

PRIVATE DENTAL SERVICES MARKET STUDY

Statement of Scope

05 March 2026



**PRIVATE
DENTISTRY**
MARKET STUDY

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- A. Use of information provided to the CMA

Statement of Scope

1. The Competition and Markets Authority (CMA) has launched a market study into the supply of private dental services in the United Kingdom.¹ We will examine whether the private dentistry market – including preventative, clinically necessary and cosmetic dental treatments – is working well for consumers. If we find that it is not, we expect to identify opportunities to improve outcomes for consumers in this market.
2. This document sets out our proposed scope for the market study, on which we are consulting. We include questions at the end on which we invite your feedback.
3. Alongside this Statement of Scope we have published a Market Study Notice² and a Project Roadmap.³
4. Where there are opportunities to take targeted steps that support the good functioning of this market, we will not wait until the final report stage to act. To this end, today we have published a short guide for consumers so they are clear on what they can already expect in this market. *Choosing and paying for dental care*⁴ explains how consumers can get the information they need to make informed decisions about their dental care, and understand what they will pay.
5. We also want to hear directly from consumers and dental professionals on how they experience this market and how well it is working. To this end, we have launched a Call for Views from consumers⁵ and dental professionals,⁶ enabling us to gather first-hand insights.
6. These are not the only opportunities to engage with the CMA as our study progresses. Our Project Roadmap explains more.
7. The CMA recognises the dedication and professionalism of dental professionals across the UK, and this study is not a criticism of clinicians or the care they provide, but an examination of how the market is working for consumers.

Why we are launching a market study

8. Work in the private dentistry market aligns strongly with our strategic objectives. Across all of our work, we focus on delivering tangible benefits for the UK's economy, its citizens and businesses. In particular, as set out in our Strategy 2026

¹ The scope of the market study is set out in the [Market Study Notice](#).

² [Market study notice](#)

³ [Project roadmap](#)

⁴ [Choosing and paying for dental care](#)

⁵ [Call for Views from consumers](#)

⁶ [Call for Views from dental care professionals](#)

to 2029,⁷ the CMA helps improve household prosperity by promoting competition and protecting consumers.

9. We take particular care to prevent harm to consumers in areas of essential spend and at moments of vulnerability.
10. Dentistry plays a critical role in overall health and wellbeing, including preventative dentistry which also reduces the burden on other parts of the public health care system.⁸ The impacts of poor oral health disproportionately affect vulnerable and socially disadvantaged individuals and groups in society.⁹ Recent statistics show that a large, and growing, proportion of adults have reported their oral health negatively impacting on their quality of life, with better oral health and quality of life reported by those who were more socioeconomically advantaged.¹⁰ Similarly, statistics show economically disadvantaged children experiencing higher rates of prevalence of oral health-related quality of life impacts.¹¹
11. Dentistry policy is a devolved matter with reform processes at different stages in each nation. There are differences in the availability and use of NHS and private dental services between and across the UK nations and regions.¹²
12. The combined publicly funded and private dentistry market in the UK is reported to be valued at over £12 billion, of which over £8 billion – two thirds – is accounted for by the private dentistry market,¹³ with a significant and growing proportion of households using private dental services, partly driven by people being unable to access NHS treatment, or being able to access it quickly enough.¹⁴

⁷ [CMA Strategy 2026 to 2029](#).

⁸ To illustrate, tooth decay remains the most common reason for hospital admissions in children aged between 5 and 9 years in England. See: [Short statistical commentary for hospital tooth extractions in 0 to 19 year olds 2024](#), updated 12 November 2025.

⁹ [Inequalities in oral health in England: summary](#), published 19 March 2021.

¹⁰ [Adult Oral Health Survey \(2023\): Report summary](#), updated 17 December 2025. [Adult oral health survey 2023](#), published 9 December 2025. Survey covers England. Usual pattern of attendance varied by household income with a clear social gradient. Visiting the dentist for regular check-ups rose as household income increased, while reported rates of only visiting because of a problem declined. Similar social gradients were observed by area deprivation.

¹¹ [Dental epidemiological inspection of school year one \(5-year-old\) children in Wales 2022/23](#), Welsh Oral Health Information Unit.

