1. **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 proposed geographic scope of the study.

   We recognise that the CMA intends to consider publicly funded dentistry where it impacts the private market. We strongly support this approach and believe it is essential that the interaction between NHS and private provision is fully reflected throughout the study.

   Access constraints such as limited NHS appointment availability, workforce shortages and disparities in provision within NHS dentistry are directly influencing patient behaviour, and creating demand for private dentistry amongst patients that do not initially seek it out. The private dental market is not operating in isolation, but being shaped in part by NHS access issues.

   Given this, we believe it is important that the study continues to place appropriate weight on the relationship between NHS access, workforce and commissioning arrangements,(i.e. the framework through which the NHS plans, funds and procures dental services) and how these factors shape consumer choice and experience within the private market.

2. **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 articulation of the characteristics of a well-functioning private dentistry market.

   The factors described, including patient choice, transparency of information, trust in clinicians and effective competition are all important components of a market that delivers positive outcomes for consumers. These characteristics are also supported by the existing regulatory framework, which sets clear expectations around areas such as informed consent, pricing transparency and clinical standards.

   We would also highlight that a well-functioning market requires a sustainable and investable environment for providers. The ability for practices to operate viably underpins capacity, workforce development and ongoing investment in facilities, technology and patient care.

This is particularly relevant in the context of increasing demand for private dentistry, where the ability of the market to respond is dependent on sufficient capacity and workforce. Ensuring that providers are able to sustainably deliver services is therefore an important enabler of patient access, choice and competition.

3. **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.**

   The private dentistry market demonstrates many of the characteristics of a well-functioning market. PortmanDentex embed policies that ensure that patients have clear treatment plans, pricing transparency and the information required to give informed consent before proceeding with care. PortmanDentex also operates with standardised complaint handling frameworks and patient feedback mechanisms. These behaviours are required and reinforced through existing regulatory frameworks, which set clear expectations for patient communication, transparency and clinical standards (GDC, CQC etc) ensuring consumer trust in the industry is protected.

   Across the UK, there is a wide range of providers, including independent practices and group operators. Patients are able to switch between practices and providers for private care where they wish, and can access a variety of payment options, including pay-as-you-go arrangements, membership plans and financing options, all of which support accessibility and choice. Dental businesses compete to win and keep patients over a number of areas such as price point, range of treatments offered, opening hours, ease of online booking, availability of appointments, quality of premises and quality of services.

4. **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?**

   Generally any differences seen in the private dentistry market across the four nations of the UK are broadly driven by variations in NHS dental systems, including contractual arrangements, patient charges and access. The provision of private dentistry and range of treatments offered is largely the same across all four nations. The CMA may want to consider that the NHS variations may influence patient expectations and behaviour, and ultimately consumer outcomes.

In Scotland and Northern Ireland, patients are required to be registered with an NHS dental practice, but registration no longer applies in England and Wales. This creates a different patient journey and can affect how patients perceive access. In registration-based systems, patients are more likely to feel they have an ongoing relationship with a dental provider and a clearer route to accessing NHS care, even where capacity is constrained. By contrast, in England and Wales, the absence of registration can lead to greater uncertainty for patients, who may need to search for a provider each time they require care and may be more likely to perceive NHS services as unavailable.

These differences in perception and patient behaviour can influence how and when patients choose to access private dentistry, and therefore contribute to variation in demand across the four nations.

5. **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?**

In our view, a well-functioning consumer journey in private dentistry is one where patients are supported to make informed choices, understand their treatment options and pricing, and are able to access care in a way that meets their needs.

Across our practices, we support informed choice through clear treatment planning, transparent pricing and processes designed to ensure informed consent. Patients are provided with the information they need to understand their options and make decisions about their care, underpinned by our consent policy. In addition, a range of payment options, including membership plans and financing, can support accessibility and enable patients to proceed with appropriate treatment.

