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Competition and Markets Authority
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Invitation to Comment

Which? response to the Competition and Markets Authority's statement of scope for its private dental services market study

Submission date: 02/04/2026

Summary

Which? welcomes the opportunity to comment on the CMA's proposed statement of scope for its private dental services market study. We broadly support the CMA's areas of focus and take this opportunity to highlight areas where the market may not currently be functioning well, specifically:

- Poor price transparency and the absence of comprehensive search tools hinder consumers from their ability to make informed choices, and weaken downward pressure on fees
- A lack of transparency on dental payment plans and their cost breakdown makes it difficult for consumers to effectively compare and assess their value for money
- Various dentists' behaviours (e.g. poor communication, overtreatment, pressure selling) that could lead to adverse consumer outcomes
- Complaints and redress mechanisms with inadequate recourse or compensation when service standards fall short

Which? encourages the CMA to further investigate these issues in their market study.

Responses to specific questions

Q1. Do you agree with our proposed scope, both the product and geographic scope for this market study as set out in paragraphs 22 to 28? If not, what areas would you suggest we include, exclude or prioritise and why?

We agree with the CMA's decision to focus on all types of private dental services including preventative, clinically necessary and cosmetic dental treatments. In addition to the increasing demand for cosmetic services, both types of treatments can be offered during the same course, for example, when cosmetic services are presented by the dentist as a potential solution to a clinically necessary issue.

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We also agree with the proposal to look at NHS dentistry and related policy to the extent that it affects the functioning of the private market. Many dentists offer both private and NHS services and there should be an understanding of whether the increase in private fees has been in part subsidising losses from NHS dentistry due to the current structure of the NHS contract or as a function of increasing demand as NHS availability reduces. The CMA is also right to consider whether it affects consumer access to private dental services as dental businesses could be incentivised to open private practices in more preferable areas, reducing access for certain populations.

We also support the CMA's inclusion of all four nations and the recognition that there are differences between the nations, which we further detail in Q4.

We broadly support the CMA's proposed focus areas, with more detail highlighting specific issues in Questions 5 to 10.

Q2. Do you agree with our articulation of the characteristics of a well-functioning private dentistry market as set out in paragraph 20? If not, what should be changed and why?

We agree with the CMA's definition of a well-functioning market, but would expand on its reference to the role of effective regulatory frameworks and enforcement by clarifying that this should include ensuring good consumer outcomes, as well as access to appropriate complaints and redress mechanisms when service standards fall below a reasonable expectation.

Q3. Do you consider that the private dentistry market currently displays the characteristics of a well-functioning market set out in paragraph 20? If not, please explain why you consider this to be the case, what is driving this and how this could potentially be addressed.

We do not believe that the private dentistry market currently displays the characteristics of a well-functioning market and we set out our reasoning for that in response to Questions 5 to 10.

Q4. What, if any, are the key differences in the private dentistry market across the four nations of the UK that should be reflected in our analysis? What drives any differences?

In addition to the varying stages of reforms across the four nations, each one employs their own NHS dental contracting rules which could have different effects on fees and incentives in the private market. Each nation also has its own regulatory body responsible for assessing the quality and safety of private dental practices, meaning parts of the regulatory framework will need to be considered separately.

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Q5. Are there any specific areas we should focus on in relation to the consumer journey and choice, including consumers' ability to make informed choices, access and switch private dental services, or aspects of the consumer experience? Why?

Dentistry is a market where consumer preferences will largely be determined by factors such as location, availability, and trust in the provider, but we are concerned that there are barriers to consumers' ability to make informed choices and to switch dental practices if they wish to. Currently, there is no existing comprehensive finder / comparison tool with most consumers likely relying on generic Google searches and reviews. Whilst there is an NHS finder tool, it does not include all the private dental practices available and its primary use is to indicate if a practice is currently offering NHS appointments, although this information could also be out of date. There is also the General Dental Council (GDC) register but again, its main purpose is to check if practices are registered and not act as a finder tool.

Additionally, consumers could struggle to distinguish between publicly funded and private options given that the treatment pathways may not always be clear cut and they could be dealing with both types of services from the same provider throughout the same course of treatment. It can also be financially harmful if consumers are unclear about whether they are accessing the NHS or more expensive private dental treatment.

We also believe pricing transparency could be improved. The GDC requires that private dental practices have to offer a clear price list and if they have a website, they must publish their fees online. However, we have discovered dental practices with websites but no published list of fees, including whether they offer NHS, private or both options. We think the CMA could investigate the extent to which this is widespread and whether current levels of enforcement are sufficient to ensure compliance by dental practices. Further, the itemised elements in published price lists can vary across practices, making it difficult for consumers to compare prices. For example, we have observed some practices breaking down the prices of their root canal treatments by type of tooth and others which split them by whether there are single or multiple roots. Although it may not be feasible across all treatment options, improved standardisation for more commonplace services like extractions and root canals would make consumer search easier.

Many dental practices also list a range of prices or "From £x" on their website, especially for more complicated treatments which require an initial consultation to ascertain the final price. Whilst this is a feature of the market and is likely impractical to change, the CMA could look into whether dentists are clear about the treatment plan and its associated costs after the initial consultation, including setting out any potential extra charges early in the process.

