that the most frequent problems relate to pricing, with 39% of those who had experienced a problem believing the price of their treatment was excessive. However, there were also problems with the transparency of price information: 22% of respondents said they had paid more than they were quoted and 21% stated that pricing was not transparent before treatment began. Issues around treatment quality were the next most common problem, with 26% of respondents unhappy with the quality of care they received and 10% believing their dentist made a clinical mistake. Other issues included that people felt pressured to agree to specific treatments or to sign up for dental payment plans.

The problems experienced by people caused various harm, including:

- **Physical harm** - from poor treatment, including infections, nerve pain and limited jaw mobility, psychological harm with patients feeling vulnerable, embarrassed, and pressured
- **Financial harm** - either due to paying for treatments they hadn't expected or remedial work to put right problems.

Focussing on complaints and redress, we found evidence of patchy complaints mechanisms and of barriers to escalating complaints beyond a dental practice:

- **Barriers to complaining** - 62% of the 1,009 patients who experienced issues in the past two years did not complain. The biggest barriers to complaining were fearing damaging their relationship with the dentist (31%) and doubting that their complaint would succeed (31%).
- **Dissatisfaction with complaint handling** - Only 16% of people who made a complaint found it difficult to do so, but larger minorities were dissatisfied with how their complaints were handled (27%) and the final outcome (30%). Our qualitative research revealed a perception among patients that some practices approach complaints handling as a 'box-ticking exercise'. Levels of satisfaction vary significantly by practice type, with consumers using group or corporate practices significantly more satisfied with complaint handling (76%) than those at independent practices (53%).
- **Low rates of escalation** - Few patients escalate their complaints beyond their dental practice. Key deterrents to escalating include a lack of confidence in the process

4 Consumer harm and complaints experience in private dentistry

(63% believe it is pointless), perceived complexity (29%), and a lack of clear information provided by the practice (23%).

Overall, there is strong evidence that the current complaints and redress system in the private dentistry sector could be improved. At a practice level, the disparities between the levels of satisfaction between independent practices and those that are part of a group indicate that consumers would be better served if best practice in the sector could be spread more widely.

Recommendation: The General Dental Council should review its guidance on complaints handling with regard to the CMA's actions in the veterinary sector. It should undertake greater scrutiny of practice's complaints processes and prioritise the promotion of best practice.

Despite significant levels of dissatisfaction with the handling and outcomes of complaints, only a small number of private patients seek to escalate complaints beyond the practice. The reasons for this include patients not knowing how to and being deterred by the process. Better in-house complaints processes would address some of these issues by more clearly signposting third-party redress options, but the GDC could do more to improve the transparency of the process and provide material for practices to use to do this.

Recommendation: The General Dental Council should develop and publicise a decision tree to help dental patients navigate the different routes to obtaining redress.

Complaints are often a rich source of data to improve professional standards, but there appear to be no clear mechanisms for learning from complaints at a sectoral level. The Dental Complaints Service (DCS) publishes some detail on the complaints that it receives as part of its periodic service review, but the type of analysis included in this is not sufficient for using the data for sectoral learning.

Recommendation: The General Dental Council should collect, analyse and publish data and insights on complaints.

The only form of alternative dispute resolution available to private dental patients is the DCS. This appears to be generally well-regarded by those who use it, but it has limited means of resolving disputes, cannot issue binding decisions, and cannot award compensation for any pain, distress or inconvenience. The absence of an ombudsman scheme for private dental patients compares unfavourably with the ability of NHS dental patients to take complaints to the Parliamentary and Health Service Ombudsman. Many patients have private dental treatment because they are unable to access NHS care and it seems indefensible that private dental patients have fewer consumer rights than those receiving NHS treatment.

Recommendation: The government should give private dentistry patients access to an ombudsman that has mandatory participation for dental practices, and which can investigate and adjudicate disputes, and which can issue binding decisions.

1. Introduction

The provision of dental services in the UK has undergone a substantial shift in recent years. NHS provision has declined and private provision has increased from 42% of the market in 2010¹ to over two-thirds (69%) in 2025². As the level of private provision has increased, concerns have been raised about whether the market is sufficiently competitive and delivers value for money. These concerns are heightened because it is clear patients often are not making a positive choice to use private dentistry, but instead need to use it because of a lack of access to NHS services.³

Following a request from the Chancellor of the Exchequer,⁴ The Competition and Markets Authority opened a market study into private dental services in March 2026. The study will assess potential sources of consumer detriment, including whether consumers are able to make informed choices, whether the market is competitive, and whether dentists engage in any unfair practices or anticompetitive conduct.⁵

The market study also includes a focus on whether complaints and redress mechanisms, and the regulatory frameworks, are supporting good outcomes for consumers. Effective complaints and redress mechanisms are essential to ensuring that markets work well. It can improve quality in the provision of services, encourage compliance with regulatory rules and give consumers confidence to engage in a market.

However, there is evidence that the mechanisms in the dental services market may not be as effective as they should be. Private medical and dental services had the fifth lowest rate of positive resolution to consumer problems out of 43 market sectors included in the government's Consumer Detriment Survey 2024.⁶

To better understand the efficacy of existing complaints and redress mechanisms, Which? has conducted primary research into the experience of patients who have used private dental services and have experienced problems. The aim of the research is to better understand the reasons for things going wrong and the experiences people have when they make complaints.

We have used a two-stage, mixed methods approach. First, in May 2026, Yonder conducted an online survey on behalf of Which?, of 1,009 adults aged 18 and above who had experienced problems, or whose dependents had experienced problems, with private dental treatment within the past two years. We screened 5,848 consumers within a nationally

¹ BBC (2026) - [NHS dentistry is rotting. Will the plan to fix it work?](#)

² CMA (2026) - [CMA launches review of private dentistry](#)

³ The [Care Quality Commission](#) in 2023 found 9 out of 10 (91%) NHS dental practices were closed to new adult NHS patients. Further, the [General Dental Council's Public Survey 2024](#) found that 36% of people who had started using private dental services in the previous three years did so because they couldn't get NHS treatment at all.

⁴ Letter from the Chancellor to Sarah Cardell and Doug Gurr, accessed at https://assets.publishing.service.gov.uk/media/691cd4260dcbf6343e9a29cd/Letter_from_the_Chancellor_to_Sarah_Cardell_and_Doug_Gurr_PDFA.pdf

⁵ CMA (2026) - [Private dental services market study - Statement of scope](#)

⁶ National Centre for Social Research (2025) - [Consumer Detriment Survey 2024](#). Private medical and dental services were surveyed together as a single sector.

representative Omnibus sample to achieve a sample of 1,009 people who had a problem with private dental care received in the past two years. This gives a problem incidence of 17% in the past two years.

Next, in August 2026, we conducted ten hour-long interviews with individuals who had encountered issues with private dental care and pursued redress within the past two years.⁷ We interviewed seven patients who had only submitted complaints directly to their practice or practice group and three patients who had escalated their concerns beyond the practice to the Dental Complaints Service.

The findings of the research are set out in the next three sections. We begin in section 2 with the causes and impacts of consumer problems in private dental services, while we explore complaints in detail in section 3. This includes the reasons why many patients do not complain, the experiences of those who complain to their practice, and the experiences of escalating complaints beyond a practice. Our reflections on the research findings and our subsequent recommendations are presented in section 4.

