PRIVATE DENTAL SERVICES MARKET STUDY

Update

17 July 2026

Website: www.gov.uk/cma

Contents

Purpose of this document

1. We launched our Private Dental Services Market Study (the **'study'**) on 5 March 2026. This document is intended to provide transparency about our work and help stakeholders understand how our thinking is developing as the study progresses.[1] Building on our Project Roadmap,[2] it:

    - explains the engagement and evidence gathering we have done and continue to do across the UK
    - summarises key themes emerging from stakeholder feedback and responses to our public Call for Views (and expands on the latter in a detailed Appendix)
    - confirms the scope of the study
    - highlights where we seek further stakeholder input, including from independent dental practices given how much of the dental market they represent.

2. Following our consultation on our Statement of Scope[3], we confirm the five themes which we will continue to focus on throughout the study, namely:

    - Consumer journey and choice
    - Competition
    - Conduct
    - Regulatory frameworks
    - Market outcomes.

3. Below, under each study theme, we outline some of the issues and perspectives raised with us through responses to our Statement of Scope, our Call for Views and wider stakeholder engagement, which have informed our detailed engagement and evidence gathering plans.

4. We are very grateful to the nearly 1000 dental professionals and over 1800 consumers who took the time to share their experiences and views on how well this market is working.

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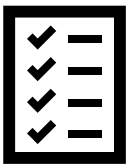
[1] A key part of embedding the CMA's 4Ps framework into our markets work is to improve predictability by helping people and businesses to understand what we are doing, why, and how our thinking and work develops as our markets projects progress.
[2] How to engage with the CMA's private dental services market study - GOV.UK
[3] Statement of Scope. We invited comments on the Statement of Scope and have now published non-confidential versions of the responses we received: Private dental services market study - GOV.UK

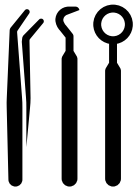
5. The study team also thanks all those businesses who have responded to our requests for information to date. We recognise that engaging with us, answering our questions and providing documents imposes a burden on them. We appreciate the constructive engagement of these businesses, and we are carefully considering all the information they have provided.

6. This document does not set out any findings or conclusions from our work to date. Our engagement, evidence gathering and analysis will continue through to Autumn, when we expect to publish and consult on our emerging thinking. This will include any concerns about how the market is working, and potential options to improve outcomes. We will publish our final report by the statutory deadline of 4 March 2027.

Our engagement and evidence gathering

7. Below we outline the main things we are doing to understand how the private dental services market is functioning.

Activity	What we are doing	Study themes	Topics include
 **Gathering information & documents from dental groups**	We issued formal notices under section 174 of the Enterprise Act 2002, requiring the production of information and documents to over 20 dental groups including the largest operators and others selected on the basis of size and location.	**Consumer journey & choice** **Competition** **Conduct** **Regulatory frameworks** **Market outcomes**	Dental businesses and their activities; key challenges and competition; how prices are set; key treatments; sign-up processes and restrictions; consumer journey and choice; research work held by dental businesses; customer complaints; how dental businesses track and incentivise performance; dental payment plans; and financial data.
 **Gathering information on independent practices**	We issued questionnaires to independent dental practices across the UK nations. Initially we directly contacted a sample of businesses. We are now broadening our approach. We are also obtaining financial information on independent practices outside of the questionnaire.	**Competition** **Regulatory frameworks** **Market outcomes**	Dental businesses and their activities; key challenges and competition; how prices are set; key treatments; parameters of competition.
 **Consumer research**	We commissioned quantitative survey-based research that will provide information on consumer experience and attitudes relating to dental services. This will provide insights into whether the consumer experience differs across the UK nations and for more vulnerable consumers.	**Consumer journey & choice** **Conduct** **Regulatory frameworks**	Access to dentistry; experiences of treatment; transparency of information and costs; switching practices or using multiple practices; experiences of dental payment plans; complaints considered or made; and attitudinal questions.

 **Dental professionals research**	We commissioned qualitative interview-based research that will provide in-depth evidence on the experiences and perspectives of dental professionals delivering private dental services across the UK nations. This will add to our wider evidence gathering and inform our understanding of how the sector is functioning in practice.	**Consumer journey & choice** **Conduct** **Regulatory frameworks**	Dental professionals' experiences of delivering private dental care; working within current business models and regulatory arrangements; and any barriers affecting how services are provided.
 **Roundtables**	We hosted three virtual roundtables facilitating discussion with (i) dental groups (ii) independent dental practices; (iii) consumer and third sector organisations. We may convene further roundtables in the coming months. We are also engaging with the CMA Consumer Forum made up of senior stakeholders from consumer representative organisations.	**Consumer journey & choice** **Regulatory frameworks**	How the market operates including challenges and opportunities; the consumer journey (with a focus on vulnerability factors for the consumer-focused roundtable); differences across UK nations.

8. The table above is not exhaustive. We will also draw on market data and additional sources of information to help us understand this market.

9. We are engaging closely with each of the following, holding meetings providing 'deeper dives' into key issues and 'teach ins' for the study team:

    - industry and professional representative bodies and trade associations
    - UK and devolved governments
    - regulatory bodies across the four nations
    - the Chief Dental Officers in each nation.

Independent dental practices

10. We recognise that requesting or requiring businesses to provide us with information imposes a burden. This can be particularly pronounced for independent practices and the smallest groups. We always seek to minimise such burdens by taking a targeted and proportionate approach to evidence gathering.

11. The dental services sector is fragmented, with the independent segment representing around 65% of dental practices in the UK. The eventual findings and outcomes of our study rely on a robust understanding of the market and how it operates. This depends on us having evidence and insight from the range of businesses operating in the UK market, which is predominantly made up of independent practices.

12. We initially sought to obtain information from a representative sample of 400 independent practices we selected and invited to complete an online questionnaire. We are now going further, inviting all independent practices that wish to respond to a revised, shorter questionnaire to do so. Our questionnaire is available at share your experiences and perspectives: for independent dental practices and is also being shared through industry media and other channels. It is open for responses until the end of July 2026.

13. We encourage independent practice owners to help inform and shape our study by responding to the questionnaire. Your insights will help us:

    - build a balanced picture of the private dentistry market
    - understand the realities faced by independent practices
    - complement the information we are getting from larger providers
    - ensure any recommendations we may propose for change are informed by experiences across the sector.

14. Responses will directly inform our analysis and emerging thinking on any recommendations for change that we expect to set out in Autumn.

Our Call for Views from consumers and dental professionals

15. The CMA launched its Call for Views at the start of the study so we could hear directly from consumers and dental professionals. The Call for Views enabled us to gather first-hand experiences and insights at pace. Any member of the public could respond anonymously.

16. In this section, we illustrate the key themes which emerged from answers to questions on experiences of consumer choice and switching, paying for private dental services, and challenges in the private dental sector (dental professionals only). Please see the Appendix for a detailed summary of the subject matter of nearly 8,000 free text responses.

17. While they may not be representative of consumer or professional views generally, or in each of the nations of the UK,[4] responses to the Call for Views have provided useful insights which have informed our engagement and evidence gathering activity. For example, views expressed by those consumers and dental professionals who responded have helped us frame how we will consider dental payment plans within our study theme of consumer journey and choice.

Who responded?

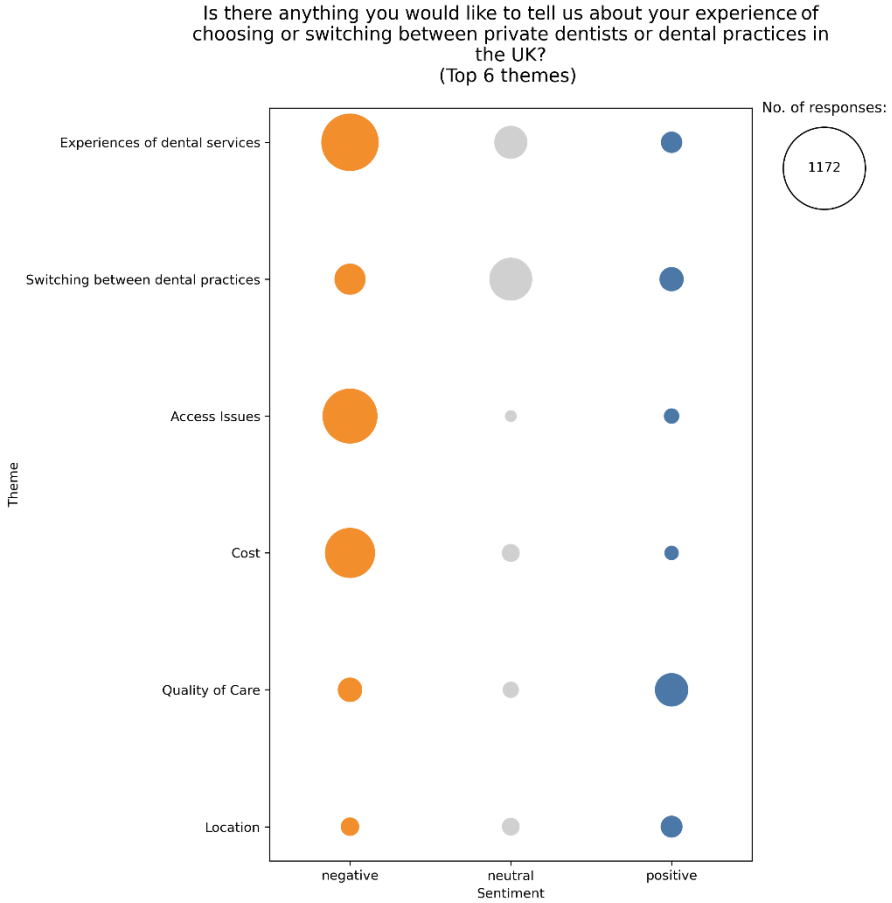
We heard from 1,825 **consumers** who had received private dental treatment in the UK in the last five years (of whom, at least 558 had also received publicly funded dental treatment). The most common private treatments these respondents reported receiving were check-ups or examinations, x-rays, hygiene appointments, and white fillings.

Of the 929 current and 32 former **dental professionals** who responded, around half provided only private dental services, and a similar number provided both private dental services and NHS dental services. A large proportion (around 60%) currently or had formerly worked in independently owned practices. We heard primarily from dentists, but also from practice managers, dental nurses and dental hygienists, among others.

More information on those who responded to our Call for Views can be found in the Appendix.

[4] We are separately conducting statistically robust quantitative survey research among consumers and extensive qualitative research with dental professionals.