¹² For example, in 2023, 29% of adults in England used private dental care exclusively (Office for Health Improvement and Disparities (Updated 2025): [Adult Oral Health Survey 2023](#)), while in Scotland the proportion was 22% (Scottish Government (November 2024): [The Scottish Health Survey 2023](#)).

¹³ [Lang Buisson press notice \(September 2025\): The UK 'high street' dentistry market value rises to £12.16 billion as continued challenges accessing NHS dentists push people towards private dentistry, according to a new report by LaingBuisson](#).

¹⁴ Research commissioned by the General Dental Council in 2024 found that people in the UK started to have private dental care because: they couldn't get NHS treatment at all (36%), they couldn't get NHS treatment quickly enough (31%), their dental practice/professional stopped offering NHS treatment (25%) or they preferred it (18%). The same research found that almost three in ten (28%) of those cutting back on essentials agreed strongly that they will only go to a dentist in an emergency, versus only 13% of those not cutting back. Figure 4: [General Dental Council – Views and experiences of dentistry](#).

13. Commentators have drawn attention to rising, and in many cases unaffordable, costs, and there are reports of some people resorting to DIY dentistry.¹⁵ Such challenges are likely to be compounded by broader cost of living pressures.
14. With private dentistry accounting for a large and growing part of overall dental provision and consumers facing potentially high and rising costs for what is frequently an essential purchase, it's vital that the market works as well as it can for consumers.
15. Building on the CMA's previous work to support consumers and improve the cost of living for households in areas of critical spend and following engagement with the CMA about possible areas for further action, the Chancellor of the Exchequer in November asked that the CMA consider launching a study of private provision in the dentistry market. The Chancellor noted that the UK government would welcome any recommendations from the CMA to ensure this market works well for consumers and operates in a way that effectively achieves the government's aims.¹⁶
16. The rest of this document sets out:
 - (a) Key market characteristics
 - (b) What we are proposing to focus on in the market study
 - (c) Possible outcomes from the market study
 - (d) How we will approach the market study
 - (e) Invitation to comment
 - (f) Responding to the consultation and next steps
 - (g) Appendix: Use of information provided to the CMA.

Key market characteristics

17. There are over 12,000 dental practices across the UK, with over 2,000 practices owned by corporate and large groups (with over 30 sites), a similar number of mid-sized and small groups (with 3-29 sites) and a large tail of practices (just under 8000) owned by independent operators with 1-2 sites.¹⁷ The majority of dental practices offer a combination of publicly funded and private treatment, with reports

¹⁵ [Private vs NHS dental charges Which?](#), published 2 July 2025; [England's NHS dentistry crisis: millions struggle to get care; UK patients unable to get dental care after 'eye-watering' rise in private fees](#), The Guardian, published 31 December 2024; [Private Dental Costs Soar Across the UK: What Our Research Reveals](#), myTribe, published 6 January 2025; [DIY Dentistry](#), Dental Nurse Network, no publication date.

¹⁶ [CMA correspondence in relation to private provision in the dentistry market](#).

¹⁷ [Christie and Co \(2025\) Dental Market Review 2025](#).

indicating that only 15% of dental practices are “fully NHS”¹⁸ with 19% “providing only private care.”

18. The Dentists Act 1984 regulates the accreditation and conduct of dentists and dental care professionals across the UK and establishes the General Dental Council (GDC). The GDC’s role includes maintaining a register of qualified dental professionals, setting standards for the dental team, and investigating complaints about dental professionals’ fitness to practise. Dental services are also subject to care quality regulation.¹⁹ The various healthcare inspectorates in the UK have a role in ensuring that dental practices and premises are complying with the care quality legislation in each nation.²⁰

A well-functioning private dentistry market

19. For the purposes of this study, the CMA uses the term ‘a well-functioning market’ to mean one that delivers positive outcomes for consumers, including as a result of effective competition, but not necessarily an idealised, perfectly competitive market.
20. Our current view is that a well-functioning private dentistry market would be expected to have the following characteristics:
 - Consumers have choice between dental practices and between treatments and payment options that best suit their preferences, needs and budget. The information they receive is transparent, trustworthy, and provides clarity about publicly funded and private dentistry options.
 - Consumers can trust their dentists and dental care professionals, and rely on them for advice and treatment options.
 - This trust-based relationship is grounded in the ability to access, assess and act on information important to make informed choices (even if, ultimately, consumers still prioritise factors like the location of their dentist).
 - Consumers who want or need to access private dental care can choose between a range of private dental care options and are clear on what they will pay for their services.