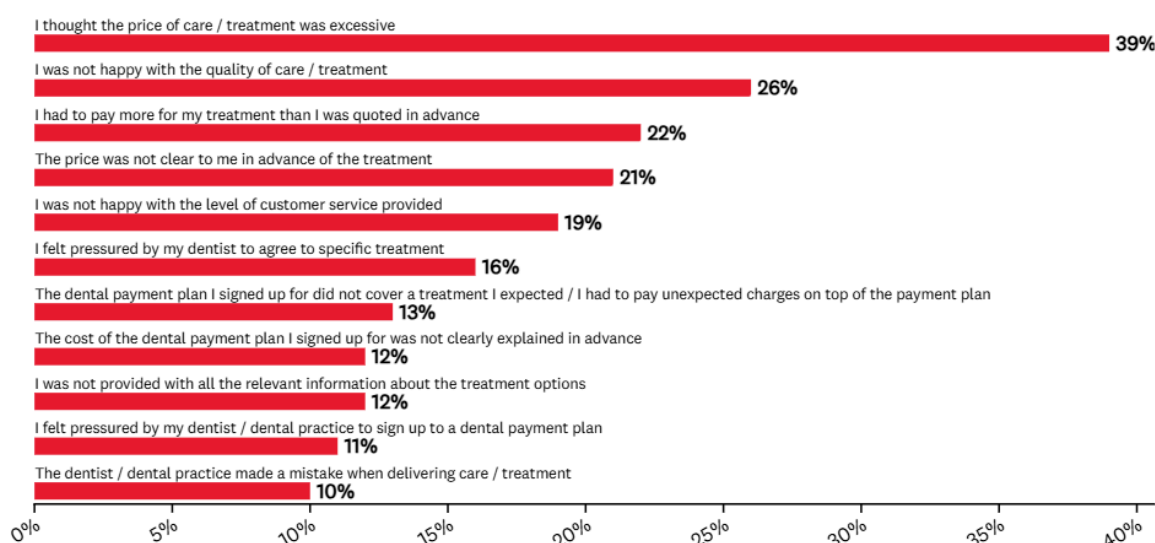
⁷ Ten participants were recruited by Roots Research against a predefined recruitment specification. Participants were eligible if they had experienced a problem with private dentistry within the previous two years and had made a complaint, either directly to their dentist or through another complaints channel. The sample included participants from a range of demographic backgrounds, reflecting a mix of genders, ages and income levels.

2. Consumer problems in private dentistry

2.1 The causes of problems

Our survey of c.1,000 people who had experienced a problem in the last two years found that the most common issues are around the level and transparency of prices and the quality of the treatment provided. Various issues to do with dental plans were identified by some respondents, while others felt that they had been unable to make a good choice about treatment options because of pressure from their dentist or inadequate information.

Figure 1: Issues experienced by users of private dentistry



Source: Online poll of 1,009 people who had a problem with private dental care in the past 2 years.

The causes of problems were consistent across groups of patients of different ages and incomes, and there were no statistically significant differences in the frequency with which these issues were experienced at independent practices compared to those that are part of a corporate group.

Unclear and unexpected costs

Issues to do with price comprised three of the four most common problems. The most common was people believing the price of their treatment was excessive. People are less likely to feel they get good value when the price of services has risen sharply, as has happened with private dentistry, and it is possible that people who have previously received treatment as NHS patients will struggle to assess what is good value with a private service.⁸

Price transparency appears to be a common source of dissatisfaction. More than 1 in 5 (21%) of patients with problems said the price of treatment was not clear to them in advance, with these patients only being made aware of how much it would cost during or after treatment. Our interviews reflected this and showed unexpected costs arose during

⁸ CMA (2026) - [CMA launches review of private dentistry](#)

treatments, with patients sometimes being charged for additional procedures without clarity on what was included in the original price:

"They did a deeper clean, I believe it was, but I thought it was just part of the normal clean and they charged me an additional £50 without even notifying me prior [...] I don't think it was fair to spring that on me as a customer at the last minute."

Interview Participant, Age 35-44

Reason for visit: Routine check-up and hygiene clean

A similar proportion (22%) paid more for the treatment than they had been quoted. One person described being charged a higher amount post-treatment after the dentist said they would add on a treatment for free:

"I was quoted a certain amount when I booked my appointment. After seeing the dentist and going to pay at reception, I was told the amount was higher. I questioned the receptionist and she told me it was because the dentist had polished my teeth. He told me he was doing it as a favour so I was appalled to be told I had to pay for it."

Survey Respondent

In some cases, these unexpected expenses were due to spiralling remedial charges, for example consumers being charged for additional appointments when initial root canals, crowns or fillings failed. While it can be difficult to determine if these failures are down to inherent treatments risks or issues with quality of treatment, it is clear that consumers were left with the financial burden of paying for additional consultations, scans and corrective treatment. This was demonstrated in Case Study 1 where a patient was forced to pay upfront for multiple corrective sessions following a failed treatment, only recovering these costs after escalating the dispute to the Dental Complaints Service (DCS):

Case study 1 - Disputed care costs and mediation outcome

Following a traumatic dental injury, a patient was initially quoted £3,400 for root canal treatment. However, the procedures repeatedly failed, requiring three separate corrective sessions.

The practice manager rigidly forced the patient to pay full price for each remedial session, arguing they were "doing the same treatment" again. As a result, the final cost ballooned from the initial £3,400 to over £10,000.

"They gave me a price of £3,000.... That was the initial quote... And then it came to just over £10,000. They kept saying, 'Oh yeah, no, no, no, you need to pay again because we're doing the same treatment.' ... It's like fixing someone's car but then it breaks straight away."

When the practice rejected the patient's formal complaint, they escalated to the DCS. In the end the practice accepted liability and refunded the unquoted remedial work (£6,600).

"I got sort of 66% back. I was over the moon. But again, it shouldn't have happened... I shouldn't have actually paid in the first instance."

Although their assigned solicitor advised they could pursue further compensation for pain and lost time, the patient declined.

"I live in a small town where everyone knows each other. It's not worth the hassle. I wasn't there to make money. I just wanted to get the money back that I'd spent extra"

Pressure to accept treatment and payment plans

Some patients reported feeling pressured to say yes to treatment when they were not sure they wanted it. 16% of our sample of patients with problems had felt pressured by their dentist to agree to specific treatment.

The interviews suggest that this pressure could be particularly difficult for consumers to challenge because of the imbalance of knowledge between patients and the dental team. In some cases, patients described additional treatment being recommended or carried out without feeling they had been given a meaningful opportunity to understand the costs and consider their options. This has an emotional impact on consumers, with patients describing situations such as these making them feel vulnerable, pressured and powerless:

"...when it's related to your health and you're stuck in that position where you don't really know what is genuine, what needs doing, does it need to cost this?, you have nothing to push back on because you have no knowledge.."

Interview Participant, Age 45-54

Reason for visit: Emergency Crown

Beyond treatment add-ons, some consumers felt pressured to agree to certain payment arrangements. For example, 1 in 10 (11%) of surveyed respondents said they felt pressured to sign up to a dental payment plan and a further 13% said the dental payment plan they signed up for did not cover a treatment they had expected it to.