Patients are also able to choose between providers and clinicians, and to switch where they wish. Patient experience, reputation and increasingly digital channels such as online reviews and booking platforms also play an important role in how patients navigate the market.

However, the consumer journey is increasingly influenced by wider system factors. Reduced access to NHS services is changing patient behaviour, with some patients entering the private market out of necessity rather than choice.

Additional data sources which may provide further insight into the impact of NHS access constraints on patient behaviour and demand for private dentistry are: (1)

research from Healthwatch England highlights that difficulty accessing NHS dental care is a primary driver of patients seeking private treatment (https://www.healthwatch.co.uk/news/2026-03-09/people-struggling-financially-are-hardest-hit-shortage-nhs-dental-appointments); (2) findings from the General Dental Council's *Views and Experiences of the Public* survey, which indicate a growing proportion of patients accessing private care linked to NHS access challenges (Views and experiences of dentistry) and (3) NHS and wider sector data on access, including evidence of low success rates for patients attempting to secure NHS dental appointments (https://dentistry.co.uk/2025/04/29/nhs-dental-access-latest-statistics-revealed/).

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

We recognise that certain groups of patients may be disproportionately affected within the dental market.

Vulnerability in this context can arise for a number of reasons, including financial constraints, clinical need (particularly where patients are in pain), and medical or social complexity. Access to care is a key factor for these groups. Reduced availability of NHS dental services can disproportionately impact vulnerable patients, who may find it more difficult to secure timely treatment or access options within their budget. This can be further exacerbated by workforce constraints that limit the availability of dentists and dental care professionals.

Once patients access private dentistry, it is important that they are supported to understand their options and make informed decisions about their care. The private sector is supported by a strong regulatory framework in which the General Dental Council sets clear expectations around informed consent, transparency of pricing, and the communication of treatment options.

In practice, PortmanDentex seek to support vulnerable patients and all patients through clear treatment planning and transparent pricing. Processes are also in place to ensure patients are able to ask questions, raise concerns and provide feedback.

Overall, while vulnerability is an important consideration, the primary drivers of disproportionate impact are broader system constraints, particularly NHS access and workforce availability. Within this context, the private sector plays an important role in supporting patients through clear communication, choice and flexible access to care.

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

   Payment plans and financing options play an important role in supporting consumer choice within the private dentistry market.

   These mechanisms help to spread the cost of treatment, improving affordability and enabling patients to access care that they might otherwise delay or be unable to proceed with. This is particularly relevant in the context of wider cost of living pressures.

   Dental membership plans support preventative care by allowing patients to spread the cost of routine treatment across the year, which can encourage regular attendance and support better long-term oral health outcomes. PortmanDentex practices do not offer dental plans with cancellation fees, meaning patients are never penalised for switching. PortmanDentex practices are required to clearly state the treatments and appointments that are offered within each type of dental plan so that patients are completely informed about their entitlements.

   Financing options for more complex or higher-value treatments also provide patients with greater flexibility, allowing them to choose treatment options that best meet their clinical needs and personal circumstances.

   Overall, patient financing which is FCA regulated and payment plans have a positive impact on access to care and support informed decision-making for patients.

8. **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?**

   In our view, competition between dental practices works well. Practices compete strongly to win and keep customers over a number of areas such as price point, range of treatments offered, opening hours, ease of online booking, availability of appointments, quality of premises and quality of services.

9. **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?**

In our experience, private dentists take seriously the legal, regulatory and ethical requirement to ensure patients can make informed decisions on their treatments without 'upselling pressure' as a matter of professional ethics. The CMA could focus on confirming this view holds true in practice across the sector.

PortmanDentex ensures that patients are empowered to make informed choices on their treatments. To this end, we require all clinicians and colleagues to comply with a regularly updated and managed consent policy.

The policy is designed to ensure that patients are not pressured into any treatment choices by clinicians. Under the policy:):

- to ensure balanced choice, clinicians must provide clear information on the risks and benefits of no treatment.
- for complex, high-risk, or expensive procedures, our clinicians are required to encourage a cooling-off period, allowing patients to reflect away from the practice environment.

