CMA private dental services market study – Denplan consultation response

Consultation questions:

Denplan welcomes the opportunity to comment on the Competition and Markets Authority's Private Dental Services Market Study.

Denplan, part of Simplyhealth Group, is the UK's leading dental payment plan specialist, working with over 6,600 dentists across the UK whose practices offer Denplan payment plans to more than 1.5 million patients.

In addition to supporting practices with payment plans, Denplan provides a range of professional services to dentists and their practice teams, including dental regulation support, business and marketing consultancy services, non-clinical continuous professional development and skills programmes, and opportunities for professional networking. As a provider of both payment plan services and practice support, Denplan works with and supports both patients accessing dental care, and the dental practices and practitioners delivering that care.

Simplyhealth Group has over 150 years of experience in healthcare and is a certified B Corp. With no shareholders, Simplyhealth reinvests its profits to make healthcare more accessible for the users of our products and services.

Denplan's products are designed to support patient access to dental care by spreading the cost of care through regular monthly payments. Individual dental practices and their practitioners can structure treatment plans with a fixed monthly fee, which typically represents a discount compared to 'pay as you go' treatment costs. Patients on Denplan payment plans also benefit from guaranteed access to their chosen dental practice. For individuals requiring more expensive, one off treatments, such as implants, Denplan additionally offers access to finance options at rates and terms available to them.

Denplan is committed to championing the needs of the dental practices and teams it works with, as well as supporting the wider profession. This is delivered through ongoing political engagement and stakeholder activity. This representation is underpinned by insight from our clinical team and continuous engagement with practices delivering both private and NHS dental care across the UK.

1. Do you agree with our proposed scope (both the product and the geographic scope) for this market study. If not, what areas would you suggest we include, exclude or prioritise and why?

Denplan welcomes the CMA's focus on promoting consumer trust, transparency and informed choice, recognising these as critical to ensuring the private dentistry market functions effectively.

This market study is particularly timely in the context of rising dental care access challenges and increased reliance on private provision. Recent patient insight from the Office for Health Improvement and Disparities highlights that a significant proportion of patients are considering or currently accessing private dentistry due to difficulties accessing NHS services.[1]

These NHS access challenges are linked to longstanding structural issues within NHS dentistry, including the General Dental Services (GDS) Contract. The contract has been widely recognised as not fit for purpose, having remained largely unchanged since it was introduced in 2006 and based on a system of Units of Dental Activity (UDAs) which does not reflect the time, complexity, or cost of delivering treatment in practice. [2] By not adequately remunerating for NHS care delivered, the delivery of NHS care is increasingly financially unsustainable for practices.

As a result, the shift towards private dental care should be understood not only as a matter of patient preference – although this remains important, with Denplan's Oral Health Survey finding that 61% of

NHS dental patients would consider paying for private dental care – but also as a response to constraints within NHS provision. [3] With more consumers entering the private market, it is important that it functions effectively and transparently for those who rely on it.

However, it is essential that any review is grounded in a realistic understanding of the UK's mixed dental economy. The majority of dental care professionals deliver a combination of NHS and private services.[4] According to the 2024 FMC Dentistry Census, over half of UK practices (53%) hold an NHS contract and fewer than 3% of practices now report being fully NHS. Over a quarter (28%) suggest their business is more equally split (mixed provision), while 46.9% of practices are now fully private. [5] This means that private provision does not operate in isolation, with the whole dental market evolving in response to workforce pressures, funding limitation, and evolving patient preferences. Dental practices, which are predominantly independent businesses, must respond to these pressures in order to remain financially viable, balancing the delivery of NHS and private care in a way that allows them to continue operating and meeting patient demand.[6]

Whilst we recognise that publicly funded dentistry is not within the scope of this market study on a standalone basis, we encourage the CMA to fully consider the interaction between NHS and private provision, as well as the broader system factors that shape consumer behaviour, pricing and access within the private market.