"I was kind [of] pressured to agree to an expensive plan during what I expected to be a routine appointment. I was encouraged to make a decision immediately without being given enough time to consider my options or seek a second opinion, which left me feeling uncomfortable and less confident in the advice I received."

Survey Participant

This pressure directly impairs patients' ability to speak up when things go wrong. This vulnerability was severely heightened when patients attempted to raise concerns, as practices frequently handled complaints at busy reception desks or were perceived to respond dismissively:

"It's not nice as well the fact that we were all there in the tiny reception... there's other people...the embarrassment."

Interview Participant, Age 35-44

Reason for visit: Routine check-up and hygiene clean

Concerns about treatment quality

Quality of treatment was another key concern, with 1 in 4 survey respondents (26%) saying they were unhappy with the quality of their care and 1 in 10 (10%) claiming their dentist made a mistake when delivering the treatment.

The qualitative interviews provide further insight into the severity of these experiences. Patients reported serious clinical errors and physical harms, including misdiagnosed tooth fractures, repeatedly failed procedures, and unnecessary treatments.

Case study 2 - Diagnostic Dismissal

This patient suffered a severe dental injury from a sports accident, damaging three teeth. When he visited his private practice the next day, the dentist dismissed the trauma as mere "bruising" and provided only painkillers, insisting the patient was "over-exaggerating" their pain.

"I went on Monday... they just said, 'Oh, no, you've just bruised the tooth. There's no issue there.' Um, so I went away with some painkillers they gave me. "

As symptoms worsened and the teeth discoloured, he had to return to demand an X-ray, which finally confirmed he required three root canals.

"Called back a couple of days later. I said, 'I could see the colour of the tooth changing each night'. She said, 'No, no, you've definitely got it wrong.' I said, 'I'm not telling you how to do your job, but it's definitely worse.' They tried sending me away. I said, 'Look, I pay for a service here. I want—I actually get a free X-ray, so I want an X-ray done.'"

This experience left the patient physically distressed and highlighted a critical failure in the initial clinical assessment

"It was a lack of support from the dentist that was the major let down, especially when I've been there for six years and you... pay to use them."

The initial dismissal set off a chain of delayed treatment, prolonged physical pain and damage to the patients trust in private dentistry.

Beyond diagnostic oversights and treatment errors, clinical failures left patients with severe, prolonged physical issues such as locked jaw, secondary infections, and chronic nerve pain. One patient described how this left them unable to carry out basic daily functions:

"I couldn't open my mouth for like a couple of months after [the tooth extraction].. I had a throat infection because I couldn't reach the back of my teeth... it took maybe like six, seven months for me to be able to open my mouth."

Interview Participant, Age 35-44

Reason for visit: Deviated wisdom tooth extraction

3. Patients' experiences of complaining

Having established the nature of the problems experienced by patients and the harm it causes, we now consider the complaints and redress processes that are available when things go wrong.

When a patient is unhappy with the service they receive they should first raise a complaint directly with their dental practice.⁹ As the CMA identified in its market investigation into veterinary services, there is a broad consensus about the features that will likely be included in good in-house complaint systems.¹⁰ These include a comprehensive, clear and fair written complaints process, methods for promoting awareness and staff training. If in-house complaint systems are not consistently well provided then this will lead to patients being deterred from making complaints and a worse experience for those who do complain.

We explore the reasons why a majority of patients who experienced a problem with their private dental service chose not to make a complaint in section 3.1, while in 3.2 we examine the experiences of those who complained to their practice. In both cases, we find evidence that complaints processes are not working well consistently across the private dental sector.

If a patient cannot reach a resolution directly with their dental practice then they can choose to escalate their concerns. Relatively few private patients escalate complaints, and in section 3.3 we consider why, despite frequent dissatisfaction with the way a complaint has been handled by a practice, so few patients choose to escalate a complaint. Also in this section we examine the experiences of those who do escalate their complaints.

3.1 Why patients don't complain

Of the 1,009 people surveyed who had experienced an issue in the last two years, 62% did not make a complaint. The rate at which people chose to complain was generally consistent across different types of problem, but those with quality concerns were a little more likely to complain than those who had concerns relating to the cost of their treatment. We found that 61% of those reporting price issues chose not to complain, compared to 58% feeling pressured into treatments or dental payment plans and 55% experiencing quality issues.

The leading barriers to making a complaint were closely linked to the dentist-patient relationship. Nearly a third (31%) who didn't complain said it was because they were concerned that complaining could compromise their relationship with their dentist, while the same proportion (31%) had low expectations that their complaint would lead to a positive outcome.

⁹ GDC (2026) - [How to make a complaint or get a refund](#)

¹⁰ CMA (2026) - [Veterinary services for household pets](#)

Figure 2: Reasons for not complaining about the problem experienced



Source: Online poll of 1,009 people who had a problem with private dental care in the past 2 years. The base for this chart is 383 people who did not and will not complain.

The patient interviews reinforce the trends shown in Figure 2. Several patients described feeling unable to question or challenge treatment decisions, even when they had concerns about the care they received. Some expressed fears that raising concerns could damage their relationship with their dentist, while others felt that pursuing a complaint would be pointless, reflecting a lack of confidence that their concerns would be taken seriously or result in a meaningful outcome.

"It's almost like they know that there's a power imbalance and they play on that... The person just gives up because they're like, 'I don't have the energy to continue to fight this battle knowing that it's not one that I'm going to win.'"

Interview Participant, Age 35-44

Reason for visit: Routine visit and hygiene appointment

Even when patients are physically injured or deeply dissatisfied with their care, they may remain with the same practice because finding an alternative provider is difficult or impossible. For some, this was not simply about convenience, but about the practical difficulty of giving up a dental practice when other options were scarce.

"Believe it or not, I have [stayed with the practice] because it's local... funny, isn't it? I sort of hate them a bit, but it's easy... It's not an easy thing to get into a dentist."

Interview Participant, Age 35-44

Reason for visit: Emergency broken tooth requiring a root canal

These experiences suggest that limited access to dental services can make patients dependent on the provider they already have, further weakening their ability to challenge poor treatment or seek redress because doing so may put their future access to dental care at risk. It also illustrates that in markets where competition works poorly, providers have less incentive to improve.