¹⁸ Only 15% dental practices are fully NHS, data shows, Dentistry, published 13 March 2024.

¹⁹ In England, the Health and Social Care Act 2008 and the Care Quality Commission (Registration) Regulations 2009. In Scotland, the Public Services Reform (Scotland) Act 2010. In Wales, the Care Standards Act 2000, the Private Dentistry (Wales) Regulations 2017, and the Care Standards Act 2000 (Extension of the Application of Part 2 to Private Dental Practices) (Wales) Regulations 2017. In Northern Ireland, the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

²⁰ Inspectorates relevant to private dental care include: Care Quality Commission (England); The Regulation and Quality Improvement Authority (Northern Ireland); Healthcare Improvement Scotland; Healthcare Inspectorate Wales.

- Dentistry businesses compete to win and keep customers and are incentivised/disciplined (including by the requirements of effective regulation) to meet customers' preferences and needs as effectively and efficiently as possible.
- Effective regulatory frameworks play an important role, including by supporting adequate information provision needed for effective consumer decision-making.
- Dentistry businesses are not inhibited by unnecessary regulation or regulatory barriers that can restrict competition.

21. We propose to draw on these characteristics throughout the market study to understand the extent to which the market currently demonstrates these characteristics, and to test whether and where we or others could act to effect meaningful improvements.

What we are proposing to focus on

22. We propose to focus on the supply of private dental services – including preventative, clinically necessary and cosmetic²¹ dental treatments – in the United Kingdom.
23. When referring to 'dental services', we include services provided by dentists and wider dental care professionals (such as dental nurses, dental therapists etc) who are part of the dental team. When referring to 'dentists' we include wider dental care professionals.
24. Given the majority of dentistry businesses in the United Kingdom carry out both publicly funded and private work, and many consumers may engage with both types of services, often in the same location and sometimes in the same appointment, the interplay between the publicly funded and private market is significant. When choosing a dentist and when deciding on dental treatments, consumers should be able to make informed choices in the knowledge of whether, and if so what, publicly funded services are available to them, and on what terms (if any).
25. Public health policy, and its implementation, including through dental contracts, has the potential to impact incentives and outcomes in the private dentistry market. To illustrate, in its 2012 Dentistry market study, the Office of Fair Trading (one of the CMA's predecessor organisations) made recommendations to

²¹ Reflecting growth in and robust demand for cosmetic treatments – particularly with younger people, with dentists diversifying into offering cosmetic treatments to meet demand. Also reflecting the value of the cosmetic segment. We do not propose to cover 'dental tourism' outside the UK.

government on the reform of the NHS dental contract in England and on commissioning practices to facilitate greater competition in the dentistry market.²²

26. Therefore, we propose to look at publicly funded dentistry and related policy, but only to the extent that it may impact incentives and competition/consumer outcomes in the private dentistry market. We will not be looking at publicly funded dentistry – including labour market issues, the availability of publicly funded dental treatment, or its funding through dental contracts – on a standalone basis. However, our work may identify issues relevant to these areas that have a bearing on dynamics and outcomes in the provision of private dental services. For example, that might be the case if we identify that consumer access to or choice of private dental services is limited (and/or that so-called ‘dental deserts’ are arising) because of barriers to entry and supply for businesses created by regulatory frameworks or by the operation of dental contracts.

27. Within the above framework, with its central focus on private dental services, we will pay particular attention to:

(a) **Consumer journey and choice**, including:

- (i) How consumers access, assess and act on information to make **informed choices** – noting that journeys may differ for different people, such as vulnerable consumers. This will also explore how consumers distinguish between publicly funded and private dentistry options.
- (ii) The **availability** of private dental services, and **ease of access and switching** for consumers.
- (iii) Other key features of the **consumer experience** when engaging with private dental services, including consumers’ confidence in the advice that they get from their dentists.

We may also consider dental payment plans/financing of dental treatments, to the extent they impact on the consumer journey and choice.