2. Do you agree with our articulation of a well-functioning private dentistry market as set out in paragraph 20?

Denplan agrees with the CMA's articulation of the characteristics of a well-functioning private dentistry market, particularly the emphasis on transparency, informed consumer choice and trust between consumers and dental professionals.

In particular, Denplan agrees that transparency is a core feature of a well-functioning market and would highlight the importance of clear information on pricing, treatment and funding options, and the distinction between NHS and private care, alongside access to predictable and understandable payment models that support informed decision-making.

This should also extend to clarity around the structure and features of any associated payment plans or additional protections, including where products include elements such as insurance cover, and the regulatory protections that apply. Denplan, for example, offers insurance-based products that are subject to Financial Conduct Authority (FCA) regulation. Ensuring that consumers are able to clearly understand and compare these features is important to supporting informed choice.

However, we would encourage the CMA to expand its definition to better reflect the mixed nature of practices in the UK. With the majority of dental care professionals delivering both NHS and private care, private income often plays a critical role in supporting the financial sustainability of practices that also provide NHS services, helping to sustain local access.[7] A well-functioning private market therefore may also support the sustainability of NHS provision and should not be assessed in isolation.

In addition, a well-functioning market must be underpinned by sufficient workforce capacity and stability. The ability of practices to meet patient demand, deliver high quality care, and offer meaningful choice for patients is limited by the availability of skilled dental professionals, with 80% of practices identifying the supply of trained dental professionals as the top factor affecting their ability to recruit.[8] Therefore, supporting the recruitment, retention and ongoing professional development of the entire dental team is important to ensuring the market can function effectively for patients.

3. Do you consider that the private dentistry market currently displays the characteristics of a well-functioning private dentistry market. If not, why is this the case, what is driving this, and how could this be addressed.

Based on our experience working with over 6,600 dentists across the UK whose practices offer Denplan payment plans, Denplan considers that the characteristics of a well-functioning market are demonstrated in practice – particularly in relation to transparency, informed consumer choice, and strong patient-clinician relationships.

Practices offering Denplan payment plans are expected to operate in line with General Dental Council (GDC) standards, including clear, upfront communication of pricing, treatment options, and the distinction between private and NHS care. Where practices choose to offer Denplan payment plans, they are also encouraged to follow the associated administrative processes, including clear communication of plan pricing and related documentation. These processes are designed to support informed decision-making and help patients understand the options available to them, including different treatment pathways and payment models that enable them to budget for care.

"The dental nurse was very helpful, she gave me full information about all the levels of cover and costs involved for me to make my choice which best suited my situation" – Denplan patient[9]

"Whilst it took some time to fill out the form, it wasn't complicated, and it didn't feel like there were unnecessary steps. I appreciate the option of Denplan, and liked that extra cover options were available but not compulsory. In particular Denplan is helpful for me as it spreads the cost of dental treatment over the year rather than in sudden costs" – Denplan patient[10]

A key strength observed across dental practices is the trust-based relationship between patients and dental professionals. In a Denplan survey of 5,000 consumers in the UK who used both NHS and private dentists, a high degree of continuity and confidence in dental care has been identified – with 59% of patients seeing the same dentist more consistently than they see their GP.[11] While long-term relationships are common and can be preferable for continuity of care, flexibility is maintained with regards to engagement with dental services. For example, patients using Denplan payment plans can cancel their plan within a 14-day cooling off period or provide 21-days' notice to leave at any time thereafter and may also choose to switch dentists or change their level of cover where appropriate. This supports a model where continuity of care is driven by positive patient experience, rather than any barriers to switching.

While we have seen these characteristics demonstrated in practice, their consistent delivery across the wider private dentistry market is influenced by broader system pressures.

In particular, we know that consumer choice is constrained for some patients due to challenges in accessing NHS dentistry. Although 60% of people report using private dental care for reasons such as improved quality of care, convenient opening times, and shorter waiting times, 39% report doing so because of difficulty accessing NHS care.[12] In these circumstances, engagement with private dentistry may reflect a lack of alternative options rather than an active choice between providers.