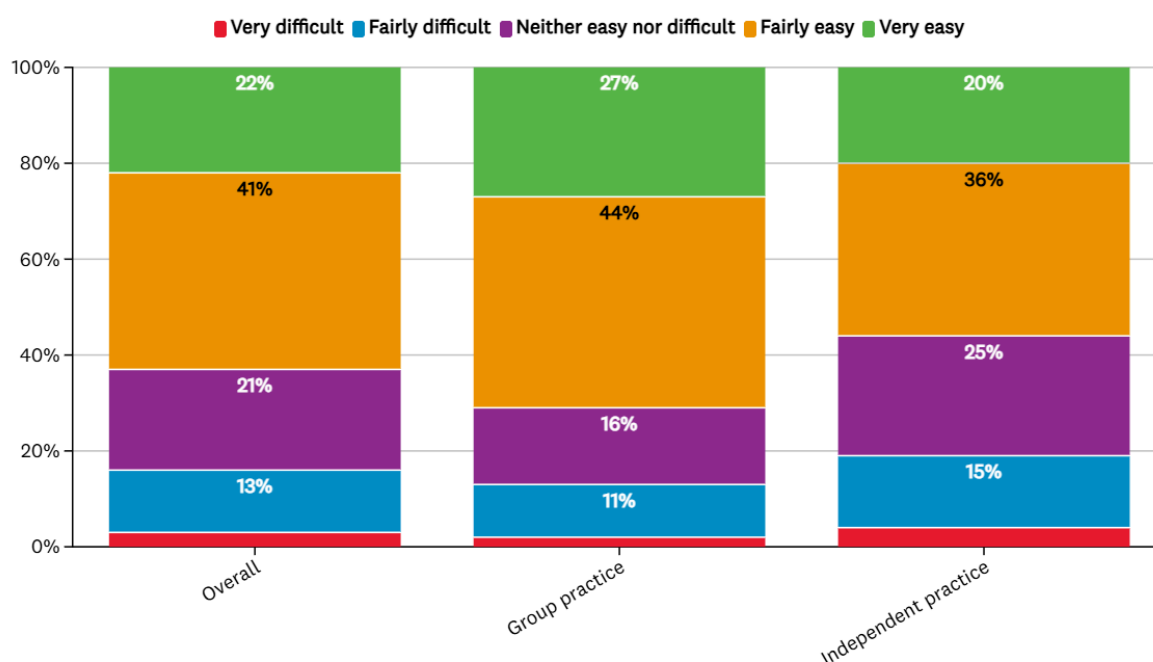
3.2 Experience of making a complaint to a practice

Of the 1,009 respondents who experienced a problem in the last 2 years, only 362 (36%) went on to make a complaint directly to their dental practice.

Ease of the complaints process

For most consumers, the process of making a complaint was relatively straightforward, but a minority faced difficulties. Nearly two thirds (63%) of those who complained to their dental practice said it was easy to find and understand the complaints procedure, while 16% found it difficult.

Figure 3: How easy consumers found the dental complaints process by group vs independent practices



Source: Online poll of 1,009 people who had a problem with private dental care in the past 2 years. The base for this chart is 362 people who complained to their dentist or dental practice.

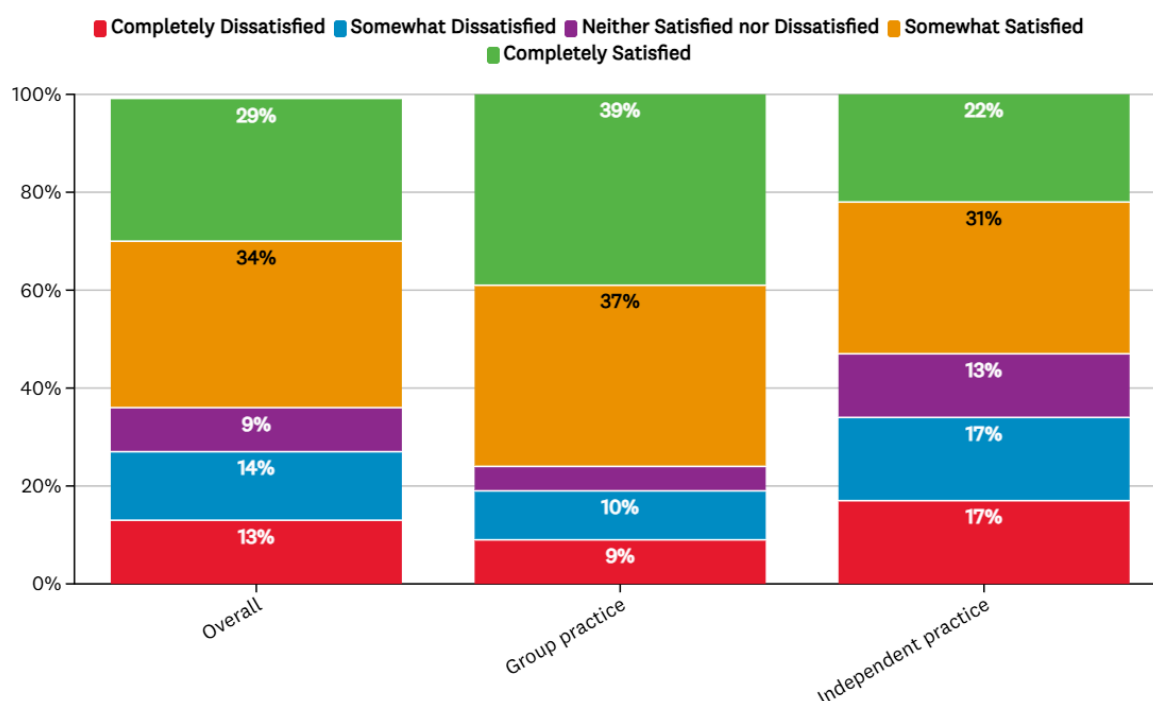
The ease of using a complaints process did vary according to the ownership of the dental practice. Consumers whose dentist was part of a larger group were more likely to find the process easy (71%) compared to those using independent practices (56%), and this variation indicates there is potential for improvement in some parts of the sector.¹¹

¹¹ Of the 362 consumers who complained to their dental practice, 170 had used a group practice, 156 an independent practice, and 36 were unsure of the practice's ownership structure.

Satisfaction with the complaints handling

While almost two-thirds (64%) of those who made a complaint to their dentist were satisfied with how their complaint was handled, more than a quarter (27%) were dissatisfied (as seen in Figure 4).

Figure 4: Consumer satisfaction with how their complaint was handled by their dental practice



Source: Online poll of 1,009 people who had a problem with private dental care in the past 2 years. The base for this chart is 362 people who complained to their dentist or dental practice.

Figure 4 shows there is a notable difference in levels of satisfaction across practices with different ownership structures. Consumers using group or corporate practices were significantly more likely to be satisfied with how their complaint was handled than those using independent practices, 76% compared to 53%. Corporate groups may benefit from standardised administrative processes, while independent practices may be more likely to have complaints handled directly by the treating dentist or practice manager.

Our qualitative interviews revealed a perception among patients that some practices approach complaints handling as a 'box-ticking exercise' designed to protect revenue and shield clinicians from liability rather than resolve consumer harm, as one person described:

"I felt that they had a complaints procedure because they had to have a complaints procedure, not because they really wanted to have one... 100% they had to do it. So they had the complaints procedure box ticked. They never said they were sorry at any stage."

Interview Participant, Age 45-54

Reason for visit: Emergency broken tooth requiring a crown

The interviews revealed that complaining directly to a practice often felt unsympathetic and rigid, with patients reporting that they felt dismissed when raising concerns:

"Their response was in a very disappointing manner - it was like I was talking to a stone wall..."

*Interview Participant, Age 45-54
Reason for visit: Emergency crown*

Others believed staff relied on standardised scripts across receptionists and clinicians to deny fault when complaints are made:

"They have a script and this is the company line... So whenever somebody complains, everyone says the same thing and it's just a way to cover themselves."

*Interview Participant, Age 35-44
Reason for visit: Routine visit and hygiene appointment*

One consumer observed after a clinic's error left him with physical trauma, the practice maintained a "poker face" and refused a refund:

"It was a very cold corporate response to a negligence issue... straight hardlined, no admittance, no nothing like that. Just a straight email. It's very easy to hide behind an email."