Having a reasonable level of price transparency is important for consumers to be able to compare different options, especially when the price for a private dental examination in January 2026 could range from £20 to £124 according to the ONS price quotes data. This level of variation and lack of transparency could also be more of an issue for vulnerable

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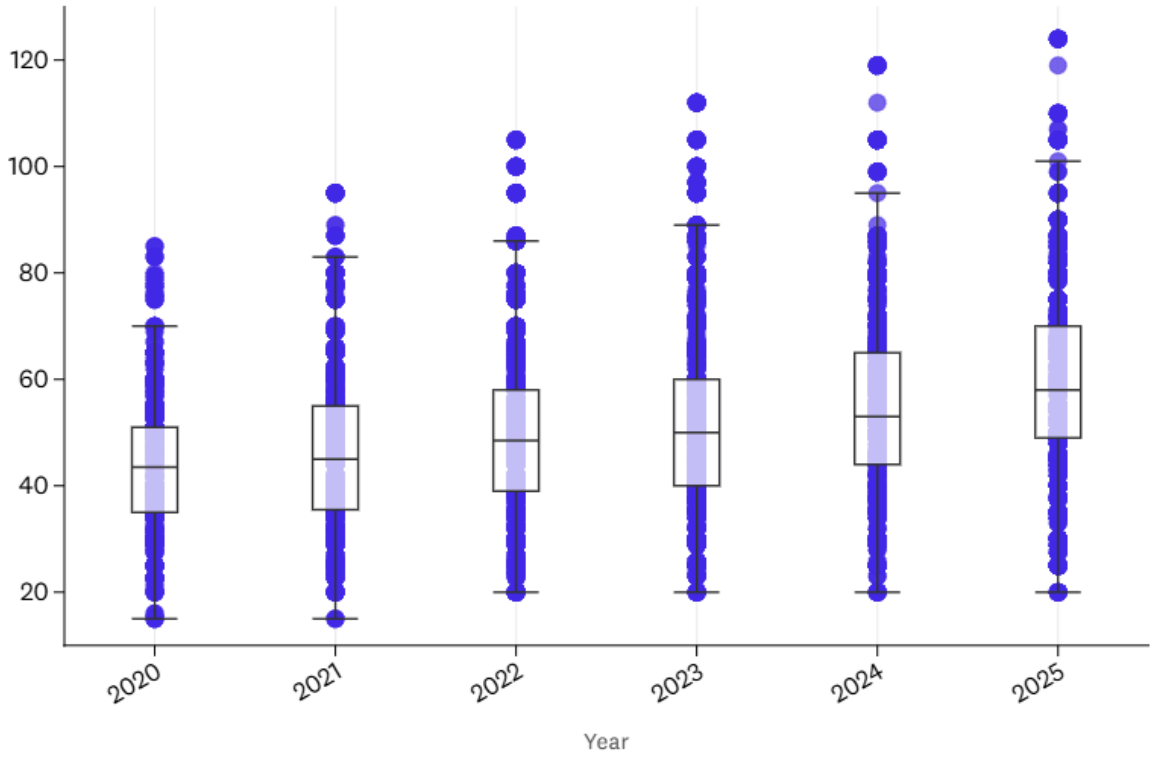
consumers or those who have previously been NHS patients and may not be used to the amount of variability in private treatment fees.

Ultimately, poor price transparency will result in weak demand-side pressure to hold down prices, and there are some indications that this may be happening in the dentistry market. Comprehensive price data for multiple dental services is not available, but the ONS price quotes data shows that the median price for a private dental examination has gone up by 20% from £50 in January 2024 to £60 in January 2026. By comparison, the CPIH rate increased by 7.2% in the same period. The data also shows increasingly large price dispersions over time, see **Figure 1** below.

Figure 1: Price dispersion of a private dental examination, 2020-2025



Source: ONS price quotes data, 2020-2025

As prices continue to increase, the CMA could also examine whether there are concerns around instances of poor-quality or substandard treatment, and the potential financial and physical harm this may cause to consumers, particularly in more lucrative cosmetic treatments.

Specifically with regard to switching, a potential barrier the CMA could consider is the ease of transferring dental records to a new provider and whether there are any bottlenecks in this process as it could deter consumers from wanting to switch.

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Q7. Do dental payment plans or financing of dental treatments impact the consumer journey and choice in the private dentistry market? If so, please explain how.

We have some concerns that dental plans, where consumers pay a monthly amount for a set number of routine services (e.g. checkups, hygiene appointments) a year, could be a barrier to consumers switching practices, even in circumstances where they are dissatisfied with treatment quality. Although many plans allow consumers to cancel if they notify the practice and plan provider with 21 days or one month's notice, consumers might not want to 'lose out' on any unused services they already paid for, thus making them less likely to switch. Some plans also offer discounted treatments and if consumers want to leave within a certain period after the treatment (typically six months), they might have to refund the full discount amount to the dentist, further hindering the switching process.