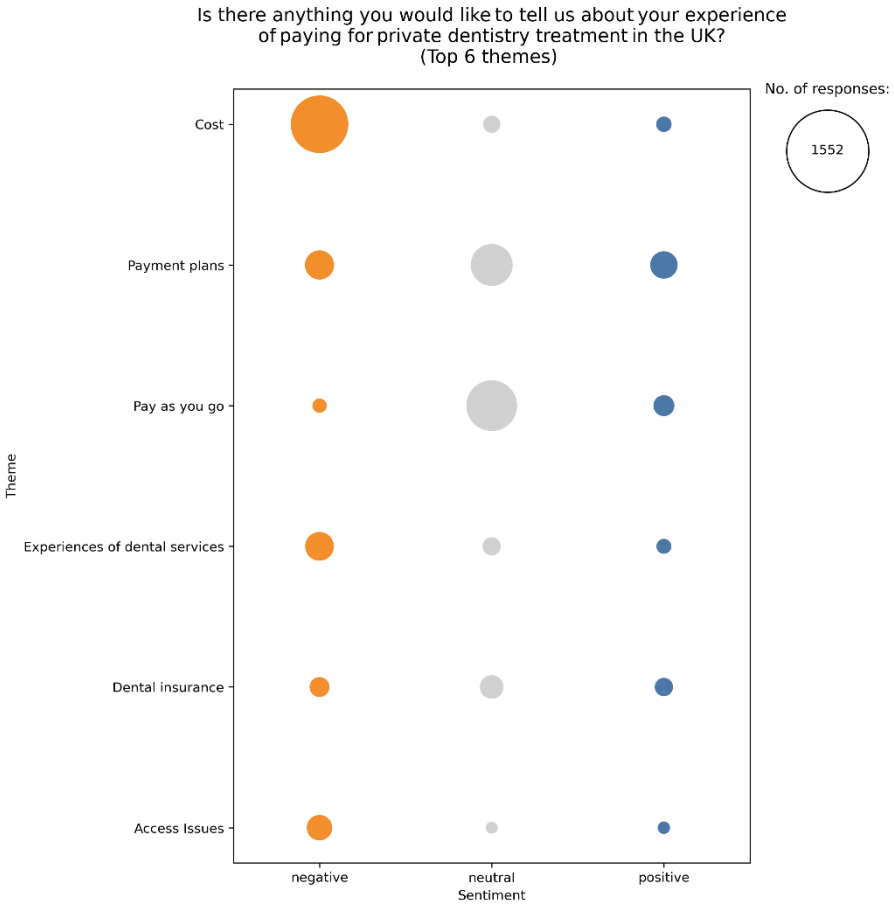
Consumers: experiences of choosing / switching



Experiences of dental services Responses describing different experiences of dental care in the UK, including experiences of NHS and private dental services, and comparisons between different types of provision.	*Positive sentiment example:* "I find private dentists more approachable. less rushed and willing to give advice on preventative care - particularly details about my teeth and how best to take care of them." *Negative sentiment example:* "Private dentists in the UK are too expensive and often the quality of work does not match the price. They are often worse than NHS dentists, but unfortunately it is almost impossible to get an appointment with an NHS dentist when the waiting time is two years, which is what I was told when I tried to book."
Switching between dental practices Responses relating to experiences of switching between one or more dental practices in the UK, and any reflections on this process.	*Positive sentiment example:* "The transition from NHS to private went perfectly smoothly." *Negative sentiment example:* "It is clearly a market where you cannot shop around for the best price. To change dentist, you need to pay for an initial consultation each time."
Access issues Responses discussing issues related to accessing dental care in the UK, including commentary on finding an NHS dentist, waiting times, and availability of appointments.	*Positive sentiment example:* "Excellent care, emergency appointments easily accessible on a daily basis." *Negative sentiment example:* "I didn't have a local NHS dentist in my area who was taking on new patients, so I was lucky I could afford to go to a private dentist, instead of going without treatment."
Cost Responses sharing views on the cost of dental treatment in the UK, including any concerns about affordability.	*Positive sentiment example:* "I think my dentist's charges are reasonable for the professional care and advice that they provide." *Negative sentiment example:* "We noticed a regular increase in prices, particularly for routine appointments and scale [and] polish. We are now pensioners and our budget is squeezed in many directions. We have managed to register with an NHS dentist. This was done to help reduce our overall costs."

Quality of care Responses describing the quality or standard of care of dental treatment, including experiences with a specific dental professional or descriptions of how that treatment was delivered.	*Positive sentiment example:* "I'm dental phobic and my dentist can take more time with me and make sure I'm comfortable. I'm feeling a lot better since I started using him." *Negative sentiment example:* "Little aftercare after tooth extraction. Always tried to sell something. After a routine checkup was told teeth are all good and I'm doing a good job of cleaning next words book to see hygienist!"
Location Responses discussing experiences of choosing a dental practice across one or more locations in the UK, or location as a factor of consumer choice.	*Positive sentiment example:* "Location, near to home or work, parking, nice staff are things which are important. Then building up trust and confidence in with your regular dentist." *Negative sentiment example:* "Where I live the choices are limited."

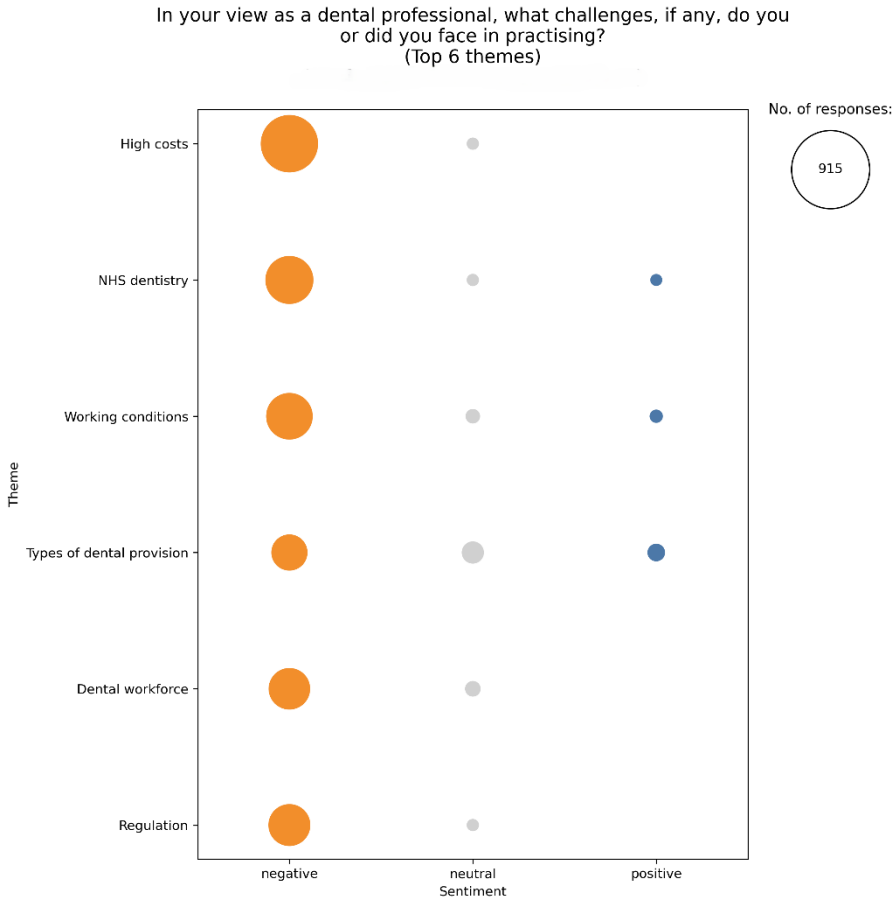
Consumers: experiences of paying



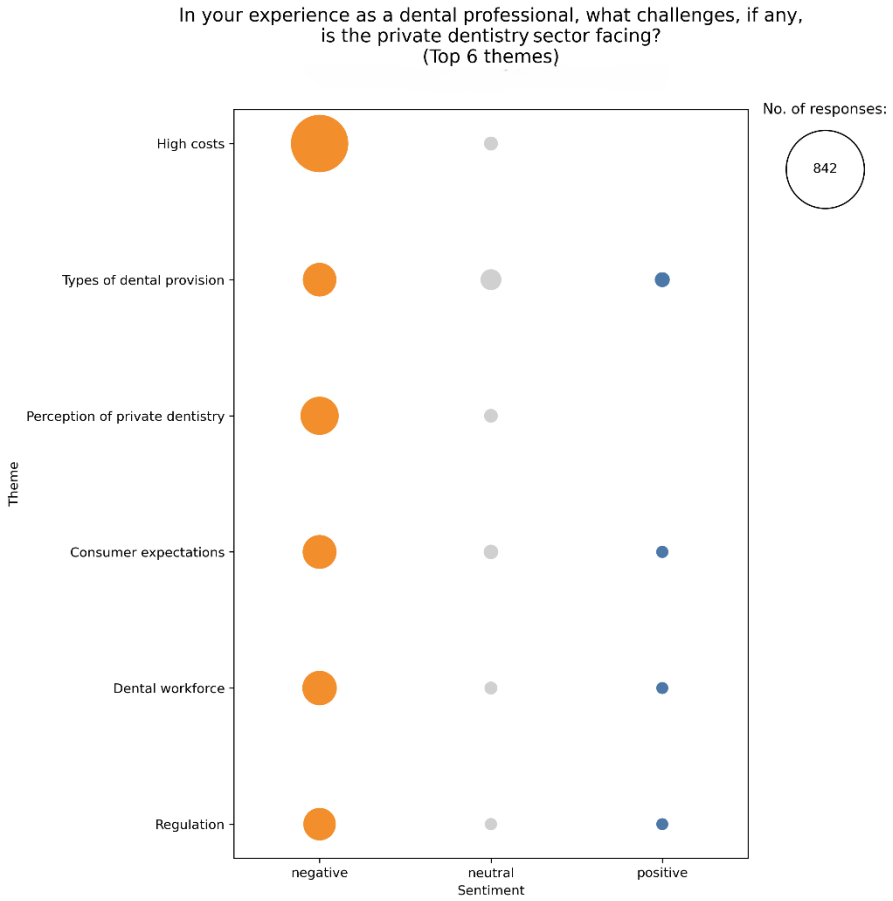
Cost Responses sharing views on the cost of dental treatment in the UK, including any concerns about affordability.	*Positive sentiment example:* "They charge me for each appointment. Their reminder text has a link to their price list which is available online. I had some work done and they honoured the price even when it was more difficult than they first thought which impressed me." *Negative sentiment example:* "I find the private system very expensive and lacks clarity on pricing. I would like it to be mandatory to display the costs of each treatment in private dentistry, but the problem is you are often told it will be between a minimum and maximum charge depending on the complexity involved."
Payment plans Responses relating to paying for treatment through monthly payment plans which spread the cost of the treatment, and any reflections on this payment method.	*Positive sentiment example:* "I chose my most recent private dentist because they had a good monthly payment plan which was reasonably priced and covered all I needed." *Negative sentiment example:* "We weren't given a choice. I now have to do a monthly payment plan to access two dentist appointments a year. My cost for the dentist has tripled. We weren't consulted, just sent a letter saying take up the payment plan or find another dentist. Absolutely shocking."

Pay as you go Responses describing paying for treatment in full at the point it is provided, and any reflections on this payment method.	*Positive sentiment example:* "I offered to join a private payment scheme but dentist said as I had good oral health it was cheaper to pay as you go once a year. I was happy with this." *Negative sentiment example:* "I used to pay as you go but it is double the cost of a payment plan which the dentist did not make clear. I have been overpaying for years and with not being mathematically minded it took a long time to realise this and change over."
Experiences of dental services Responses describing different experiences of dental care in the UK, including experiences of NHS and private dental services, and comparisons between different types of provision.	*Positive sentiment example:* "It is more expensive than NHS but the attention appears to be better and more thorough, explanations far more detailed, and equipment / treatments more up to date." *Negative sentiment example:* "I visited 2 local private dentists with the same set of problems, and found the difference in treatment plans and costs to be quite surprising. The cost difference between these plans - £2701 vs £670 - was remarkable. After a lifetime of using NHS dentists, I now use a private dentist because there are no NHS places available for people like me in the local area. Because of this, I estimate that my dental costs for like-for-like services have doubled."
Dental insurance Responses discussing dental insurance, including insurance provided by an employer, or consumer experiences with a particular insurance provider.	*Positive sentiment example:* "My office offered private medical insurance including dental cover so it was very generous package. Since my retirement, I am on pay as you go basis." *Negative sentiment example:* "I have used insurance through my employer but was surprised at how much I still had to pay out of pocket even when the price I paid for insurance was pretty high. There is a very large price gap between NHS and private prices."
Access issues Responses discussing issues related to accessing dental care in the UK, including commentary on finding an NHS dentist, waiting times, and availability of appointments.	*Positive sentiment example:* "The dentist I go to has various options which makes it accessible for everyone who can afford to pay privately." *Negative sentiment example:* "Increasingly you have to pay a session in advance for hygienist appointments. This could create issues of financial exclusion. Often costs of treatments are not clearly advertised."