*Interview Participant, Age 35-44
Reason for visit: Emergency root canal*

In one case, an interviewee told us that the practice had refused to give further care to her and a family member while she was in dispute over a pricing issue.

Case study 3 - 'Held Ransom' During a Billing Dispute

This patient was a longstanding client of her private dental practice. She booked a teeth whitening procedure under a £275 promotional offer advertised in her clinic. At checkout, the treating dentist was unable to enter the promotional discount into the system and advised her to pay £275, promising to handle the invoice discrepancy with the admin team.

"He said, 'Don't worry. I know it says £400 on the invoice, but I don't know how to get this special offer onto the invoice, but it'll be fine. You can just pay the £275. No worries.'"

A month later, the practice aggressively pursued her for the unpaid £125 balance, dismissing her promotional text evidence and holding her to the £400 invoice. When she challenged the charge and refused to pay, the practice forced payment by stopping her booking any further appointments and check-ups for both her and her son.

"They said that until I'd made this additional payment that they wouldn't book me in for any checkups. They wouldn't book my little boy in for any checkups... I kind of felt 'held ransom' by the practice during the billing dispute..."

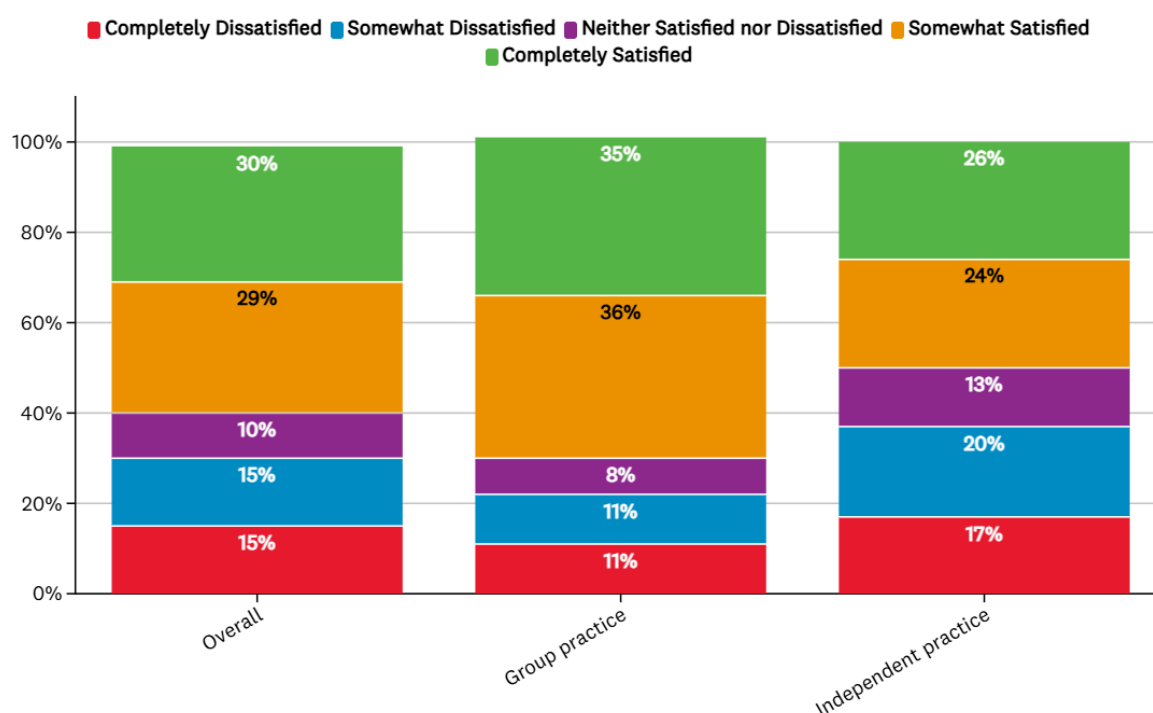
With staff within the practice refusing to offer any support or options for escalating the complaint, she contacted the group's office who wrote off the debt but did not issue an apology or explanation.

"The way that the complaint was handled, yes, I got the outcome I wanted and that I wasn't chased for payment, but I didn't get an apology... They just really just kind of swept it away."

Satisfaction with the complaints outcome

While a majority (59%) of consumers who complained directly to their dental practice were satisfied with the final outcome of their complaint, a substantial minority of almost a third (30%) were dissatisfied. As with satisfaction in complaints processes, Figure 5 shows there is again a notable difference in levels of satisfaction across practices with different ownership structures. Consumers using group or corporate practices were significantly more likely to be satisfied with the outcome of their claim than those using independent practices (71% compared to 50%).

Figure 5: Consumer satisfaction with the outcome of their complaint



Source: Online poll of 1,009 people who had a problem with private dental care in the past 2 years. The base for this chart is 362 people who complained to their dentist or dental practice.

17 Consumer harm and complaints experience in private dentistry

A comparison between handling satisfaction (64%) and outcome satisfaction (59%) highlights a clear gap in the redress process. This disparity demonstrates that while a process may appear efficient on the surface (e.g. receiving a prompt reply), the final resolution often fails to address the underlying harm or meet consumers' expectations. This is illustrated by one participant:

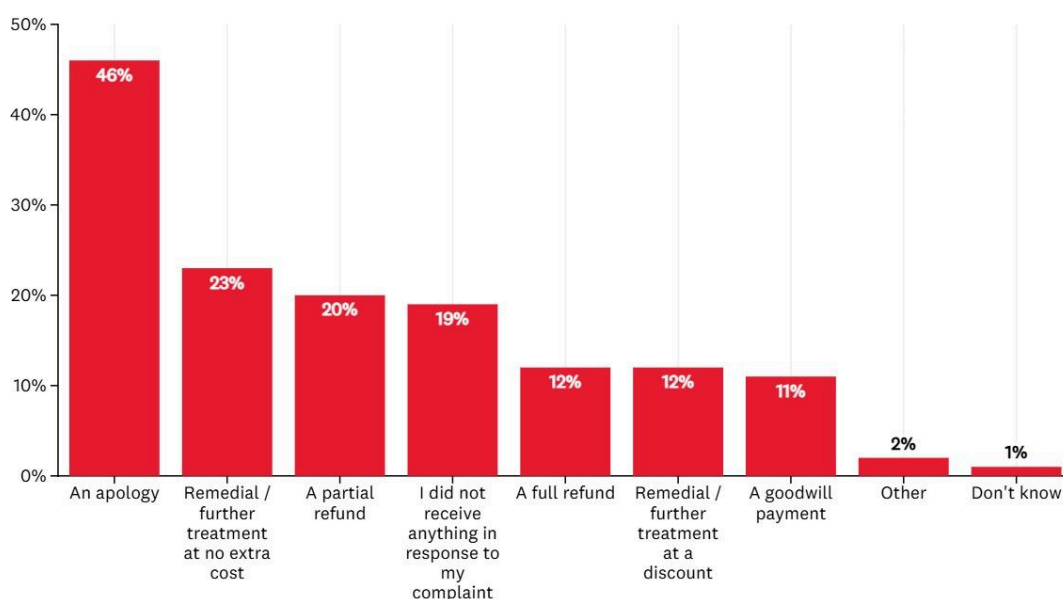
"The practice manager replied very quickly but... it was just 'Yeah, we've looked into it... Dr. X has performed in the way he should have done, no issues on our side, I wish you all the best. Hope to still see you as a client.' I thought it was really poor just to sort of fob me off."