For completeness, PortmanDentex notes the CMA's concerns regarding the practice of conditioning NHS child registrations on private adult sign-ups. PortmanDentex considers such practices to be entirely inappropriate and a fundamental breach of both NHS contractual obligations and our internal clinical governance standards.

We continue to monitor practice-level adherence to ensure our high standards of patient access and transparency are maintained across the estate.

10. A - 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?

The private dentistry sector operates within an actively enforced and comprehensive regulatory environment, which sets clear expectations around areas such as informed consent, pricing transparency and clinical governance.

Overall, we consider that these frameworks support good consumer outcomes.

The GDC's fitness to practise processes can be lengthy, with cases often taking many months, and in some instances longer, to conclude. This can create uncertainty for

clinicians and employers, and may have implications for workforce availability and continuity of care for patients.

From a consumer perspective, the regulatory landscape may appear complex, with multiple bodies involved. Consumers can raise complaints through a number of different pathways including but not limited to the GDC, FCA, ICO or their dental practice directly. The CMA may want to explore whether multiple routes makes consumers feel supported in addressing complaints or confused.

10. **B- Are there elements of these regulatory frameworks that create unnecessary or disproportionate barriers to entering the private dentistry market or expanding existing businesses?**

We do not consider the core regulatory requirements for operating a private dental practice to be unnecessary or disproportionate - regulation plays an important role in maintaining patient safety and quality of care. We do believe there is a need to reduce friction within regulatory and workforce-related processes to allow for private dentistry to meet growing patient demand.

In some cases, the involvement of multiple regulatory bodies, alongside capacity constraints and - at times - duplicative processes, can create delays in the opening or expansion of services. For example, registration and inspection processes (including through bodies such as the CQC and its equivalents in the devolved nations) can be variable in duration, particularly where there are iterative information requests or limited inspection capacity. This lack of predictability and consistency can slow the establishment of new practices or the expansion of existing services, ultimately delaying additional capacity coming into the market.

In England, clinicians must be included on a performer list before they are able to provide NHS dental services, which involves an application process requiring documentation, checks and, in some cases, additional conditions. The administration of these requirements can vary across Integrated Care Boards (ICBs) and Health Boards, leading to inconsistency in timelines and expectations.

As a result, it can take a number of weeks to several months for clinicians to be approved and able to practise fully, which can delay their ability to contribute to patient care and practice capacity. This is particularly relevant for clinicians moving between regions, as well as those entering the workforce for the first time.

For international dentists, this is often compounded by the need to complete GDC registration processes, including passing ORE or LDS exams, where low capacity of exam spaces can lead to further delays. Together, these factors can slow the entry of clinicians into the workforce and limit the speed at which providers are able to expand services, ultimately impacting competition and patient access.

There may also be an opportunity to consider how the wider dental workforce is utilised, including enabling dental care professionals such as therapists and nurses to work to the full extent of their training and scope of practice. Scope is defined by the General Dental Council (GDC) but a combination of factors, including NHS contractual structures and supervision requirements can limit the extent to which these roles are fully utilised. Supporting more effective use of skill mix could help to improve access, and make more efficient use of available clinical capacity.

Overall, while the substance of the regulation itself is appropriate, greater efficiency and coordination within regulatory and registration processes would help support expansion.

11. 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?

We do not see widespread structural barriers to entry into the private dentistry market. New practices continue to open, and there is an active market for the acquisition of existing practices.

However, the most significant constraint on both entry and expansion is workforce availability. Shortages of dentists, dental nurses and other dental care professionals limit the ability of providers to increase capacity, even where patient demand exists.

These challenges can be particularly pronounced in rural and coastal areas, where recruitment is often more difficult.

As a result, workforce constraints are a key factor impacting patient access, choice and the ability of the market to expand.