However, we think the CMA should go beyond considering only the extent to which dental payment plans / financing of dental treatments impact the consumer journey and choice. There may be consumer protection issues directly related to dental plans that the CMA should explore. Firstly, it is not always easy to compare prices of plans across different providers. While MyDentist has a standard price for plans across its practices, Bupa and plan providers like Denplan offer different prices across the practices in their network. This could be good for competition but only if the process of comparing prices is straightforward. With Bupa, consumers have to click on individual practices and fill out a short form each time to obtain the cost. With Denplan, many practices don't even list the costs online, adding to the search costs.

Further, even if prices were clearly set out, the individual prices of services are typically not included alongside the overall cost, making it difficult for consumers to assess the value for money of these plans. There is also a more fundamental question as to whether these plans genuinely provide value for money for consumers, or whether they encourage the purchase of more services than necessary.

Finally, we have noted reports that patients have felt pressured by dentists to sign up to payment plans in order to retain their place at a practice transitioning from NHS to private care. This may be an issue that would benefit from formal examination by the CMA.

Q8. Are there any specific issues we should focus on in terms of how and the extent to which dentists compete to win customers and are incentivised or disciplined to meet customers' preferences and needs? Why?

We agree with the CMA to look at whether there is effective competition, but not analyse market concentration at the local level as the majority of the market is still independent. As discussed in the questions above, a lack of clear pricing and constraints such as availability of dentists in a consumer's location could make it harder for them to shop around and reduce competitive pressures on dentists. It also makes it harder for consumers to switch dentists. Secondly, use of private services is increasing and will likely continue as access to

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NHS dentistry gets more difficult. For private dentists operating in areas where this is more acute, the much larger demand reduces the need to compete and in worst case scenarios, dentists could be incentivised to engage in behaviours detailed in Question 9.

Q9. Are there any particular conduct or practices we should focus on that may adversely affect consumers or competition? What are they and why should we focus on them?

A key feature of a market like dentistry is the level of trust consumers are placing on dental professionals to provide them with accurate and good quality advice. Thus, we think the CMA could further investigate whether there is any evidence of dentists engaging in behaviours that lead to poor consumer outcomes.

Data from the Dental Complaints Service (DCS) shows that the percentage of complaints that became cases increased from 17% in 2023 to 33% in 2024. Notably, a large majority concern the clinical treatment received, specifically a perceived failure of treatment (94% of complaints in 2024). The DCS states in their report that many of the complaints raised stem from mismatched expectations between patient and provider. This indicates there could be an issue related to a lack of clear communication about the treatment and costs involved at various consultation stages. However, it would also be useful if the CMA could rule out that this may partly be a result of supplier-induced demand, whereby dentists could be overtreating their patients or engaging in pressure selling tactics; such as pushing for unnecessary treatments that are more expensive, or by recommending more hygienist visits than necessary.

Q10a. We are interested in whether regulatory frameworks across the UK and their enforcement, along with complaint and redress mechanisms, support good competition and consumer outcomes. Are there any particular areas we should consider? Why?

With regards to the existing regulatory framework and the complaints and redress mechanisms, there are a few issues we would like to raise.

Firstly, the GDC is meant to oversee dental professionals' fitness to practise, mainly covering practising illegally and any practice that causes serious harm to patients or the public. There is also no clear, publicly available information on the type of cases regularly investigated by the GDC and we think the CMA could look into which cases are being opened to ensure that they are investigating a breadth of bad practices. There could also be consideration for publishing the cases as this would be part of a positive feedback loop where other practices are deterred from engaging in similar behaviour, and thus reducing the burden on the GDC as well. The GDC will investigate and take action against a dental professional but if patients were harmed by the professional, the GDC is unable to help them with any redress. They will likely be directed to the DCS, which as we explain below, also has limited powers.

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The Care Quality Commission (CQC) looks at the quality and safety of dental practices in England, with each of the other devolved nations having their own bodies. However, it only inspects 10% of dental practices each year and some practices have not been inspected for many years.

The DCS does exist for consumers to raise their complaints about private dentistry but it is ultimately not an arbitration service and thus, any recommendations are not legally binding. Consumers who are unable to obtain a resolution via the DCS have no further recourse for their complaints. They are also unable to seek compensation for any pain, distress, or inconvenience caused by the dental practice. In comparison, NHS dentistry patients have access to the Parliamentary and Health Service Ombudsman.

Additionally, there are specific conditions that must be fulfilled to use the service such as the course of treatment needing to be completed before a complaint can be made and patients are only able to seek refunds for failed treatment or free remedial treatment from the dentist they are complaining about. If a consumer is already dissatisfied with a dentist, they have to choose between visiting the same one for remedial work or paying extra for the work elsewhere.

The CMA could potentially also investigate whether the signposting and complaints process is clear enough for consumers as they could be receiving both NHS and private treatment from the same practitioner.

About Which?

Which? is the UK's consumer champion, here to make life simpler, fairer and safer for everyone. Our research gets to the heart of consumer issues, our advice is impartial, and our rigorous product tests lead to expert recommendations. We're the independent consumer voice that works with politicians and lawmakers, investigates, holds businesses to account and makes change happen. As an organisation we're not for profit and all for making consumers more powerful.

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