In this context, it is also important that pricing and profitability within the private market are understood in terms of practice sustainability. Dental practices predominantly operate as small healthcare businesses that must reinvest in staff, equipment, regulatory compliance, and rising operating costs. As such, private dentistry should not be viewed solely through the lens of discretionary consumer spending, but as an essential part of maintaining access to care within a system under pressure.

In Denplan's view, many of the challenges surrounding accessibility of care are influenced by factors and market conditions outside individual practices' control. This includes:

- **Workforce shortages:** The UK has one of the lowest numbers of dentists per capita in comparison to comparable European countries.[13]
- **NHS dental contracts**: Almost three-quarters (74%) of dentists have said they do not enjoy working within the NHS, and 61% were considering doing less NHS work in the next two years. 42% said contract reform was the biggest issue facing dentistry. [14]

- **Rising operational and compliance costs:** Utilities costs are estimated to have increased by 10% between 2024-25, staffing costs by 15% and laboratory costs by 16.5%.[15]

Denplan's product options support many small and independent dental practices to manage these pressures by enabling more predictable monthly revenue, which may assist financial planning and business continuity. Discussions conducted with dentists supported by Denplan regarding the NHS transition process indicate that many dentists value the greater predictability associated with budgeted patient payments, especially during periods of significant operational change and rising business costs.

4. What 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?

Denplan has no substantive additional comments on this question beyond the points made elsewhere in this response regarding regulatory variation across the four nations.

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

Denplan considers the following areas as particularly important in assessing how effectively consumers are able to make informed choices, access care, and engage with private dental services.

How consumers access, understand, and act on information

We support the CMA examining how patients distinguish between NHS and private dental services.

With the majority of care being delivered through mixed practices, there are well-established frameworks and regulatory requirements in place to govern how practices distinguish between NHS and private care. For example, GDC standards require dental professionals to clearly explain treatment options, including whether care is provided under the NHS or privately, provide written treatment plans with associated costs, and obtain valid informed consent before treatment begins.[16]

Dental practices themselves determine the balance of NHS and private care they provide, based on their individual circumstances and patient needs. Denplan supports practices in this context by providing payment plan administration and associated services, helping to reduce administrative burden and support communication with patients, but does not determine clinical decisions, pricing, or the mix of NHS and private provision.

Within practices offering Denplan payment plans, there are clear administrative processes in place to support clear communication of Denplan payment plan options and associated costs prior to enrolment. These processes are designed to support transparency and help patients understand their options when accessing private care.

That said, data shows limitations in public understanding of how dental care is delivered and funded.[17] In particular, NHS dentistry is often framed as if it is free at the point of use, whereas in practice the majority of patients are required to pay charges towards the cost of their care. With NHS patient charges having risen by more than 60% since 2010, the cost difference between NHS and private care can be narrower than assumed.[18] This can lead to a distorted comparison between NHS and private dentistry, where private fees are perceived as disproportionately high, rather than reflecting the underlying costs of delivering care and maintaining a sustainable practice.

The CMA may wish to recommend that the Government takes steps to improve public awareness of how NHS and private dentistry are funded - including the role of NHS patient charges and the true cost of care - to support more informed consumer decision-making and reduce reliance on practice-level explanations.

Availability and ease of accessing and switching within private dentistry

Access to dental care remains one of the most significant factors shaping the consumer journey. Where patients are able to have choice in providers, compare options, and move between practices if they wish, this supports informed choice and effective competition.

In practice, however, this is shaped by the wider availability of dental services across both NHS and private provision. While access challenges are largely driven by systemic pressures within NHS dentistry, including contractual constraints and funding limitations, there are also wider pressures affecting all providers, including workforce shortages and rising operational costs. This means all practices must choose the balance of NHS vs private care they deliver to maintain the financial sustainability of their practice, as well as meet the care needs of their local population.