(b) **Competition**: How, and the extent to which, dentists compete to win and keep customers and are incentivised/disciplined to meet consumers’ preferences and needs as effectively and efficiently as possible.²³

²² Office of Fair Trading (May 2012) [Dentistry - an OFT market study](#), OFT1414.

²³ We do not currently envisage analysing market concentration at a local level. Market reports indicate the market is currently fragmented, with large corporate groups accounting for less than 20% of dental practices across the UK in 2025. This suggests that it is unlikely that a significant number of local areas are excessively concentrated, and that carrying on a local concentration analysis may be disproportionate. We currently consider that the CMA merger control regime is well placed to address any future increases in consolidation at a local, regional or national level that may substantially lessen competition.

- (c) **Conduct:** Whether dentists engage in any unfair practices/anticompetitive conduct or other conduct that may adversely affect consumers/competition.²⁴
- (d) **Regulatory frameworks:** The extent to which the regulatory frameworks and their enforcement support good competition and consumer outcomes, including in terms of supporting adequate information provision and decision-making. We also intend to consider whether consumers have ready access to appropriate **complaint and redress mechanisms**.
- (e) In terms of market outcomes, we will consider:
 - (i) **Prices:** how prices have changed compared to inflation.
 - (ii) **Profitability:** the relative profitability of service providers and of the different services they provide.

To the extent that it arises as an issue through our wider consideration of prices and profitability, we may consider cross-subsidisation. Additionally, we may consider the extent to which different market dynamics and outcomes are driven by different financing, corporate structures and/or business models.

- 28. In terms of the **geographic scope** of the market study, we plan to look at private dentistry across the UK. As discussed at paragraph 11, dentistry is a devolved policy area with reform processes at different stages in each nation. There are also substantive differences in policy across the nations, which may drive different market outcomes.
- 29. We will engage in a level of analysis that is proportionate to the anticipated importance of the issue for our understanding and ultimate findings. We will also adopt a proportionate approach in our interactions with business, in line with the CMA's 4Ps framework, discussed below in the section: *How we will approach the market study*.

Possible outcomes

- 30. A market study can result in a range of outcomes including a finding of no material competition or consumer concerns, action for the benefit of consumers, recommendations to business or government, action to investigate and enforce consumer and competition law, acceptance of undertakings in lieu of a market investigation reference, or a market investigation reference.

²⁴ For example, we have heard concerns around dental practices only accepting children as NHS patients if a parent becomes a private patient, and concerns around upselling.

31. Once we have carried out the necessary evidence-gathering and analysis, we will consider whether measures are needed to improve outcomes for consumers. We envisage potential outcomes from the market study falling into the following categories:
- (a) **Making specific recommendations to governments or taking direct CMA action to improve competition/consumer outcomes.** For example, recommendations, including for reform of existing conduct regulation where appropriate, to improve transparency and empower consumers to make good choices, in turn helping to incentivise competition; or taking enforcement action if, for example, suspected breaches of consumer or competition law are identified.
 - (b) **Informing government policy making** (both UK and devolved), including on how best to deliver pro-competitive outcomes and to avoid unintended consequences in the private dentistry market. This might include proposing options for consideration by governments, where trade-offs/tensions exist between competition and other policy objectives.
 - (c) **Highlighting areas** more at the periphery of the private market/CMA's remit, where they may have a bearing on consumer outcomes in the market (as signalled at paragraph 26). This may provide an evidence base to inform future policy, or support further analysis by others.
32. We expect additional outcomes from the market study will include public outputs at interim milestones throughout the study process. Examples might include further consumer-facing education and advice, and business-facing compliance guidance.