Dental professionals: views on challenges (individual)



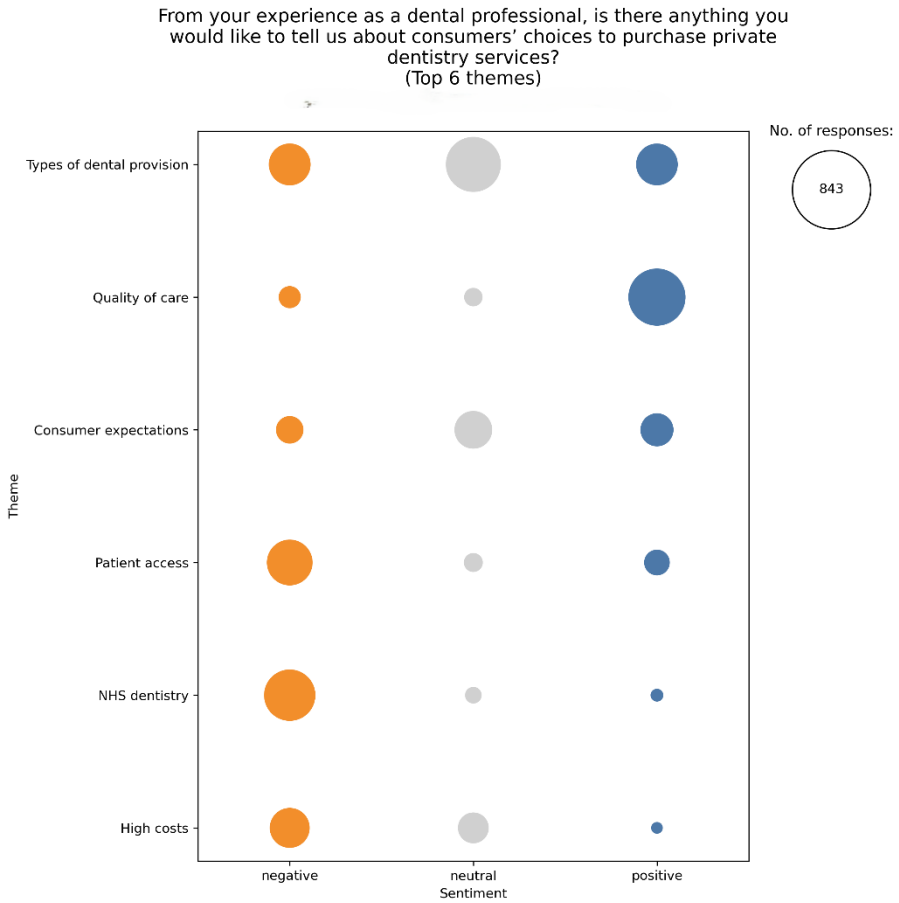
Dental professionals: views on challenges (in the sector)



High costs Responses discussing the costs of running a practice or the impact of high costs on consumers. This could include views on the costs associated with materials, laboratory fees, and staff costs.	*Positive sentiment example:* "Reported prices for recall examinations and initial examinations are fair for the time devoted to these appointments." *Negative sentiment example:* "Rising costs. This includes the increase in minimum wage by £4 in the last 6 years, the increase in employers NI and pension contributions, the increase in gas and electricity prices and the increase in the dental materials and laboratory costs. For a small independently owned practice the increase in costs to keep the business open has to be passed onto the consumer."
NHS dentistry Responses sharing views on NHS dentistry in the UK.	*Positive sentiment example:* "NHS is strong brand name…" *Negative sentiment example:* "In a mixed practice, NHS dentistry is a massive competitor. Patients will opt for cheaper dentistry, dentists are not allowed to say private treatment is better."
Working conditions Responses discussing the personal advantages or challenges associated with working in the dentistry sector. This could include, for example, a high workload.	*Positive sentiment example:* "Modern dentistry is exciting and working privately has enabled me to progress and keep on top." *Negative sentiment example:* "Still will have time pressure as fewer dentists."
Types of dental provision Responses discussing different types of dental provision in the UK (for example, NHS or private provision), including experiences of providing such provision, or observations about consumers' choice of provision.	*Positive sentiment example:* "The private dental sector is in a good state. Advances in technology and public awareness about treatments is increasing. More complex and advanced treatments are simply not available within the NHS and patients are motivated to seek such services privately." *Negative sentiment example:* "Private dentistry is competitive, especially now as more and more practices are leaving the NHS. This makes growth and patient retention more difficult as there is more choice for patients."

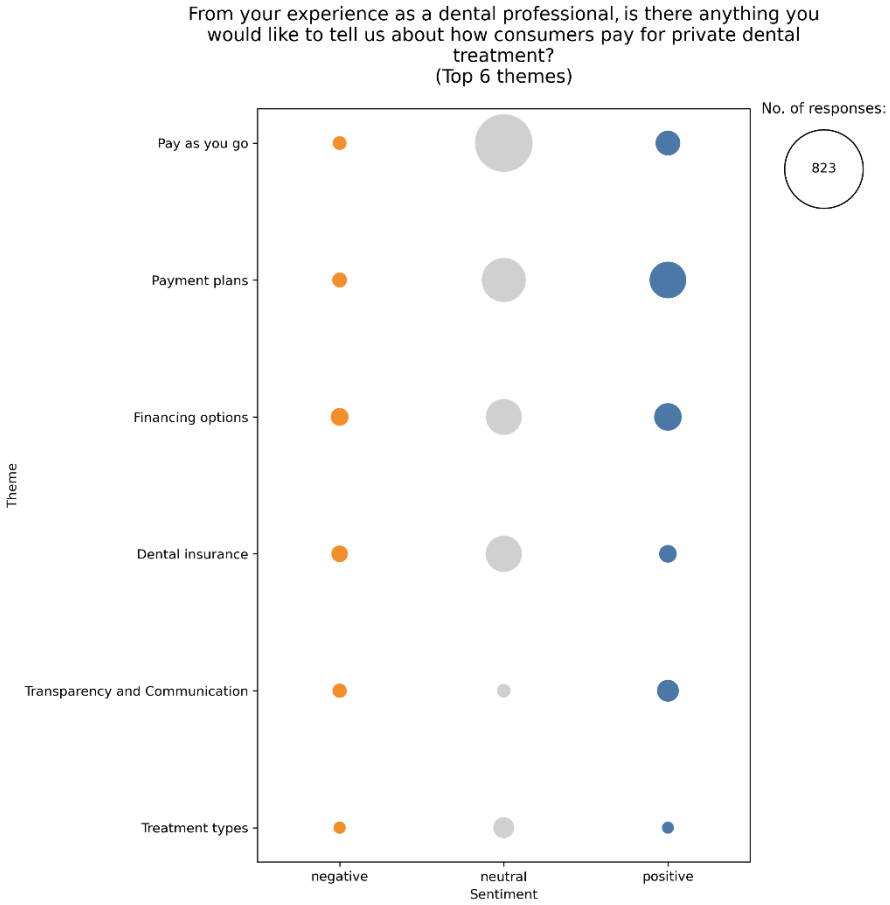
Dental workforce Responses describing characteristics and/or challenges relating to the dental workforce, including recruiting and retaining clinical and non-clinical staff.	*Positive sentiment example:* "Patients value the service we provide. Our patients are grateful to be able to access high-qualified, competent and caring dental professionals, without rushed appointments." *Negative sentiment example: "*Another challenge is the cost and availability of skilled staff. Recruiting and retaining experienced dental nurses, reception staff, hygienists, and therapists has become increasingly difficult."
Regulation Responses discussing regulatory requirements in the UK for dentistry, including professional standards, training requirements and compliance with clinical standards.	*Positive sentiment example:* "I welcome the profession being regulated." *Negative sentiment example:* "Excessive regulation and pressure from multiple agencies that put a 'dentistry tax' on everything I do. There are lots of different continuing education requirements which are expensive and requested from lots of different agencies. It's confusing expensive and difficult."
Perception of private dentistry Responses from dental professionals described challenges related to the perceptions of private dentistry in the UK, including publicity in the media.	*Positive sentiment example:* "More information needs to [be] put out there about the amazing careers people can have in the dental field." *Negative sentiment example:* "Private dentistry has bad press as people think it's Dentists being money grabbing rather than the actual cost of running a practice/training/equipment etc."
Consumer expectations Responses discussing consumer expectations when receiving private dental treatment, including expectations related to the price or standard of the treatment or achievability of certain outcomes.	*Positive sentiment example:* "Patient chose to come to us because they trust us and have heard we provide an exceptional level of care. They understand we have invested time and money in our training and they find us empathetic and caring. Patients appreciate that we can offer them time. There is no rushing and we run on time." *Negative sentiment example:* "Patients have higher expectations due to higher fees."

Dental professionals: how consumers choose



Types of dental provision Responses discussing different types of dental provision in the UK (for example, NHS or private provision), including experiences of providing such provision, or observations about consumers' choice of provision.	*Positive sentiment example: "*A consumer should be allowed to choose between private and NHS. There should be no control on the private sector- as it is ultimately a patient choice where they would like to go." *Negative sentiment example:* "NHS dentistry should have more defined areas of treatment and options to help delineate to a patient what the state will and won't pay for. The ambiguity about white fillings, bridges, chrome dentures not only causes confusion and conflict between dentist and patient but the allows the private sector to massively overcharge."
Quality of care Responses describing the quality or standard of care of dental treatment provided by a practitioner.	*Positive sentiment example:* "I think patients have chosen to stay with us as a private practice because they value a caring team that uses quality materials to ensure their treatment is as pain free as possible." *Negative sentiment example:* "People will go to other countries for treatment they don't need just because it's cheap, instead of paying for quality."
Consumer expectations Responses discussing consumer expectations when receiving private dental treatment, including expectations related to the price or standard of the treatment or achievability of certain outcomes.	*Positive sentiment example:* "Some consumers may be looking for specific services such implants, tooth whitening, veneers etc. and will choose a practice based on how well they perceive a practice to provide those services." *Negative sentiment example:* "Young adults seem very heavily influenced by marketing of quick- fix solutions and are willing to pay excessive costs for cosmetic work but not for traditional work to actually achieve dental health."
Patient access Responses discussing patient access to dental care, for example, the impact on the private dental services market where patients could not access an NHS dentist, or links between affordability of dental treatment and consumer access.	*Positive sentiment example:* "Patients chose private treatment to be able to access care in a timely manner. This is something not always possible on the NHS due to the large number of patients attempting to access care." *Negative sentiment example: "*There is a section of the public with no access to [a] Dentist who are desperate."
NHS dentistry Responses sharing views on NHS dentistry in the UK.	*Positive sentiment example:* "Patient do sometimes prefer to be given the NHS option due to costs mainly." *Negative sentiment example:* "Waiting lists and quality of care in NHS has meant patients opt for private care more and more."
High costs Responses discussing the costs of running a practice or the impact of high costs on consumers. This could include views on the costs associated with materials, laboratory fees, and staff costs.	*Positive sentiment example:* "We offer affordable private dentistry at a time and day that suits the customer, without long waiting times." *Negative sentiment example:* "As mentioned before, due to the cost of living, patients are finding it hard to afford private dentistry, especially treatment for children."