In many parts of the country, access to NHS dentistry is constrained. For example, in no local authority area is there more than one dental practice providing NHS treatment per 1,000 people.[19] This means that patients are often not making an active choice between NHS and private care, but are instead seeking private provision where NHS access is limited.

This is important because limited access to NHS dental care also limits the ability of consumers to compare options, switch providers, and act on their preferences for what works best for them. The CMA should therefore consider how the system can better support capacity and access across both NHS and private provision, so that patients can make a choice based on preference.

Consumer confidence in advice and treatment

Consumer confidence is underpinned by trust in clinical advice and continuity of care. Many practices offering Denplan payment plans place a strong emphasis on professional development, training and whole team working, which can support consistent standards of care and positive patient experiences. Our engagement with practices also suggests that investment in training and upskilling can support workforce retention, which in turn supports continuity of care for patients and stability for practices.

This is important because where trust and continued engagement with services is high, there are more opportunities for preventative care and clinical advice, which improves patient outcomes and system efficiency.[20]

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

Affordability and upfront cost barriers are an area where vulnerable consumers may be disproportionately affected. For some patients, particularly those on lower incomes, upfront costs can limit access to care or lead to delayed treatment.[21] Rising NHS patient charges, alongside broader cost of living pressures, mean affordability is a system-wide issue affecting how consumers access dental care, not just in the private sector. This is also reflected in patient behaviour with Denplan's patient base evolving, and 52% of new plan holders coming from mid- and lower-income groups, indicating that a wider range of consumers are seeking ways to manage the cost of dental care.[22]

Mechanisms that improve cost predictability and reduce upfront financial pressure, such as dental payment plans, can play an important role in supporting engagement where private care is their preference. However, where patients are engaging with private dentistry out of necessity rather than preference, there must be additional support to improve availability of NHS dental services.

In this context, mixed dental practices play an important role in supporting overall access to care. By combining NHS and private provision, these practices can help maintain the financial sustainability needed to continue delivering NHS services locally, ensuring that care remains available to those most in need.

This is particularly relevant for patients with limited ability to travel, or where the choice of dental practices in their area is restricted (e.g. 'NHS dental deserts'). For these consumers, reduced local availability of NHS or mixed practices can further limit their ability to exercise choice over the type of care they receive.

7. Do dental payment plans/financing of dental treatments impact the consumer journey and choice in the private dentistry market?

Payment plans and financing

Denplan is the UK's largest dental payment plan provider, working with over 6,600 dentists whose practices support around 1.5 million patients across the UK. Through our experience of working with these practices, Denplan has seen how payment plans and financing can shape the consumer journey, support access to care and informed choice, and contribute to long term oral health outcomes.

Payment plans are an important part of the consumer journey because they can support predictable and manageable costs, enabling patients to budget effectively and make more informed decisions about their dental care. For many patients, this reduces the financial 'shock' associated with upfront payments and provides reassurance that routine care is covered.

Denplan's payment plans allow dental practices and their practitioners to structure treatment plans for their patients and for these to have the same recurring monthly cost. The practice and/or practitioner sets the price for these different treatment plans, but they typically represent a discount to the patient when compared to the treatment cost if it were done on a 'pay as you go' basis. Patients using Denplan payment plans also get guaranteed access to that chosen dental practice.

Patients are able to join Denplan payment plans through a number of routes, including directly within the practice or through digital joining journeys, depending on how the practice chooses to offer these services. This flexibility can support accessibility and make it easier for patients to engage with care in a way that suits their preferences.

In this way, payment plans also support consumers by making care more manageable and enabling patients to engage with private dentistry on a more consistent basis. In a market where many consumers are engaging with the private market for the first time, having not been able to secure an NHS appointment, payment plans help ensure that this engagement is accessible and manageable rather than financially prohibitive.

Practices and practitioners may also use Denplan's platform to offer financing options for more complex or higher-cost treatments, enabling patients to spread the cost of one-off procedures over time.