How we will approach the market study

33. The CMA has powers under the Enterprise Act 2002 that it can use to help ensure that markets work well for consumers. In the case of a market study, the CMA examines the causes of why a particular market may not be working as well as it could be, taking account of regulatory, government and other economic drivers and patterns of behaviour.
34. The CMA recognises the potential concerns that a formal market study can create market uncertainty and burdens for businesses. The CMA is committed to undertaking this market study in line with its "4Ps" framework, with a strict focus on the pace, predictability, proportionality and process of this market study, as set out in the CMA's approach to markets work.²⁵ We have already adopted a 4Ps approach, through engagement with industry bodies and governments ahead of

²⁵ CMA's approach to markets work.

the launch of this market study to help us understand market dynamics, and develop our approach. Looking ahead:

- On **pace** we will draw in sector expertise to inform our thinking as the project progresses. Our Project Roadmap sets out timing KPIs.
- On **predictability**, we have published a Project Roadmap and will update stakeholders on our progress and developing thinking at appropriate stages in the project.
- On **proportionality**, we will take a targeted approach to evidence gathering, including when requesting information under our statutory powers, and ensure it is proportionate to the anticipated importance of the issues for our understanding and ultimate findings. We will reassess the scope of the market study at key points.
- On **process**, we will engage with businesses and wider stakeholders to understand likely impacts of our emerging thinking, to inform key decisions; we will keep parties updated on our progress and developing thinking at appropriate stages in the project.

35. We are also committed to undertaking the market study in line with the government's strategic steer to the CMA.²⁶

36. Launching a market study triggers statutory time limits, with a requirement to publish a market study report no later than 12 months from launch, setting out our findings and the actions (if any) we propose to take. Given complexities, including a four-nation scope and the intersection with public funded dentistry, we expect to use the full 12 months to complete the market study. The study will be structured in the following phases:

- (a) **To end August/beginning September 2026:** Undertake evidence gathering and analysis to understand how well the private dentistry market is working for competition and consumers (with potential for follow-up evidence gathering after this).
- (b) **October to November 2026:** We will update publicly on our work, in which we expect to: set out our work to date; outline any concerns about the market, and areas for potential improvement; propose possible options for improving outcomes. We will invite views from interested stakeholders on our emerging thinking and any possible options for improving outcomes.
- (c) **By 4 March 2027:** we will publish our final report.

²⁶ [Strategic steer to the Competition and Markets Authority](#).

37. Our Project Roadmap sets out more detail on key staging points. We intend to hold a webinar for interested stakeholders where the study's Senior Responsible Officer (SRO) and Project Directors will explain more about how we intend to run the project.
38. In broad terms, we plan to work with market participants and wider stakeholders through the study to ensure we can benefit from a wide range of perspectives. This will include engagement via: call for views from consumers and dental professionals, commissioned research, requests for information (including using our statutory information gathering powers), industry roundtables, and consultation on our emerging thinking. We expect to engage with the following groups, amongst others:
- (a) Dentistry professionals and dentistry businesses – ranging from large corporate groups to independent dentistry practices.
 - (b) Industry and professional representatives.
 - (c) Consumers and consumer groups.
 - (d) The Chief Dental Officers in each nation.
 - (e) UK and devolved governments.
 - (f) Regulatory bodies across the four nations.
39. As noted in paragraph 34, we will draw in sector expertise to consider the CMA's emerging thinking as we progress through the market study. This will help to ensure outcomes, including any recommendations the CMA may make to the UK and devolved governments or industry, are informed by expert knowledge and insight.

Invitation to comment

41. We want to hear views from a broad range of market participants now and at other points during the market study. This will be vital to develop our understanding of how well the market is currently working, and to identify potential areas that could work better, and ways to improve outcomes for competition and consumers.
42. Below are some initial questions, which provide a first opportunity for anyone to engage with our work. We particularly welcome responses from private dentistry businesses, dental professionals and their representative groups, organisations representing dentistry patients/consumers, potential market entrants/investors, as well as anyone with an interest in or information on how the private dentistry market functions.
43. You can choose to respond to any or all of the questions that are most relevant to your experience and knowledge.

Questions

In responding to these questions please have in mind that the CMA's central focus is on the private dentistry market and that we will not be looking at publicly funded dentistry on a standalone basis – we will only be looking at publicly funded dentistry to the extent that it may impact incentives and competition/consumer outcomes in the private dentistry market.

In responding, please state if your response(s) relates to a specific UK nation, and if so, which nation.

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?

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?

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.

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?

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?

Q6: Are there any specific areas that we should focus on because they have the potential to disproportionately affect vulnerable consumers?

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

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/disciplined to meet customers preferences and needs? Why?