Dental professionals: how consumers pay



Pay as you go Responses describing consumers paying for treatment in full at the point treatment is provided, and any reflections on this payment method.	*Positive sentiment example:* "Patients like to pay as they go." *Negative sentiment example:* "The pay as you go patients are less regular at attending and may put off having treatment due to cost."
Payment plans Responses describing consumer payment for treatment through monthly payment plans which spread the cost of the treatment, and any reflections on this payment method.	*Positive sentiment example:* "Patients pay as they go or use a dental plan that spreads the cost and has predictable costs set each year which allows for better budgeting by patients and minimises surprise costs. Both types of payment are popular." *Negative sentiment example:* "Payment plans, by which I assume you mean a monthly payment for a limited amount of care, are a bit of a 'rip-off'. Not all patients attend for the, say, 'two check-ups and a scale and perhaps radiographs' every year."
Financing options Responses discussing financing options as a consumer payment method for dental treatment, and any reflections on this payment method.	*Positive sentiment example: "*Patients like to have a choice and providing finance allows patients to have treatment without delay." *Negative sentiment example:* "The rise of 0% finance on extreme cosmetic options opens the door to overtreatment with quick- fix solutions rather than aiming for longevity and health."
Dental insurance Responses discussing dental insurance as a consumer payment method for dental treatment, and any reflections on this payment method.	*Positive sentiment example:* "...many of our clients are in corporate company who provide dental insurance as part of their employment contract so they like that cover." *Negative sentiment example:* "Some people have insurance. It's usually not that comprehensive."

Transparency and communication Responses describing how dental practitioners communicate with patients, and any transparency measures, such as providing treatment plans and information to consumers about options for treatments.	*Positive sentiment example:* "Compared to NHS rates the fees can seem high. But we find when people break it down they see the value and we are clear and up front with clear written treatment plans that outline all choices and options that they have. They then have no problem with opting for care at a level they can afford." *Negative sentiment example:* "A lot of dentists use the NHS name to get patients through the door. Then only offer private. This needs to be regulated. Patients don't know the difference or understand the system."
Treatment types Responses describing particular courses of dental treatment, which could include, for example, observations about the cost of the treatment, complexity of delivering the treatment or demand for certain treatments (eg cosmetic treatments).	*Positive sentiment example:* "Patients often choose to have better treatment, longer lasting treatment, and more cosmetic options. For example a ceramic crown or inlay rather than a filling." *Negative sentiment example:* "In the current cost of living crisis [some patients] opt for the cheapest option (i.e. extraction or temporary filling)."

Our study themes: What we are focusing on

18. In this section, we set out the five themes we are focusing on in the study.

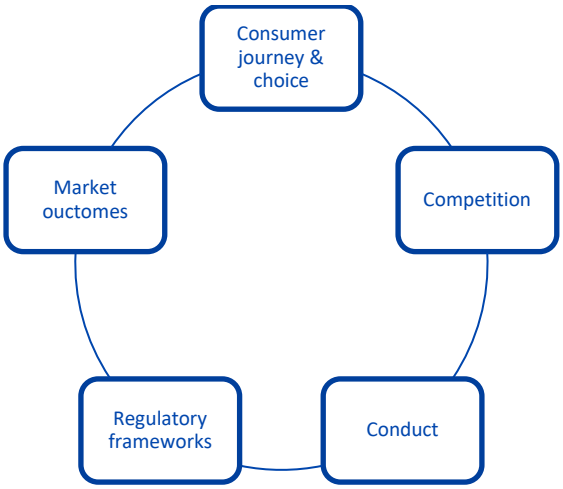
19. We received 21 responses to our Statement of Scope,[5] and we have reflected on those responses, as well as our wider engagement, in calibrating our areas of focus.

20. In May 2026, the CMA held an internal state of play meeting to assess the themes being explored in the market study against responses to our Statement of Scope and our broader engagement up to that point. We considered whether to continue, amend or remove any areas of focus. The conclusion of this meeting was to continue to focus on the five themes outlined in the Statement of Scope, and to:

    - confirm that we are considering dental payment plans as part of our consumer journey and choice theme
    - clarify what we are looking at as part of our review of regulatory frameworks
    - confirm that we are considering the extent to which different market dynamics and outcomes (eg price increases and profitability) are correlated with different business models.

21. For each study theme, we summarise some of the key points we have heard through responses to our Statement of Scope and experiences shared by consumers and dental professionals through our Call for Views.

Our five study themes



[5] Non-confidential versions of these responses are published on our case page: Private dental services market study - GOV.UK. One response has not been published at the request of the individual.

Consumer journey and choice

What we are looking at

✓ 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 includes how consumers distinguish between publicly funded and private dentistry options.

✓ The availability of private dental services, and ease of access and switching for consumers.

✓ Other key features of the consumer experience when engaging with private dental services.

We confirm that we are considering dental payment plans as part of this theme. On the one hand, they may give consumers predictability around the cost of private dental services and support ease of access. On the other hand, they have the potential for harm if consumers lack the information they need to make informed choices, or if they make it harder for them to switch between providers of private dental services.

We may still consider wider financing of dental treatments, to the extent it impacts on the consumer journey and choice but, unlike with dental payment plans, we do not consider this to be a focus of our work at this stage.

Things we have heard

22. Stakeholders repeatedly raised the interplay between NHS and private dental services, noting that NHS access challenges are leading patients to the private market. As part of this, it was suggested that those who turn to private dental services out of necessity may have different expectations and levels of awareness, and experience different consumer journeys, than those who have a preference for private care. Some dental professionals thought that prices for NHS dental treatment have the potential to distort expectations about the genuine cost of private dental treatment.

23. While many market participants thought that patients had all they needed to make informed choices others (and one consumer organisation) thought that there was the potential for information asymmetries or for patients to be given misleading, confusing or inconsistent information about prices, the necessity/rationale for treatment and treatment options – including on the availability of NHS treatments in mixed practice settings.

24. Some consumers reported difficulties with comparing treatment options and their cost, as well as with the experience or qualifications of different professionals

offering the treatments. While information in practices and on practice websites was thought to be important, some consumers felt that responsibility fell on them to proactively seek out pricing information. Some consumers thought that the true costs of treatment only became apparent at a late stage, at which point they are difficult to challenge. Dental professionals shared similar views, recognising the importance of clear upfront pricing, written treatment plans, and full disclosure of all options, risks and costs before treatment begins. Some professionals expressed concerns that patients may not always have sufficient information to understand their treatment options across dental practices, or may be unsure what is available to them at a practice offering both NHS and private dental treatment.

25. Barriers to switching which were raised by market participants and one consumer organisation included uncertainty on appointment availability and challenges around patient information portability. Some consumers reported difficulties transferring their medical data (for example, x-rays) including where they had received extensive or specialist dental treatment. There were some consumer concerns about the cost of new patient examinations making shopping around or switching between practices harder.

26. Most stakeholders noted financial vulnerability, access challenges (including in rural or remote areas) and dental anxiety as key factors affecting patients' experiences of this market. Other elements of vulnerability noted by market participants included physical and mental disability, patients experiencing pain and needing urgent treatment and digital exclusion. One trade association and some market participants noted that regulatory requirements or enterprises such as the Community Dental Services exist to support vulnerable patients.

27. Dental plans and wider financing options were widely reported by market participants and representative bodies to be positives to enable access to dental care, while one market participant noted the need for appropriate guardrails to protect patients, and two individuals expressed concerns that they can provide vehicles for upselling treatments or that patients may not have the information or time to make informed choices without pressure to decide. Other issues flagged by a consumer organisation and one market participant included potential barriers to switching between providers of dental services, difficulty in making comparisons across dental payment plan providers, and potential value for money concerns. Consumers raised similar overall benefits and potential downsides, as well as additional concerns around the reduction in the number of treatments covered over time, feeling pressured to sign up to a payment plan to continue to have access to a dental practice once it has stopped offering NHS care, and not being provided with alternative choices to pay for treatment. Dental professionals shared similar views, as well as flagging the potential for dental plans to create incentives to only provide certain treatments to patients. They also noted the risk of patient

confusion about payment options available to them, for example between dental insurance and capitation schemes.

28. One market participant identified concerns about adjacent (less regulated) alternatives such as direct-to-consumer orthodontics with minimal clinical oversight, or teeth whitening products available on global resale sites. They highlighted the importance of consumer transparency to avoid confusion. Some dental professionals echoed these concerns, including patients seeking treatment abroad at lower cost who might end up needing more extensive corrective treatment back in the UK.

Competition

What we are looking at

✓ 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.

Things we have heard

29. Some market participants and representative bodies suggested the private dentistry market functions well and is competitive. They identified the following factors as influencing competition: access; availability of appointments; ethical standards; customer switching behaviour; price points; range of treatments offered, opening hours; ease of online booking; quality of premises/facilities and quality of appointments; dental technology and ongoing customer care to win and retain private patients.

30. One individual suggested that the CMA should examine the degree to which corporate consolidation has reduced local competition. One organisation said the CMA should not analyse market concentration at the local level as the majority of the market is still independent (a characteristic highlighted by other respondents). We heard from dental professionals that there can be difficulties for independent practices to compete with larger dental groups, particularly due to their scale – for example, independent practices having less purchasing power or lower marketing budgets.

31. Several market participants suggested that separate registration requirements for each nation of the UK create a duplicative administrative burden, which can be a barrier to expansion for businesses operating across the UK. In terms of barriers to entry, factors identified by market participants, representative bodies and professionals included workforce and recruitment issues, regulatory considerations and upfront capital investment. Dental professionals also highlighted concerns about litigation or patient complaints being potential factors which influence whether dental professionals continue to practice, along with work-related stress and the effectiveness of training for more junior roles entering the profession.

Conduct

What we are looking at

✓ Whether dentists engage in any unfair practices/anticompetitive conduct or other conduct that may adversely affect consumers/competition.

Things we have heard

32. We heard from one consumer organisation that a key feature of a market like dentistry is the level of trust consumers place in dental professionals to provide them with accurate and good quality advice. In this context, they suggested that the CMA could investigate whether there is evidence of dentists engaging in behaviours that lead to poor consumer outcomes. They said that the CMA could examine whether dentists could be overtreating patients or engaging in pressure selling tactics such as pushing for unnecessary treatments that are more expensive, or by recommending more hygienist appointments than necessary. Separately, a market participant said that 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, and that the CMA could focus on confirming this view holds true for practise across the sector.

33. Some consumers highlighted uncertainty about the necessity of the treatments advised, or receiving conflicting advice from dental professionals on necessary treatments, and experiences of feeling pressure to receive treatment. Some also indicated uncertainty about whether all treatment options had been explained, and an emphasis being placed on sales at the dental practice, in particular for cosmetic treatments, such as teeth whitening or straightening. Some dental professionals reported concerns around larger dental groups having sales-driven approaches that may not always be consistent with the standards of the profession.

34. On the interplay between NHS and private dentistry, we heard from some consumers, as well as one consumer organisation, of instances of pressure to sign up to payment plans in order to retain a place at a practice transitioning from NHS to private care.

35. Different registration/joining requirements for parents and children were highlighted by some consumers.

Regulatory frameworks

What we are looking at

✓ The extent to which the regulatory frameworks and their enforcement support good competition and consumer outcomes, including consumers getting the right information at the right time to make decisions that are right for them.