"I can't afford private dentistry in one go, so (Denplan payment plans are) helpful to spread costs as no NHS dentists left" – Denplan patient[23]

"The plan helps me spread out the cost. For the last 50 years I was an NHS patient, so costs were low, so this is all new to me." – Denplan patient[24]

Denplan's model is designed to support clarity and transparency. Patients are provided with a contract setting out the level of care included within their plan and the associated monthly fee. Patients sign and retain a copy of this agreement, and receive ongoing communications, including annual notifications of any fee changes. This provides clarity over what is included within the plan and supports an ongoing, transparent relationship between patient and practice.

This approach is valued by consumers and reflected in patient experience metrics. Denplan reports a Trustpilot rating of 4.3, which suggests high levels of patient satisfaction and willingness to recommend, and with feedback frequently highlighting responsiveness, clarity of communication, and

support provided to patients. [25, 26] These indicators suggest that structured payment models can support positive consumer experiences when delivered transparently.

Some payment plans also include, or are offered alongside, additional protections such as cover for accidents and emergencies. In Denplan's view, transparency and consumer understanding are particularly important in this area, including clarity on whether any such cover is provided as an insurance product or through another structure, what protections apply, whether the cover is optional, and how claims or benefits are administered. Denplan provides this cover as an insurance product and is therefore subject to FCA requirements. The CMA may wish to consider whether consumers are receiving sufficiently clear and comparable information across the market about the nature of any such cover and the protections attached to it, including the presence or absence of regulatory protections.

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 customer preferences and needs? Why?

The private dentistry market is made up of a large number of independent providers. Recent market analysis indicates that approximately 65% of practices are owned by independent operators, with corporate ownership remaining relatively limited.[27]

Based on our experience, practices differentiate from other local practices through factors such as quality of care and clinical outcomes, patient experience and continuity of care, and convenience, rather than price alone.

This reflects the fact that patient decisions on practice choice are often shaped by trust in professional advice and long-term relationships with providers, rather than direct price comparison. For example, 59% of British patients report that they see the same dentist more consistently than their GP, with around a quarter of people staying with the same dentist for over 10 years.[28] As a result, traditional indicators of competition such as frequent switching or predominantly price-driven decision making may be less relevant than in other markets.

In this context, practices are largely incentivised to meet patient needs through quality, accessibility, and continuity of care, as these are the factors that influence patient retention, reputation and ongoing engagement with services. The CMA should therefore explore the role of non-price competition, and how effectively practices are incentivised to respond to patient needs through service quality, accessibility, and continuity.

Market trends also indicate a shift in demand and investment towards private and mixed models of care, reflecting the challenges associated with delivering NHS services under current contractual and funding arrangements. In many cases, practice-level decisions about the balance of NHS and private provision are shaped by workforce constraints, cost pressures and the commercial and operational realities facing practices. These factors influence how practices allocate capacity and structure their services, and therefore how they compete in practice.

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?

Denplan supports appropriate scrutiny of conduct or business practices that may adversely affect consumers or distort competition.

Denplan does not direct or control how individual practices deliver care, set pricing, or determine the balance of NHS and private provision. Our perspective is therefore based on our experience of supporting practices and observing how the market operates in practice.

We know that many of the factors that may have the greatest adverse impact on consumers arise upstream of individual practice behaviour. These include workforce availability, the structure of NHS dental contracts, and rising operational costs, which together influence capacity, access, and how services are delivered across the system.

In this context, the CMA may wish to explore areas that most directly affect the consumer experience and the functioning of the market. In particular, how effectively consumers are able to understand and act on information, such as clarity of pricing, treatment options, and the distinction between NHS and private charges, as well as how easily they are able to access and navigate available services.

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?

Denplan considers that the existing regulatory frameworks across the UK, including the GDC Standards, national inspectorates and wider consumer protection law, support good consumer outcomes and effective competition in the private dentistry market.