Interview Participant, Age 35-44

Reason for visit: Traumatic injury leading to fractured teeth

Where dental practices did offer a response, redress was often minimal and heavily weighted towards non-financial gestures. The most common form of redress was a verbal apology, received by almost half (46%) of those who complained to their dentist.

Figure 6: Redress received when complaining to the dentist/dental practice



Source: Online poll of 1,009 people who had a problem with private dental care in the past 2 years. The base for this chart is 362 people who complained to their dentist or dental practice.

Whilst an apology is an essential component of customer care, when used as a substitute for rectifying the issue it can leave consumers feeling dismissed. However, more concerning, nearly 1 in 5 (19%) did not receive anything in response to their complaint (see Figure 6). An absence of communication leaves patients feeling powerless:

"No one had written back to me. No one had asked or written back or sort of asked if I was okay, which was very annoying... I think what happened in this process is that they probably buried their heads in the sand and just hoped that it would go away."

Interview Participant, Age 35-44

Reason for visit: Root canal

"I felt my complaint was ignored and I was expected to pay to fix the mistake. We are made to think that we are lucky to even see a dentist."

Survey Participant

The survey cannot determine whether the redress provided was proportionate to the harm or detriment experienced. However, patterns of redress were broadly consistent across complaint types. For example, 20% of those reporting a treatment quality issue received nothing in response to their complaint, compared with 23% of those who experienced pricing-related problems, such as being charged more than initially quoted. These findings suggest that a substantial proportion of consumers who believed they were entitled to some form of remedy received nothing from their dental provider, including in cases where they reported harm or financial loss.

3.3 Escalating complaints beyond the practice

For private dental patients who cannot achieve resolution directly with their practice and who want to escalate the complaint, the next step is to contact the Dental Complaints Service. The DCS is funded by the General Dental Council (GDC), but has operational independence. The DCS facilitates mediation, but it relies on voluntary participation and has no formal enforcement powers.¹²

If mediation fails, patients may appeal to the GDC, who can investigate and sanction providers where there are concerns about dental professionals' fitness to practise. However, this generally won't be appropriate for most patients and the GDC does not award compensation or force refunds. Private patients seeking such an outcome must pursue a civil action, which could be expensive, time consuming and emotionally demanding.¹³

These options for private patients are different to those available to patients who received NHS care, see figure 7 below. For NHS patients, complaints are directed to the local integrated boards (ICB), who investigate the issue and can mandate corrective actions due to their commissioning role.¹⁴ If the issue remains unresolved, the parliamentary and health service ombudsman (PHSO) serves as a final, independent arbiter with the ability to uphold complaints, order apologies, demand financial remedy and enforce systemic change.¹⁵

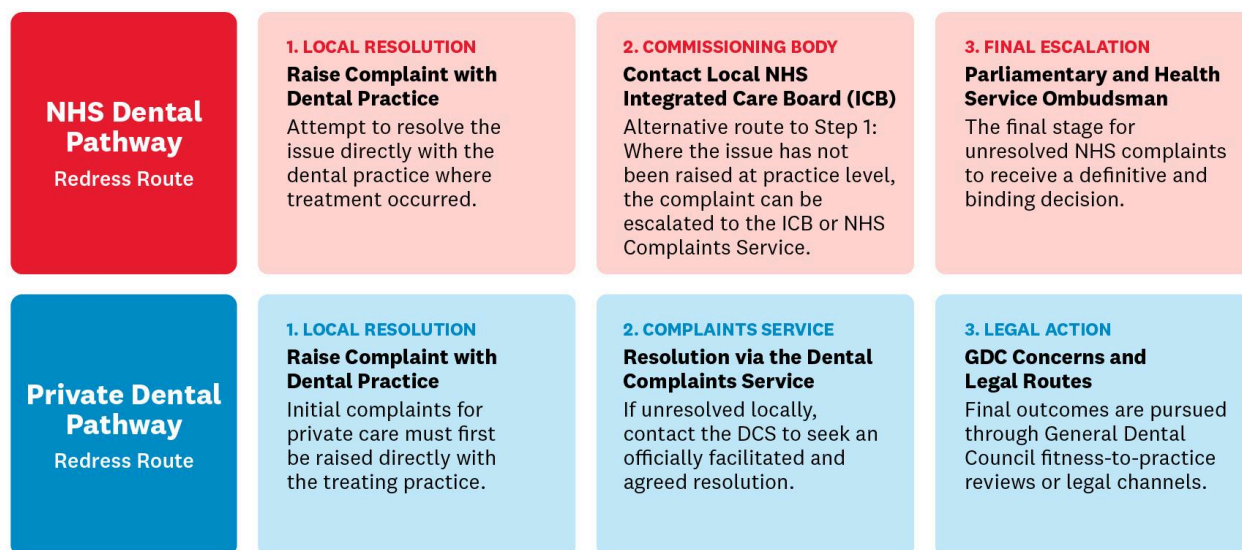
¹² DCS, [Complaints resolution process](#).

¹³ Care Quality Commission (2023), [Dental mythbuster 34: Complaints management](#).

¹⁴ Care Quality Commission (2023), [Dental mythbuster 34: Complaints management](#).

¹⁵ PHSO (2026), [How we deal with complaints](#)

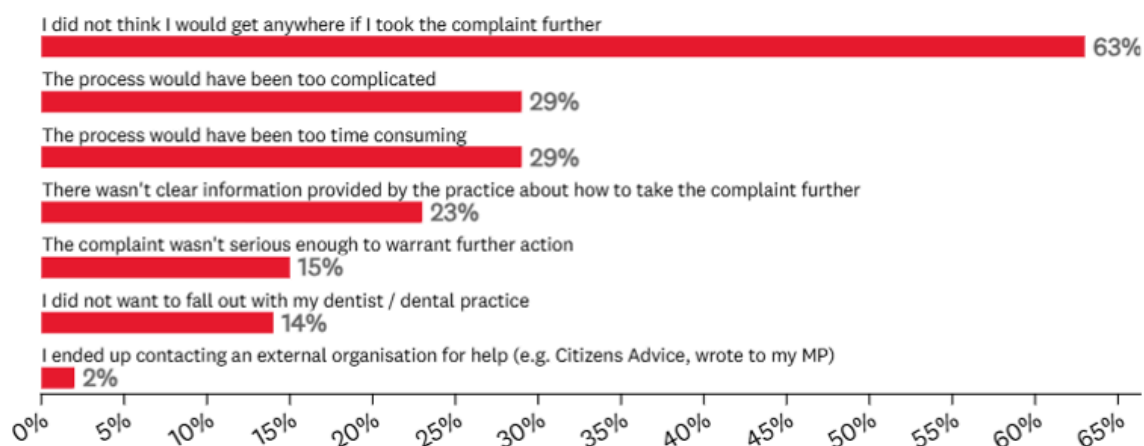
Figure 7: The current ADR process for NHS and Private Dentistry



Very few people pursue complaints beyond their dental practice. In our sample of c.1,000 people who had experienced a problem, 32 reported taking their complaint to the Dental Complaints Service (DCS), 20 complained to the General Dental Council (GDC), and only 5 took legal action. This represents 9%, 5% and 1% of all those who made any kind of complaint.