✓ Whether consumers are able to access complaint and redress mechanisms when things go wrong.

Our work under this theme includes considering how well regulation has kept pace with market developments and modern working practices. We are looking at the regulation of the dental workforce, including the extent to which it might present barriers to entering the private dentistry market or to expanding existing businesses. We are also considering the role of regulation in direct access for consumers to dental care professionals such as dental hygienists and dental therapists.

Regulation of dental services exists to set and uphold appropriate professional standards and to ensure clinical care quality. These are crucial objectives for patient safety and wider trust in the dental profession that our work will not undermine.

Things we have heard

36. In general, dental businesses thought that regulation of the sector was appropriate to the important ends of patient safety and care, and not unduly burdensome. However, some individual practitioners said that compliance with regulation was costly, and that multiple bodies are responsible for different aspects of compliance, such as clinical inspections and professional standards. Some of these dental professionals also noted concerns about the regulatory handling of complaints, including that the investigation of complaints can take a long time to resolve. Some thought that regulatory requirements, and concerns about patient complaints or litigation, were potential factors which influence whether dental professionals continue to practise.

37. One trade association noted that regulatory barriers to entry into NHS dental services can be higher than for private dentistry (e.g. by virtue of dentists registered with the General Dental Council (**GDC**) needing to obtain an NHS performers list number (or equivalent).

38. Issues flagged by market participants and representative bodies included:

    - **Multiple regulators and some regulatory differences across UK nations.** One market participant thought that standardising expectations would help reduce complexity, harmonise patients' experiences, and reduce

the financial burden of dentists operating across nations. Some other market participants noted that lack of predictability or consistency across registration and inspection processes, or duplication or differences across the national systems, can delay market entry for new practices or slow expansion. One professional association referred to the interpretation of certain technical requirements in specific instances (e.g. around air ventilation standards in Northern Ireland) being potentially prohibitive for small practices.

- **Regulatory capacity**. One trade association noted that constraints due to regulatory capacity (for example around the inspection of practices) can lead to delays in opening new practices.

- **Qualification and Continuing Professional Development (CPD).** Some market participants thought that limits on numbers of overseas qualified dentists that can convert their qualifications via the Overseas Registration Examination can be a barrier to entry and expansion in the market, although noting that recent policy changes may improve the situation over time. CPD requirements for those rejoining the register were also identified – in the context of dentists inadvertently dropping off the register and being temporarily unable to practice.

39. More broadly, one trade association suggested that the CMA should have regard to the evolution of regulation in light of new technology, working practices, patient preferences, and public policy.

40. Some market participants and dental professionals highlighted the issue of access to dental care professionals (**DCPs**). They questioned whether wider dental team roles including therapists and hygienists may be underutilised under current frameworks and whether regulation is adequately supporting DCP-led care and allowing these professionals to work to the full extent of their training and scope of practise.

41. One consumer organisation noted issues with the complexity of complaints procedures and the limitations of such routes. They said that the recommendations of the Dental Complaints Service (**DCS**), which is available to patients receiving private treatment, are not legally binding and do not deal with compensation for losses or damages. They also stated that, if complaints cannot be addressed via the DCS, patients have no recourse for further action. One market participant also identified scenarios where indemnity policies (required by the GDC) can be a barrier to complaints being handled promptly and effectively. Some consumers reported feeling uncertain about complaints procedures, including being unsure how to complain or finding it hard to access information about how to raise a complaint.

Regulation across the UK

42. Given the importance of regulation of private dental services to our study and its potential outcomes, we are engaging closely with regulators and governments across the UK.

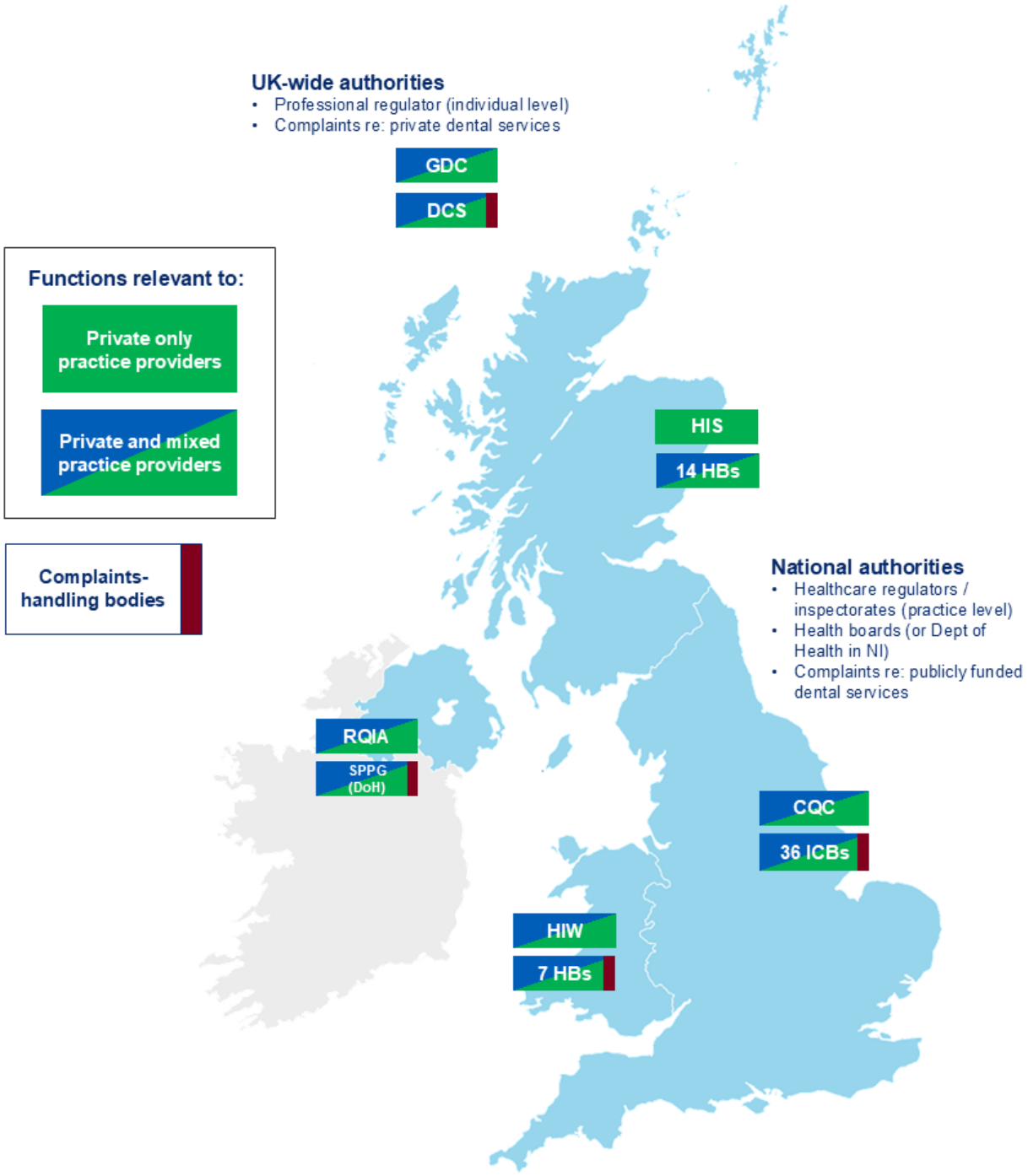
43. The regulation of private dentistry is a complex picture, involving multiple bodies and related responsibilities:

- Practice-level regulation by way of healthcare inspectorates in each nation of the UK (the Care Quality Commission in England, Healthcare Inspectorate Wales, Healthcare Improvement Scotland, and the Regulation and Quality Improvement Authority in Northern Ireland) with responsibilities to ensure that dental practices and premises are complying with applicable regulation.

- UK-wide regulation of all dental professionals registered as individuals to practise with the General Dental Council (**GDC**), which maintains certain standards for the benefit of patients (its *Standards for the Dental Team*).

- Additional regulatory or quasi-regulatory roles performed by government, NHS or public bodies involved in the delivery of publicly funded dentistry that may bear on consumer outcomes in mixed practices providing private dental services alongside NHS (or Health and Social Care (HSC) in Northern Ireland) dental services (the majority of UK practices). An example would be where these bodies monitor or enforce expectations on practices to make patients aware of their entitlement to NHS treatment and to deliver such treatment.

44. To illustrate this, and to test our current understanding, we have produced a map of the regulatory frameworks across the UK and a table that outlines the picture in detail. We welcome any comments or suggestions to help us ensure we have a complete and accurate understanding of all relevant regulatory bodies and their respective roles and responsibilities across and within the nations of the UK. See '*How to contact us*' at paragraph 52.



Please see the detail in the table below

Table of regulatory responsibilities for dental services in the UK

Nation	Authority	Relevance to providers of private dental services	Relevance to providers of publicly funded dental services	Description	Principal legislation
UK	**General Dental Council (GDC)**	Regulates dentists and the following dental care professionals: • Dental nurses • Dental technicians • Dental therapists • Dental hygienists • Orthodontic therapists • Clinical dental technicians		The GDC: • Registers qualified dental professionals (see left) • Sets standards of conduct, performance and ethics for registered dental professionals (the *Standards for the Dental Team*) • Investigates when concerns are raised about a registered dental professional's fitness to practise • Takes action if people practise dentistry when they are not registered professionals • Ensures the quality of dental education by setting standards and inspecting education providers to make sure they are meeting them (See also Note 1 on the **Professional Standards Authority for Health and Social Care (PSA)**)	Dentists Act 1984
	Dental Complaints Service (DCS)	Handles complaints about private dental services		The DCS provides a free and impartial service across the UK. It can help resolve complaints about private dental services that are not resolved locally with the dental practice. The DCS operates independently. It is funded by the GDC.	