These frameworks already set clear expectations around:

- Patient communication and informed consent
- Pricing transparency
- Clinical standards and professional conduct
- Access to complaints and redress mechanisms

In some cases, elements of dental payment plans may also fall within wider financial services regulation. For example, where products include insurance-based protections, these are subject to FCA requirements. This reflects the fact that consumers may already be protected by multiple regulatory regimes, depending on the structure of the product they are using.

Collectively, these frameworks help ensure that patients are able to make informed decisions and that appropriate safeguards are in place where concerns arise.

There are multiple routes available to patients for raising concerns, such as through the practice itself, the Dental Complaints Service and the GDC. However, the system can be complex to navigate as a consumer. Evidence suggests that patients may choose between different complaint routes based on which appears most accessible or appropriate, and in some cases may take concerns directly outside the practice without first attempting resolution at the practice.[29] Therefore, the CMA may wish to consider whether current complaint and redress pathways are clear, accessible, and easy to navigate in practice.

Denplan's priority in this area is that any changes to the regulatory framework are proportionate and targeted. Additional regulatory requirements can increase administrative and compliance burdens on practices, requiring formal procedures, documentation, and staff training. These changes may disproportionately impact smaller providers and reduce flexibility in service delivery.[30]

This is important because practice sustainability is closely linked to maintaining access to care and positive consumer outcomes. The CMA should therefore seek to ensure consistency, clarity, and accessibility within the existing framework, rather than introducing additional layers of regulation that could place further pressure on providers.

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?

Denplan believes that the core regulatory frameworks across the UK, including standards and rules around registration, inspection, and professional standards, play an important role in protecting

patients and maintaining high standards of care. However, there are some areas where the way these frameworks operate in practice may create disproportionate barriers to entry or expansion, especially when requirements are layered on top of one another.

Firstly, the CMA may wish to consider the impact of multiple provider registration requirements across the four nations:

- In England, dental providers must register with CQC before carrying on regulated activities, with this process taking “a few months” and provider applications often also requiring interviews and site visits.
- In Wales, private dental practices must register with Healthcare Inspectorate Wales and comply with the Private Dentistry (Wales) Regulations 2017.
- In Scotland, independent healthcare services must register with Healthcare Improvement Scotland.
- In Northern Ireland, private dental practices are regulated by RQIA and applications are made through its registration portal.

While we recognise the rationale behind these requirements, for businesses operating across the UK they create duplicated administrative processes, different documentation requirements and varying lead times, which can slow expansion.

In England specifically, the CQC registration process for new providers is described as rigorous and requires multiple forms, DBS checks, and extensive supporting documentation.[31] These are important safeguards for patient safety; however, the process can be administratively intense and time-consuming, particularly impacting smaller providers. The CMA may wish to consider whether additional support or guidance could be provided to smaller practices to help them effectively navigate these requirements.

Workforce entry regulation in England can act as a practical constraint on the ability of practices to open, recruit and expand. In particular, capacity limits within the overseas registration examination (ORE) route have resulted in significant backlogs, with thousands of qualified dentists waiting extended periods to enter the workforce.[32]

Recent Government reforms to expand exam capacity are a positive step.[33] However, they also highlight that workforce entry has been a longstanding bottleneck. Moreover, additional requirements such as NHS performer list processes and supervised practice can further delay entry into independent practice, meaning it is unlikely that this will result in quick improvements in workforce capacity.

This is important because workforce constraints continue to limit the ability of practices to expand capacity and meet patient demand, particularly in areas already facing recruitment challenges.[34]

At the same time, a strong and supported dental workforce is fundamental to improving access, quality of care, and long-term system sustainability. Workforce challenges are also about retention within the profession, wellbeing, and the ability of dental professionals to work to the full extent of their training.

Supporting professional development, enabling the wider dental team to operate at the top of their capabilities, and creating sustainable working environments are therefore critical to improving both workforce stability and system capacity. Models of care that allow practices to invest in their teams can help to improve retention, increase productivity, and support a more preventative approach to care.

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

Denplan has no substantive additional comments on this question beyond those set out in response to Question 10b.

If you have any queries on this submission, please contact [redacted]

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