Our survey found that the biggest deterrent to escalating a complaint is a lack of confidence that taking a complaint further would lead to a successful outcome. Of the 91 people who were dissatisfied with how their complaint had been handled by the practice, the majority (63%) said they did not believe it would go anywhere if they escalated their complaint.

Figure 8: Reasons why consumers did not take their complaint further



Source: Online poll of 1,009 people who had a problem with private dental care in the past 2 years. The base for this chart is 91 people who were dissatisfied with their complaints to their dentist but did not take it further.

For others, the route to escalation was not clear, with 29% thinking that the process would be too complicated, while 23% said the practice had not provided clear information about how to take their complaint further. This suggests that, for some consumers, there was no clear or accessible path beyond the practice when their complaint remained unresolved.

This lack of transparency leaves patients feeling stuck and out of options. The severe information asymmetry between dentist and patient means that without active signposting, patients can find it difficult to know how to take a complaint further.

"Never at any point in the conversation did the receptionist or the dentist say to me, 'Oh, if you're not happy with this, you can escalate it to XYZ.' ... They just shut it down... They would be promoting their teeth whitening treatment, but they wouldn't have something about complaints"

Interview Participant, Age 35-44

Reason for visit: Routine visit and hygiene appointment

This is where differences between NHS and private escalation pathways may impact on consumer outcomes. While NHS patients benefit from clear escalation pathways to public commissioning bodies and ombudsmen services, it may be less clear for private patients, leaving them disempowered when attempting to take a dispute beyond the clinic. This contrast is illustrated in this case study:

Case Study 4 - NHS vs Private escalation disparity

Unable to find an NHS dentist, the patient was forced to use private care when a front filling fell off leaving tooth roots painfully exposed. The initial dentist lost confidence mid-procedure and sent him home in severe pain for two weeks. As remedial care progressed, he was forced to use other surgeries within the same corporate group to get sufficiently expert care and bills from different practices led to costs over £2,000.

When the patient complained to the practice about spiralling costs, he was offered a £500 'goodwill' discount. When considering whether to escalate further, the patient recalled a previous dispute with his NHS dentist, which was straightforward because he could complain directly to "the people who licensed the practice". In contrast, he found no clear escalation pathway for private care leaving him unsure if the clinic has legally or medically done anything wrong.

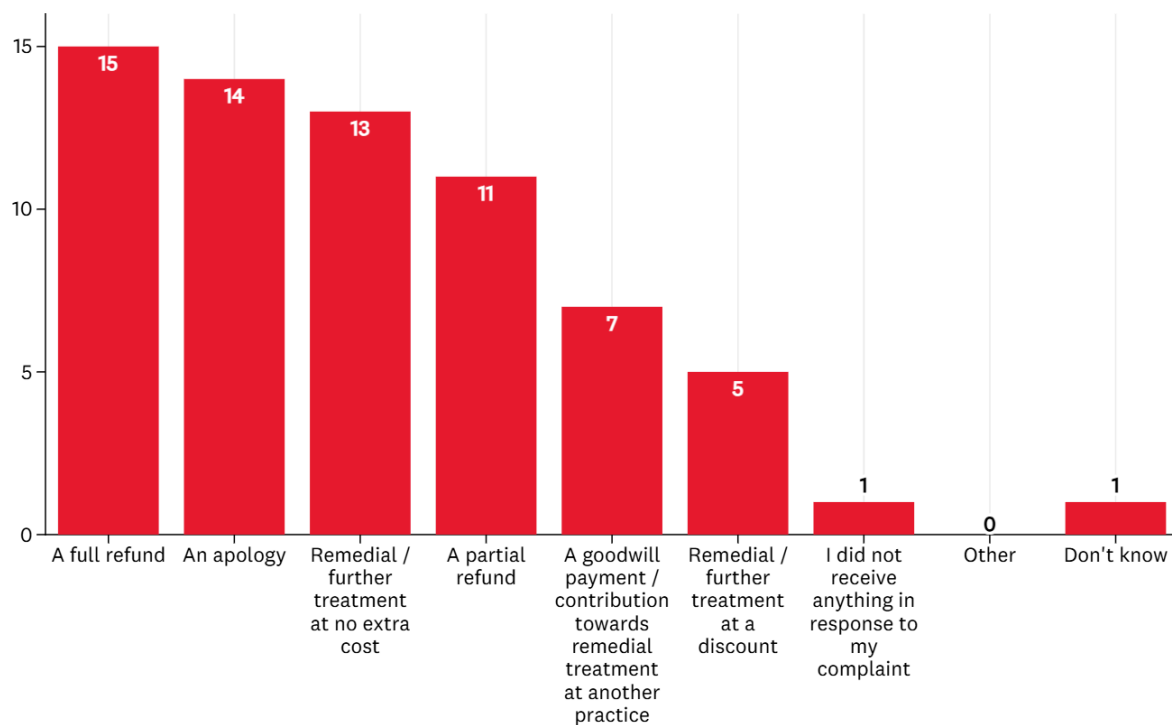
Exhausted by months of physical pain, lost work time and financial strain he concluded that the complaint would cause additional stress without a positive outcome.

"I looked at it and it just felt like the effort I would have to go to to do it and the stress it would cause me... I didn't think there'd be any real repercussions for it anyway, so with that in mind I stopped looking because I didn't think there'd be an outcome or route that was good for me."

The Dental Complaints Service

Although use of the DCS for complaints is relatively low, the service appears to be effective for those who do engage with it. While the sample size is small, 25 of the 32 respondents were satisfied with the way their complaint was handled, while 26 out of 32 were satisfied with the outcome from the DCS.

Figure 9: Redress received when escalating complaint to DCS



Source: Online poll of 1,009 people who had a problem with private dental care in the past 2 years. The base for this chart is 32 people who escalated their complaint to DCS

Qualitative accounts confirm that the DCS provides a straightforward, easy-to-use, and supportive mediation service, helping to balance the power dynamic between the consumer and the clinic and helping to achieve better outcomes for those who use it.

"It was very straightforward. ... It was very easy ... [The DCS staff] did seem quite sympathetic and it was straightforward. They were not trying to make my life more difficult than it was"

Interview Participant, Age 45-54

Reason for visit: Broken tooth requiring a crown

4. Discussion and recommendations

This research has shown that the complaints and redress processes that currently exist in private dental services are not serving patients as well as they should, with large proportions of patients being unwilling to complain and with unacceptably high levels of dissatisfaction among those who do. We hope the Competition and Markets Authority (CMA) will fully explore these issues as part of its private dental services market study. However, we believe the research speaks to numerous problems the dental industry could act on immediately.

First, there is considerable patient dissatisfaction with how dental practices deal with complaints. Large minorities were dissatisfied with how their complaints were handled (27%) and the final outcome (30%). Further, while we would expect variation in the efficacy of complaints processes across a diverse sector, the fact that there is considerably greater satisfaction among patients using a group or corporate practice than those at independent practices indicates that there is considerable scope for improvement if best practice in the sector could be adopted more widely.