Nation	Authority	Relevance to providers of private dental services	Relevance to providers of publicly funded dental services	Description	Principal legislation
ENGLAND	**Care Quality Commission (CQC)**	Regulates all dental practices in England		The CQC ensures that providers of primary care dental care services (that is, the dental services predominantly provided by dentists on the 'high street') meet its 13 fundamental standards of care. The CQC: • Registers and monitors those service-providers, across publicly funded and private dental services • Inspects those service-providers • Takes enforcement action where appropriate	Health and Social Care Act 2008 and associated Regulations
	36 integrated care boards (ICBs)		Oversee delivery of NHS dental services in England Handle complaints about NHS dental services in England	Carry out functions delegated by **NHS England** (see also Note 2). Responsible for planning, commissioning and securing the delivery of NHS dental services in their area. This includes the enforcement of regulations and contractual obligations on providers of NHS dental services. (See also Note 3 on the **NHS Business Services Authority (NHSBSA)**) The ICBs also handle complaints about NHS dental services where the patient has not raised the complaint with the practice. If the patient is not satisfied with the response of the practice or the ICB, they may contact the **Ombudsman** (see also Note 4).	Health and Care Act 2022, amending the National Health Service Act 2006 and the Health and Social Care Act 2012

<table>
<tr><th>Nation</th><th>Authority</th><th>Relevance to providers of private dental services</th><th>Relevance to providers of publicly funded dental services</th><th>Description</th><th>Principal legislation</th></tr>
<tr><td rowspan="2">WALES</td><td rowspan="2">Healthcare Inspectorate Wales (HIW)</td><td colspan="2">Regulates dental practices in Wales other than those providing exclusively NHS dental services</td><td rowspan="2">HIW ensures that independent (private) providers of dental services (dental practices carrying out any amount of private dental services) meet essential standards of quality and safety. HIW:
Registers those service-providers
Inspects those service-providers
Takes enforcement action where appropriate
In addition, the HIW inspects NHS practices not carrying out any amount of private dental services, but it does not register or otherwise regulate these practices.</td><td rowspan="2">Care Standards Act 2000

Health and Social Care (Community Health and Standards) Act 2003

The Private Dentistry (Wales) Regulations 2017</td></tr>
<tr><td></td><td>Inspects dental practices in Wales providing exclusively NHS dental services</td></tr>
<tr><td>7 local health boards (HBs)</td><td></td><td>Oversee delivery of NHS dental services in Wales

Handle complaints about NHS dental services in Wales</td><td>Responsible for planning, commissioning and securing the delivery of NHS dental services in their area. This includes the enforcement of regulations and contractual obligations on providers of NHS dental services. (See also Note 3 on the NHS Business Services Authority (NHSBSA))
The local HBs also handle complaints about NHS dental services where the patient is not satisfied with the response from the dental practice, or does not wish to complain directly to the practice. If the patient is not satisfied with the response of the HB, they may contact the Ombudsman (see also Note 4).</td><td>National Health Service (Wales) Act 2006</td></tr>
</table>

Nation	Authority	Relevance to providers of private dental services	Relevance to providers of publicly-funded dental services	Description	Principal legislation
SCOTLAND	**Healthcare Improvement Scotland (HIS)**	Regulates dental practices in Scotland providing exclusively private dental services		HIS ensures that independent (private) providers of dental services (dental practices carrying out exclusively private dental services) meet essential standards of quality and safety. HIS: • Registers those service-providers • Inspects those service-providers • Takes enforcement action where appropriate • Has a statutory function to investigate consumer complaints for the purposes of quality and safety improvement	National Health Service (Scotland) Act 1978, as amended by the Public Service Reform (Scotland) Act 2010 and the Public Bodies (Joint Working) Act 2014
	14 territorial health boards (HBs)		Oversee delivery of NHS dental services in Scotland	Make arrangements with dental contractors and body corporates to provide NHS dental services in their area. The HBs are required to maintain a list of such providers, who must abide by regulations and terms of service in providing NHS dental services in Scotland. (See also: Note 5 on **Public Services Delivery Scotland (PSD Scotland)**) The HBs inspect dental practices in Scotland that provide NHS dental services, whether they are provided exclusively or provided as part of a mixed practice alongside private dental services. NHS patients in Scotland complain to their dental practice and not to the HB. If the patient is not satisfied with the response of the practice, they may contact the **Ombudsman** (see also Note 4).	National Health Service (Scotland) Act 1978 and associated Regulations
		Inspect dental practices in Scotland other than those providing exclusively private dental services			

Nation	Authority	Relevance to providers of private dental services	Relevance to providers of publicly funded dental services	Description	Principal legislation
NORTHERN IRELAND	**Regulation and Quality Improvement Authority (RQIA)**	Regulates dental practices in Northern Ireland other than those providing exclusively HSC dental services		The RQIA ensures that independent (private) providers of dental services (dental practices carrying out any amount of private dental services) meet essential standards of quality and safety. The RQIA: • Registers those service-providers • Inspects those service-providers • Takes enforcement action where appropriate	The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and associated Regulations
	Strategic Planning and Performance Group (SPPG) of the Department of Health		Oversees delivery of HSC dental services in Northern Ireland Handles complaints about HSC dental services in Northern Ireland	Responsible for planning, commissioning and oversight of HSC dental services in Northern Ireland. This includes monitoring compliance with relevant regulatory requirements and managing contractual obligations on providers of HSC dental services. The SPPG also handles complaints about HSC dental services where the patient is not satisfied with the response from the dental practice, or does not wish to complain directly to the practice. If the patient is not satisfied with the response of the SPPG, they may contact the **Ombudsman** (see also Note 4).	Health and Social Care Act (Northern Ireland) 2022

Notes

1. The GDC is overseen by the **Professional Standards Authority for Health and Social Care (PSA)**, the independent body that oversees the UK's ten statutory health and social care professional regulators. The PSA assesses regulators' performance against its *Standards of Good Regulation* and can review fitness to practise decisions where it considers they may not sufficiently protect the public.

2. Commissioning of primary NHS dental services in England has been delegated from **NHS England** to ICBs since April 2023. In May 2026, the Government introduced the Health Bill as part of its investment and modernisation agenda to improve patient care. Passage of the Bill would abolish NHS England and confer statutory responsibility for commissioning primary dental services to ICBs. ICBs will directly enter contracts with dental providers without the need to rely on delegation arrangements, and the Secretary of State will retain oversight and powers to specify how functions should be discharged such as setting national contract terms.

3. The **NHS Business Services Authority (NHSBSA)** processes claims and issues payments for NHS dental services, in England and Wales, on behalf of ICBs and HBs. In England (but not in Wales), NHSBSA can inspect practices on behalf of ICBs to ensure compliance with NHS regulations and to investigate patient complaints.

4. Patients who have received NHS (or HSC in Northern Ireland) dental services and are not satisfied with the handling of their complaint may contact the ombudsman where they live. The ombudsman makes the final decision on complaints that have not be resolved by the dental practice or NHS (or HSC in Northern Ireland). The ombudsman for each nation is as follows:

   In England: the **Parliamentary and Health Service Ombudsman (PHSO)**

   In Wales: the **Public Services Ombudsman for Wales (PSOW)**

   In Scotland: the **Scottish Public Services Ombudsman (SPSO)**

   In Northern Ireland: the **Northern Ireland Public Services Ombudsman (NIPSO)**

5. **Public Services Delivery Scotland (PSD Scotland)** is the Common Services Agency (CSA) for the NHS in Scotland. PSD Scotland replaced and brought together the functions of NHS Education for Scotland (NES) and NHS National Services Scotland (NSS). PSD Scotland provides a number of assurance functions on behalf of the HBs. It makes payments for NHS dental services in Scotland, on behalf of the HBs, and provides both clinical and financial governance functions relating to these payments.

The above table is not exhaustive.

Another important regulatory function is the maintenance / administration of the **Performers Lists** which determine who is permitted to provide NHS (or HSC in Northern Ireland) dental services, with roles/responsibilities for:

In England: **Primary Care Support England (PCSE)**, on behalf of **NHS England**

In Wales: the **NHS Wales Shared Services Partnership (NWSSP)**

In Scotland: the HBs

In Northern Ireland: the **HSC Business Services Organisation (BSO)**

Further functions in relation to NHS (or HSC in Northern Ireland) dental services include:

- Advisory, assessment or other support functions regarding the management or resolution of performance concerns about practitioners providing NHS dental services, or decisions to exclude practitioners from NHS practise.
- Counter fraud functions (eg identifying, investigating and preventing fraud, bribery and corruption affecting the NHS).

Market outcomes

What we are looking at

✓ How prices have changed compared to inflation and the relative profitability of service providers and of the different services they provide; and cross-subsidisation to the extent it arises as an issue through our consideration of prices and profitability.

We are also considering the extent to which different market dynamics and outcomes (eg price increases and profitability) are correlated with different business models.

Things we have heard

45. One consumer organisation stated that prices for private dentistry have outgrown inflation in the past two years, as well as exhibiting greater price dispersion. One professional association said that private dental fees have declined in real terms.

46. Dental businesses and professionals said that price increases are being driven by cost pressures, with concerns around the rising costs of running a dental practice and the risks of those costs to practice viability, financial pressures resulting from increasing cost of rent, clinical materials (particularly following Brexit and the Covid-19 pandemic), laboratory services, clinical equipment, software, energy, and rising staffing and mandatory training costs.

47. One organisation said there should be an examination 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 is a function of increasing demand as NHS availability reduces. One professional association said that NHS dentistry is cross-subsidised by private income, a view which some dental professionals also expressed.

Next steps

48. Our engagement, evidence gathering and analysis will continue to September 2026 (with the potential for follow-up evidence gathering after this). Between October and November, we expect to publish our emerging thinking which will include any concerns about how the market is working, and potential options to improve outcomes. We will invite views on these.

49. We continue to expect potential outcomes from the study to fall into the following three categories:

Making specific recommendations to government or taking direct CMA action to improve competition or 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.
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.
Highlighting areas more at the periphery of the private market/CMA's remit	For example, highlighting areas that may have a bearing on consumer outcomes in the market This may provide an evidence base to inform future policy, or support further analysis by others.

50. No respondents to the Statement of Scope called for the CMA to make a Market Investigation Reference (**MIR**) or otherwise commented on this. No other representations were received on whether the CMA should make a MIR.[6]

51. We will publish our final report setting out our conclusions from the study, and any recommendations, by the statutory deadline of 4 March 2027.

How to contact us

52. If you wish to contact us about anything discussed in this update, including any information relevant to our understanding of how this market is regulated, please email us at: dentistry@cma.gov.uk

[6] See our Market study notice

53. You can sign up to our mailing list for email updates on our market study here: https://connect.cma.gov.uk/consultations/private-dentistry-market-study-email-sign-up-form/

Appendix: Detailed summary of responses to our Call for Views

A note on the Call for Views exercise

We have not sought to quantify the views and experiences described by respondents. We have distilled key subject matter topics emerging from across nearly 8000 free text responses.

Responses, and our summary of the subject matter they contained, may not be representative of consumer or professional views generally, or in each of the nations of the UK.

We are separately conducting statistically robust quantitative survey research among consumers and extensive qualitative research with dental professionals.

As we indicated at launch, we have used AI to help identify topics raised across free text responses, alongside verificatory sampling and manual review of a subset of responses.

Consumers

We asked consumers about:

- their experiences of choosing or switching between private dentists or dental practices in the UK
- their views on paying for private dental treatment, including making use of options such as 'pay as you go', dental payment plans, or financing options
- their broader experiences of private dental services in the UK

Key subject matter topics emerging across responses to these questions included:

Challenges accessing public dental treatment

- challenges finding a National Health Service (NHS)[7] dentist accepting new patients, or where an NHS practice had closed, or stopped offering NHS dental treatment
- challenges finding an NHS dentist in more rural or remote areas of the UK, including, for example, South West England, or when moving to a new area of the UK
- acuteness of access challenges during the COVID-19 pandemic

[7] For the purposes of this summary, we refer to the NHS. This includes the equivalent national health service in Northern Ireland: Health and Social Care (HSC).