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

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

Q10b: Are there elements of these regulatory frameworks that create unnecessary or disproportionate barriers to entering the private dentistry market or to expanding existing businesses?

Q11: More generally, are there any barriers to entering the private dentistry market, or to expanding existing businesses, that you believe are unnecessary or disproportionate? If yes, please explain. Are there any particular barriers for smaller businesses?

Responding to the consultation and next steps

44. Please email written submissions to dentistry@cma.gov.uk by **2 April 2026**.
45. Please ensure that all personal data, other than your contact details, is redacted or excised from your response and any documents you submit to us.
46. We propose to publish full responses, or where appropriate, a summary of responses to this Statement of Scope. Therefore:
 - (a) Please supply a brief summary of the interests of organisations you represent, where appropriate.
 - (b) Please consider whether you are providing any material that you believe to be confidential, and if so, please explain why this is the case. Please provide both a confidential and non-confidential version of your response where applicable.

47. If you are responding as an individual (ie you are not representing a business or other organisation), please indicate whether you wish your response to be attributed to you by name or published anonymously.
48. An explanation of how we will use the information provided to us is in **Appendix A**.

Appendix A: Use of information provided to the CMA

1. This appendix sets out how the CMA may use information provided to it during the course of this market study, in line with our legal responsibilities.

Why is the CMA asking for information?

2. The information you provide will help the CMA to understand the market for the supply of private dental services in the UK and identify any competition or consumer issues.

What will the CMA do with the information I provide?

3. Your information will inform the CMA's final market study report, and any interim updates. The CMA may publish information you provide and identify you as the contributor of it in those reports, or alongside them on our website. The final market study report will set out the CMA's findings and any proposed remedies to any existing or potential issues it finds.
4. The CMA may disclose any information provided by you for the purposes set out in sections 7, 170 and 241 to 243 of the Enterprise Act 2002, where it considers such disclosure to be appropriate. In particular, the CMA may choose to put information provided by you to third parties, such as other government departments and other parties providing information to the CMA, for the purpose of facilitating any further related work. The CMA may also appoint one or more experts to assist us in understanding information provided to us or obtained by us.
5. Where appropriate, the CMA may share your information within the CMA to facilitate the performance of its functions. Similarly, the CMA may use information you provide to take enforcement action, including against businesses operating in the markets within the scope of this study, using its competition or consumer powers. The CMA may also share your information with another enforcement authority or with another regulator for them to consider whether any action is necessary.
6. Unless an exemption applies, the CMA may disclose the fact that you have provided information to it, and the information you have provided, in accordance with its obligations under the Freedom of Information Act 2000.

Will the CMA take steps to protect my information?

7. The CMA may only publish or share information with others in specific circumstances set out in legislation (principally Part 9 of the Enterprise Act 2002). In deciding whether to publish or otherwise disclose information received, we will have regard to, among other considerations, the need for excluding, so far as is

practicable, any private or commercial information.²⁷

8. The CMA will redact, summarise, or aggregate information in published reports where this is appropriate to ensure transparency whilst protecting legitimate consumer or business interests.

How will the CMA handle any personal data I provide?

9. Any personal data you provide to us will be handled in accordance with the CMA's obligations under the UK General Data Protection Regulation and the Data Protection Act 2018. The CMA's [personal information charter](#) sets out the standards you can expect from it when it collects, uses or shares personal data and provides details of your rights in relation to that personal data as well as information on how to contact the CMA.

What should I do if I have concerns about how the CMA will use any information I provide?

10. You should make clear to the CMA any information that you consider to be confidential when you provide it to the CMA and set out why you consider it to be confidential.
11. If the CMA wants to include any sensitive commercial or personal information in a document that will be published it will, save in exceptional circumstances, give you an opportunity to tell it about any concerns you may have regarding that publication.

Where can I find further information?

12. Further details of the CMA's approach can be found in [Transparency and Disclosure: Statement of the CMA's Policy and Approach \(CMA6\)](#).

²⁷ Under section 246A of the Enterprise Act 2002 private information means information relating to the private affairs of an individual whose disclosure the public authority concerned thinks might significantly harm the individual's interests and commercial information means information relating to any business of an undertaking whose disclosure the public authority concerned thinks might significantly harm the undertaking's legitimate business interests.