The General Dental Council requires that dentists and dental care professionals have clear and effective complaints processes. Principle 5 of the GDC's standards for the dental team requires: i) that there is an effective complaints procedure readily available for all patients to use, and that professionals follow this procedure at all times; ii) professionals respect a patient's right to complain; and iii) patients who complain are given a prompt and constructive response.¹⁶

However, the GDC faces challenges in ensuring that dentists and dental care professionals comply with this principle. First, while the GDC has a range of sanctions it can use against dentists and dental care professionals who do not adhere to their standards, it is unclear that these are appropriate for dealing with issues around complaints handling. The GDC's sanctions are: to issue a reprimand, to impose conditions on registration, a temporary suspension of registration or removal from the register. It is not clear that any of these would be effective sanctions for a failure to comply with Principle 5 of the GDC's standards relating to complaints. The application of the strongest sanctions would likely not be proportionate, while the weaker sanctions may not be a credible deterrent for non-compliance. Second, in some practices, individual professionals may not have the ability to determine the efficacy of the complaints process, for example if the practice is part of a corporate group. Although there is some regulation of dental practices¹⁷, the British Dental Association has noted that the GDC has limited powers to regulate corporate enterprises providing dental services and it has called for stronger regulatory powers to be introduced.¹⁸

Similar issues emerged during the CMA's market investigation into veterinary services for pets, ultimately resulting in the CMA imposing requirements on vet practices to have

¹⁶ General Dental Council - Standards for the Dental Team, accessed at <https://www.gdc-uk.org/standards-guidance/standards-and-guidance/standards-for-the-dental-team>

¹⁷ This varies across nations of the UK. For example, practices in England are inspected by the Care Quality Commission.

¹⁸ British Dental Association (2026) [Evidence to the Competition and Markets Authority's private dental market study](#)

complaints processes with a prescribed minimum set of criteria.¹⁹ The CMA is unable to implement similar remedies in private dentistry as the remedy is being implemented through a market investigation order and there is no equivalent power in market study cases.²⁰

Although we recognise that under the current regulatory framework it is constrained by its inability to regulate practices, we think the GDC is best placed to take action to address the high levels of dissatisfaction with complaints in the sector. The GDC already sets out guidance for dental teams on how to comply with its principle on complaints²¹, but it should review this guidance in the light of the CMA's work on veterinary services and reflect on whether it could be improved. Our assessment is that the GDC could be more prescriptive about what best practice looks like, for example with regard to making the complaints process accessible, time taken to resolve complaints and using complaints for continuous improvement.

A greater challenge will be to ensure that dental practices comply with the complaints standard. We think this will require greater scrutiny of practices' complaints handling processes and for the promotion of best practice across the sector to be prioritised. Activities that could support this might include auditing complaints processes and using learnings from this to develop best practice case studies.

Recommendation: The General Dental Council should review its guidance on complaints handling. It should undertake greater scrutiny of practice's complaints processes and prioritise the promotion of best practice.

Second, the research gives evidence that patients are inhibited from escalating complaints because of a lack of understanding of how to do so and what happens when complaints are escalated. Despite significant levels of dissatisfaction with the handling and outcomes of complaints made to dental practices, only a small number of private patients take their complaint beyond the practice. The reasons for this include patients not knowing how to and being deterred by the process.

Better in-house complaints processes would address some of these issues by more clearly signposting third-party redress options. However, this could be supported by action from the GDC. In its market investigation into veterinary services, the CMA has required the Royal College of Veterinary Surgeons to develop and publicise a decision tree to help pet owners navigate the different routes to obtaining redress and it will require vet businesses to include this in their complaints handling processes.²² While the GDC does provide information on its website on the process for making a complaint, we think it could more helpfully present this in a way that could be easily integrated into practices' complaints procedures.

Recommendation: The General Dental Council should develop and publicise a decision tree to help dental patients navigate the different routes to obtaining redress.

¹⁹ Competition and Markets Authority (2026) [Veterinary services for household pets: Final decision report: Part B \(Remedies\)](#)

²⁰ Competition and Markets Authority (2026) [CMA's approach to market studies and investigations](#)

²¹ General Dental Council - Standards for the Dental Team, accessed at <https://www.gdc-uk.org/standards-guidance/standards-and-guidance/standards-for-the-dental-team>

²² Competition and Markets Authority (2026) [Veterinary services for household pets: Final decision report: Part B \(Remedies\)](#)

Complaints are often a rich source of data to improve professional standards, but we are concerned that there appears to be no clear mechanism for learning from complaints at a sectoral level. We note that the GDC's current organisational strategy states the intention for *"better understanding who is raising concerns with the GDC and the Dental Complaints Service, and identifying any trends which may provide insight into the accessibility of the dental complaints system"*.²³ However, complaints data could be used much more effectively than this to facilitate improvements in quality and learning. The DCS publishes some detail on the complaints that it receives as part of its periodic service review²⁴, but the type of analysis is not sufficient for sectoral learning.

Recommendation: The General Dental Council should collect, analyse and publish data and insights on complaints.

Finally, Which? has concerns about the adequacy of the alternative redress mechanisms available to private dental patients. While the DCS appears to be generally well-regarded by those who use it, it lacks the mechanisms to fully support consumers. Mediation is not a sufficient or appropriate mechanism to resolve all disputes. There are likely to be significant numbers of consumers for whom their relationship with the practice has broken down to the extent that mediation is not a realistic prospect. There will be others, who may disproportionately be vulnerable consumers, who would simply be unable to effectively navigate a mediation process to reach a fair outcome. The DCS is able to convene a panel that will make a recommendation in the event that a resolution cannot be reached between the patient and the dental professional, but its recommendations are not legally binding. Further, patients using the DCS are also unable to seek compensation for any pain, distress, or inconvenience caused by the dental practice and would need to pursue this through the court system. Ideally, alternative dispute resolution services should be able to take an inquisitorial approach, seeking further information and evidence when needed, and make decisions that take account of the full context of a complaint, including factors such as distress and inconvenience.

By comparison, NHS dentistry patients have access to the Parliamentary and Health Service Ombudsman, which provides independent adjudication of complaints. Many patients have turned to private dental treatment because they are unable to access NHS care. Some patients may transition between NHS and private provision in a single treatment journey. It seems indefensible that private dental patients have fewer consumer rights than those receiving NHS treatment. People receiving private dental care should have similar access to an independent ombudsman.

Recommendation: The government should give private dentistry patients access to an ombudsman that has mandatory participation for dental practices, which can investigate and adjudicate disputes, and which can issue binding decisions.

Overall, our research has highlighted numerous problems with complaints and redress mechanisms in private dentistry. Dentistry is a service that requires a high level of patient trust and the sector needs to do more to ensure that patients feel able to raise concerns and have them dealt with appropriately.

²³ General Dental Council (2026) [Trusted and effective: A strategy for dental regulation 2026-2028](#)

²⁴ Dental Complaints Service (2025) - [Dental Complaints Service Review 2023 and 2024](#)



Which? 2 Marylebone Road, London NW1 4DF

Which? 3 Capital Quarter, Tyndall Street, Cardiff CF10 4BZ

Phone +44 (0)20 7770 7000

Fax +44 (0)20 7770 7600

www.which.co.uk