Cost

- the cost of private dental care being increasingly challenging for consumers
- use of personal savings to pay for treatment
- foregoing necessary treatment because of the cost
- seeking private dental treatment abroad at lower cost than treatment in the UK

Quality of care

- excellent standard of care provided by private dental practices
- the importance of a good personal relationship with the dentist, or trust and confidence in the dentist, on decisions to continue using a practice, including where patients had experienced dental anxiety or had previous negative experiences with a different dentist
- quality of care linked to factors including use of modern technology, a wide range of treatment options, appointments of sufficient length, and the personalisation and continuity of care

Switching between or comparing private dentists

- difficulties when comparing treatment options, including the cost of treatments and the experience or qualifications of different professionals offering the treatments
- difficulties transferring patient data between practices (for example, x-rays), including where a patient had previously received extensive or specialist dental treatment
- the cost of new patient examinations making shopping around or switching between practices harder

Access to information and transparency

- lack of standardised or transparent pricing making comparisons between practices difficult
- the importance of visibility of pricing information within the dental practice, or on the practice website, and clarity regarding the NHS dental treatments and private dental treatments available to patients
- personal responsibility falling on the consumer to proactively seek out pricing information
- the importance of written treatment plans and opportunities to review changes to treatment plans
- true costs of treatment becoming apparent when presented with the final bill, at which point they are difficult to challenge

Conduct

- uncertainty about the necessity of the treatments advised, or receiving conflicting advice from dental professionals on necessary treatments
- uncertainty about whether all available treatment options had been explained
- an emphasis on sales at the dental practice, in particular for cosmetic treatments, such as teeth whitening or straightening
- experiences of feeling pressure to receive treatment
- registration/joining requirements at the practice differing for parents and their children

Complaints

- uncertainty about complaints procedures, including being generally unsure how to complain, or finding it difficult to access information about how to raise a complaint
- concerns about complaints being resolved effectively, including a lack of redress

Dental payment plans

- benefits of payment plans including: reasonably priced for what they cover; treatments such as examinations and hygiene appointments feeling more affordable; some payment plans entitling consumers to discounts on further treatments
- concerns with payment plans including: rising plan costs; costs for elderly consumers; questioning their value for money; reductions in the number of treatments covered over time; feeling pressure to sign up to a payment plan, including to continue to have access to a dental practice once it has stopped offering NHS dental care; not being provided with alternative choices to pay for treatment

Dental professionals

We asked dental professionals about:

- their experiences of working in this market
- the challenges they are facing, and those they think are impacting the market more broadly
- their views on consumer choice, and how consumers pay for private dental treatment

Key subject matter topics emerging across responses to these questions included:

Increasing costs

- concerns about the rising costs of running a dental practice, and the risk of those costs to practice viability
- significant financial pressures resulting from the increasing cost of rent, clinical materials (particularly following Brexit and the COVID-19 pandemic), laboratory services, clinical equipment, software, energy, and rising staffing and mandatory training costs
- cost increases leading to increased prices which are representative of the additional expenses incurred and necessary for the viability of the practice
- increased costs potentially disincentivising new entrants to the profession to consider practice ownership

Competition between providers

- different providers operating in the market, including independent practices and larger dental groups
- difficulties for independent practices to compete with larger dental groups, particularly due to their scale - for example, independent practices having less purchasing power or lower marketing budgets
- concerns about larger dental groups having sales-driven approaches that may not always be consistent with the standards of the profession

NHS dental treatment

- challenges relating to the provision of NHS dentistry, including around NHS dental contract reform and NHS funding, which are having implications for the private dentistry market, and a view that private dental treatment is subsidising NHS dental treatment
- prices for NHS dental treatment not being comparable to prices offered in the private market and having the potential to distort expectations about the genuine cost of private dental treatment

Regulatory landscape

- (over)regulation as a challenge within the sector, with multiple bodies responsible for different aspects of compliance, such as clinical inspections and professional standards
- challenges from increased litigation within the sector, contributing to a fearful culture amongst the profession, which could result in lower appetite to provide certain dental treatments
- concerns about the regulatory handling of complaints, including that the investigation of complaints can take a long time to resolve, causing additional distress
- whether wider dental team roles including therapists and hygienists may be underutilised under the current regulatory framework

Workforce

- the challenge presented by shortages in the dental workforce
- difficulties in recruiting and retaining skilled dental team roles, particularly since Brexit, including dental nurses, therapists, hygienists, and associates
- costs, regulatory requirements, and concerns about litigation or patient complaints being potential factors which influence whether dental professionals continue to practise
- work-related stress and increased workload potentially impacting the number of dental professionals who continue to practise
- concerns about the effectiveness of training for more junior roles entering the profession

Public perception

- concerns about the negative perception of the profession in the media, including the suggestion that prices of private dental treatment constitute profiteering

Access for consumers

- for some consumers, private dental treatment being chosen out of necessity, rather than genuine choice
- NHS access issues leading to an increase in patients seeking private dental treatment, with potentially misplaced expectations around the cost of private dental treatment as compared to the cost of NHS dental treatment
- consumers likely to prefer NHS dental treatment if it were available to them
- access issues potentially impacting certain groups disproportionately, such as consumers with low-incomes or consumers living in more rural areas

Choice for consumers

- consumers choosing private dentistry for the high quality of care provided, with factors contributing to this choice including the use of advanced technology and materials, sufficiently long appointments, a wide range of treatments (including cosmetic treatments) and personalisation of care for patients
- increasing demand for cosmetic dental treatment in recent years, with social media influencing consumer demand for treatments such as teeth whitening or veneers, and potentially creating unrealistic expectations about cosmetic outcomes
- the risk of unnecessary cosmetic dental treatment being provided by unregulated providers, or being prioritised over necessary and preventative care
- consumers seeking treatment abroad due to lower cost, with concerns about them receiving treatment from unregulated providers, which could result in patient safety risks, or require them to receive more extensive corrective treatment once they have returned to the UK

Access to information for consumers

- recognition of the importance of clear upfront pricing, written treatment plans, and full disclosure of all options, risks and costs before treatment begins
- concerns that consumers may not always have sufficient information to understand their treatment options across dental practices, or consumers being unsure what is available to them at a practice offering both NHS and private dental treatment

How consumers pay for dental treatment

- practices offering a variety of payment options for consumers, including ‘pay as you go’, payment plans, dental insurance, and financing options for larger or more extensive treatments
- ‘pay as you go’ being the most common method of paying for dental treatment, but the broader range of payment options giving flexibility for consumers and increasing patient access to treatments
- concern that the cost of private dental treatment may prevent some consumers from accessing it
- payment plans being valuable for spreading the cost of dental treatment and encouraging consumers to attend their practice
- risks with payment plans, such as inflated fee structures, or the creation of incentives to only provide certain treatments to consumers
- potential for consumers to be confused about the differences between payment options available to them, for example between dental insurance and capitation schemes
- introducing financing options in practices could be beneficial for allowing consumers to opt for more extensive treatments, but practices may be concerned about the related regulatory requirements to facilitate this

Consumer Call for Views questions

1. Thinking about the past 5 years, have you used any private dental services in the UK?

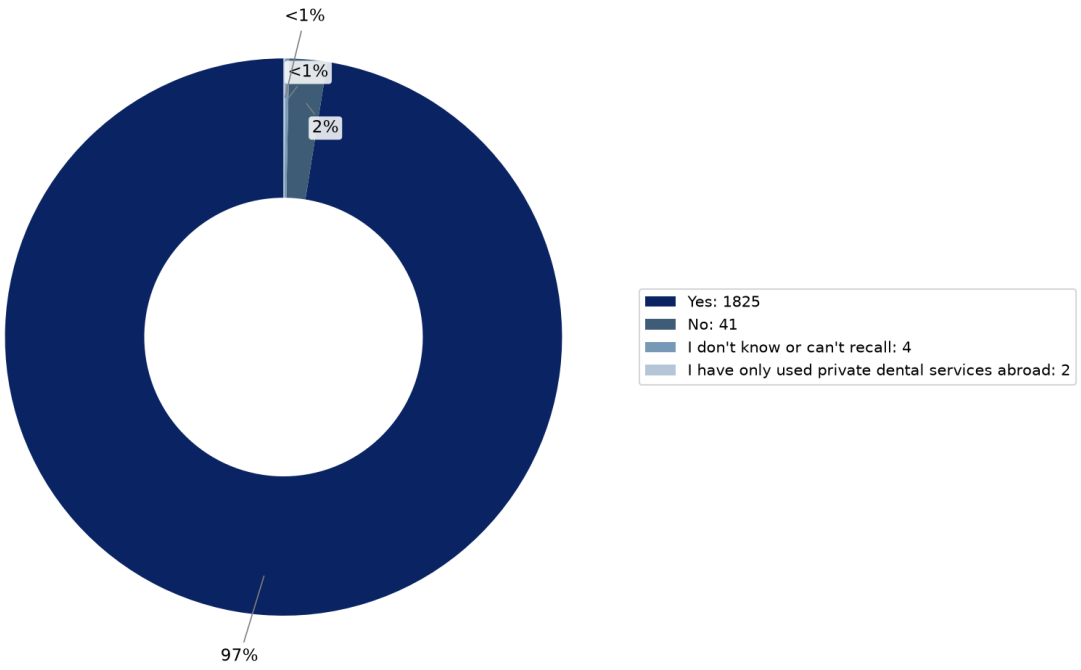
   ☐Yes

   ☐No

   ☐I have only used private dental services abroad

   ☐I don't know or can't recall

Q1: Thinking about the past 5 years, have you used any private dental services in the UK?



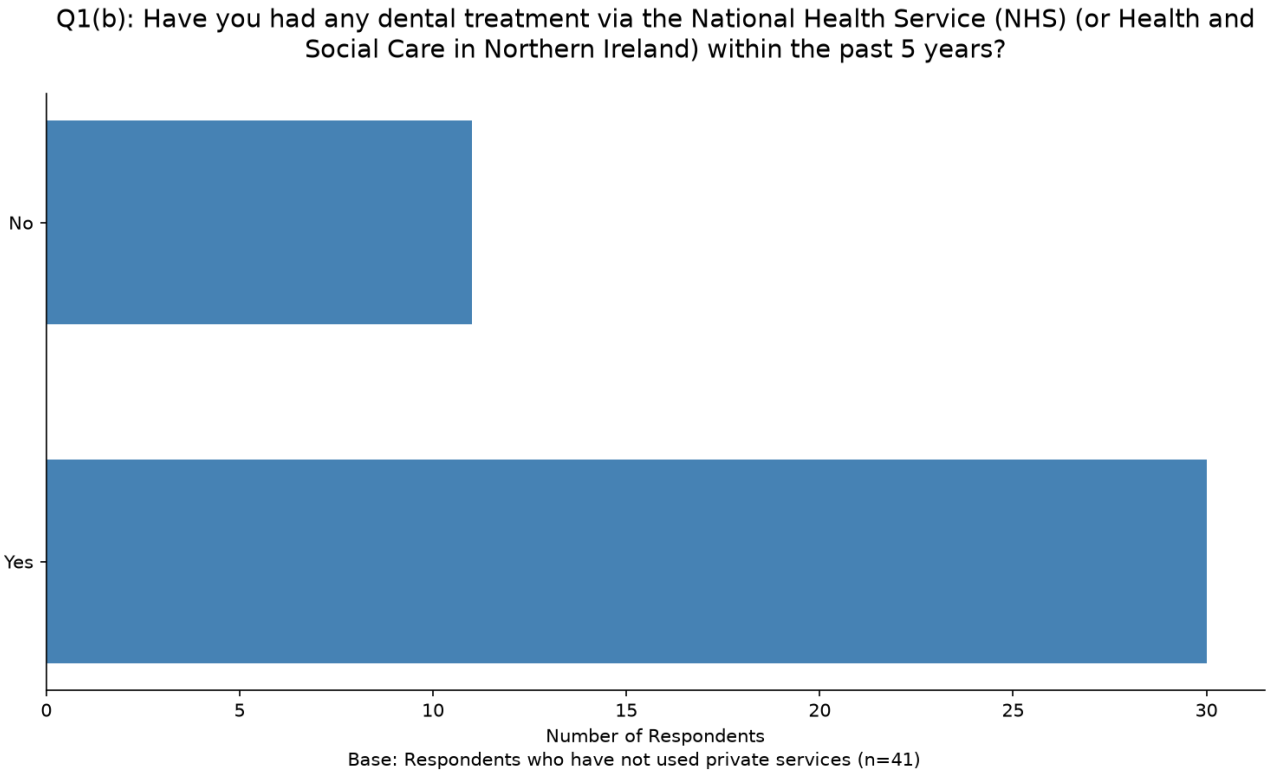
Base: All respondents (n=1872)

- 1(b). [If answered No to Question 1) Have you had any dental treatment via the National Health Service (NHS) (or Health and Social Care in Northern Ireland) within the past 5 years?

  ☐Yes

  ☐No

  ☐I don’t know or can’t recall



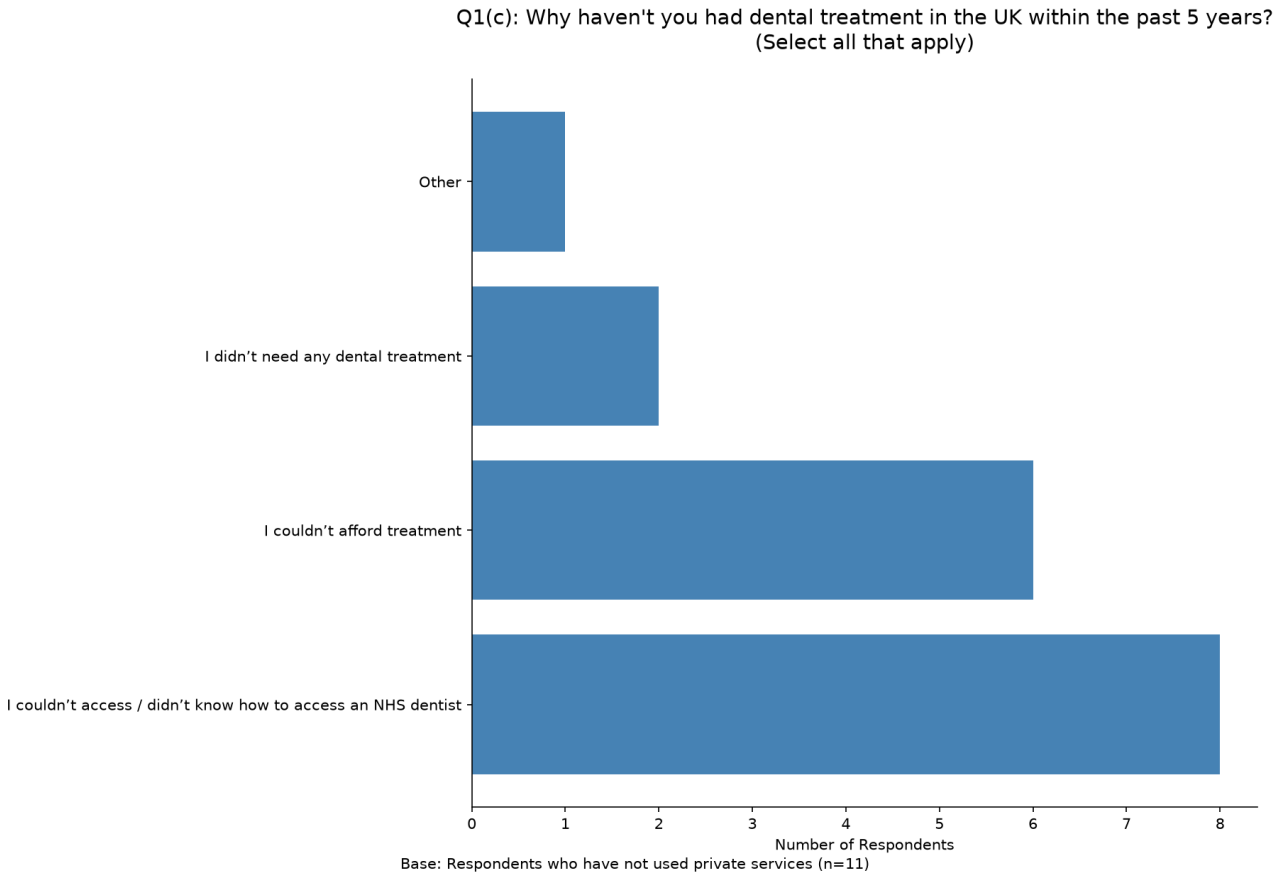
- 1(c). [If answered no to Question 1 and 1(b)] Why haven't you had dental treatment in the UK within the past 5 years? (Select all that apply)

  ☐I didn’t need any dental treatment

  ☐I couldn’t access / didn’t know how to access an NHS dentist

  ☐I couldn’t afford treatment

  ☐Other



2. [If answered Yes to Question 1] Where in the UK have you used private dental services? (Select all that apply)

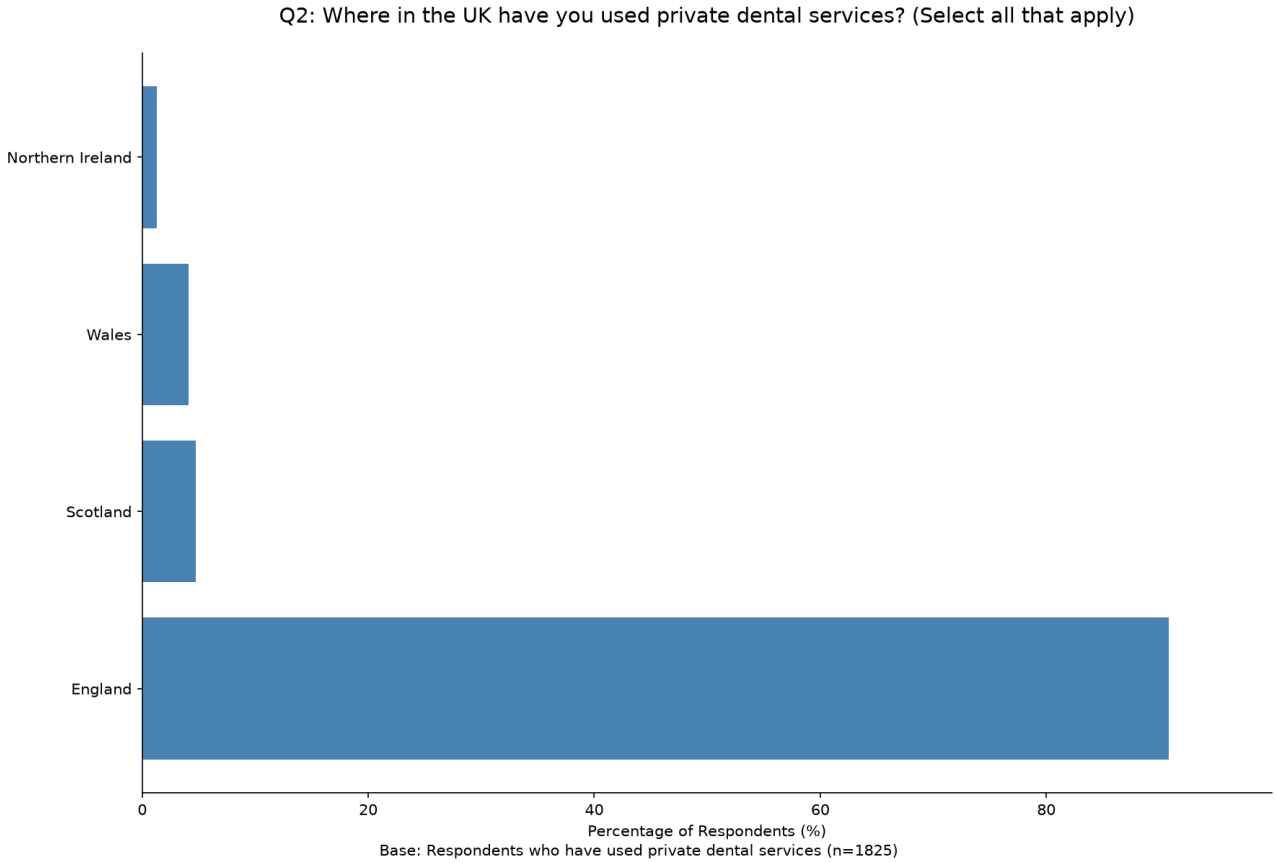
☐Scotland

☐England

☐Wales

☐Northern Ireland

☐I don't know or can't recall

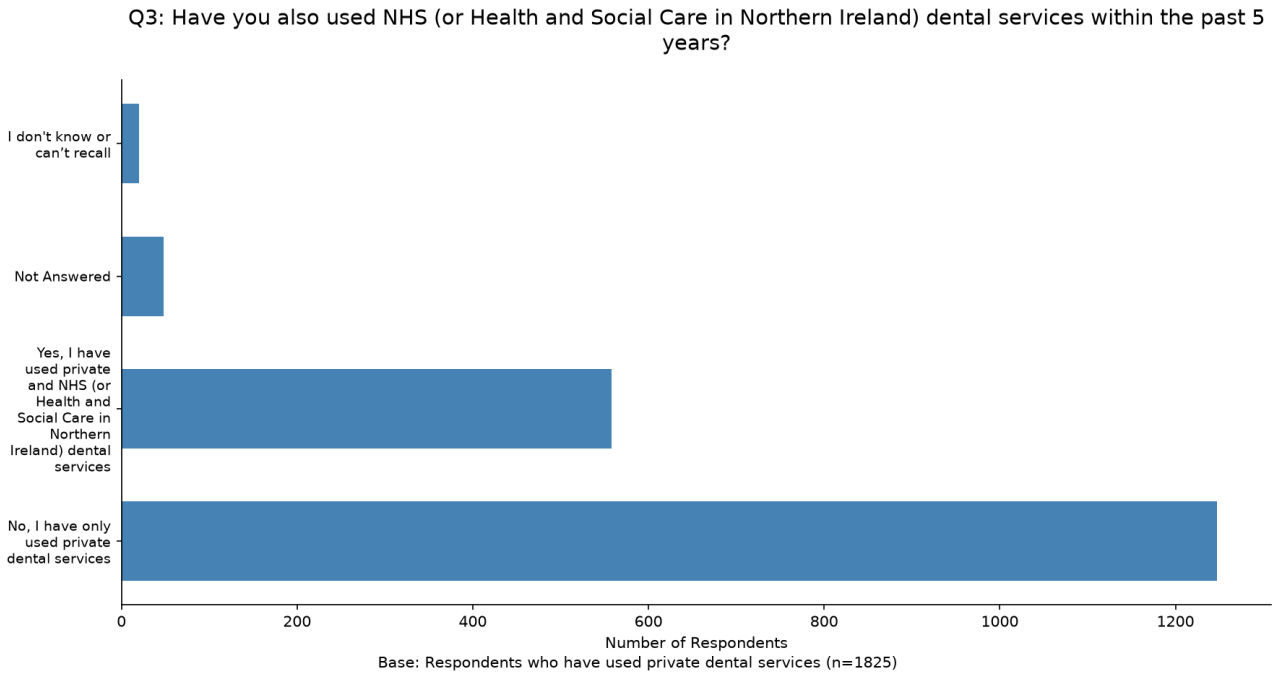


3. [If answered Yes to Question 1] Have you also used NHS (or Health and Social Care in Northern Ireland) dental services within the past 5 years?

   ☐Yes, I have used private and NHS (or Health and Social Care in Northern Ireland) dental services

   ☐No, I have only used private dental services

   ☐I don't know or can’t recall



4. [If answered Yes to Question 1] Which of the following treatments have you received privately within the past 5 years? (Select all that apply)

☐Check-up / examination

☐X-ray (sometimes called radiography)

☐Scale and polish with dentist

☐Hygienist appointment (for example, cleaning)

☐Silver / amalgam filling(s)

☐White filling(s)

☐Extraction

☐Root canal

☐Bridge or crown work

☐Veneers / inlays

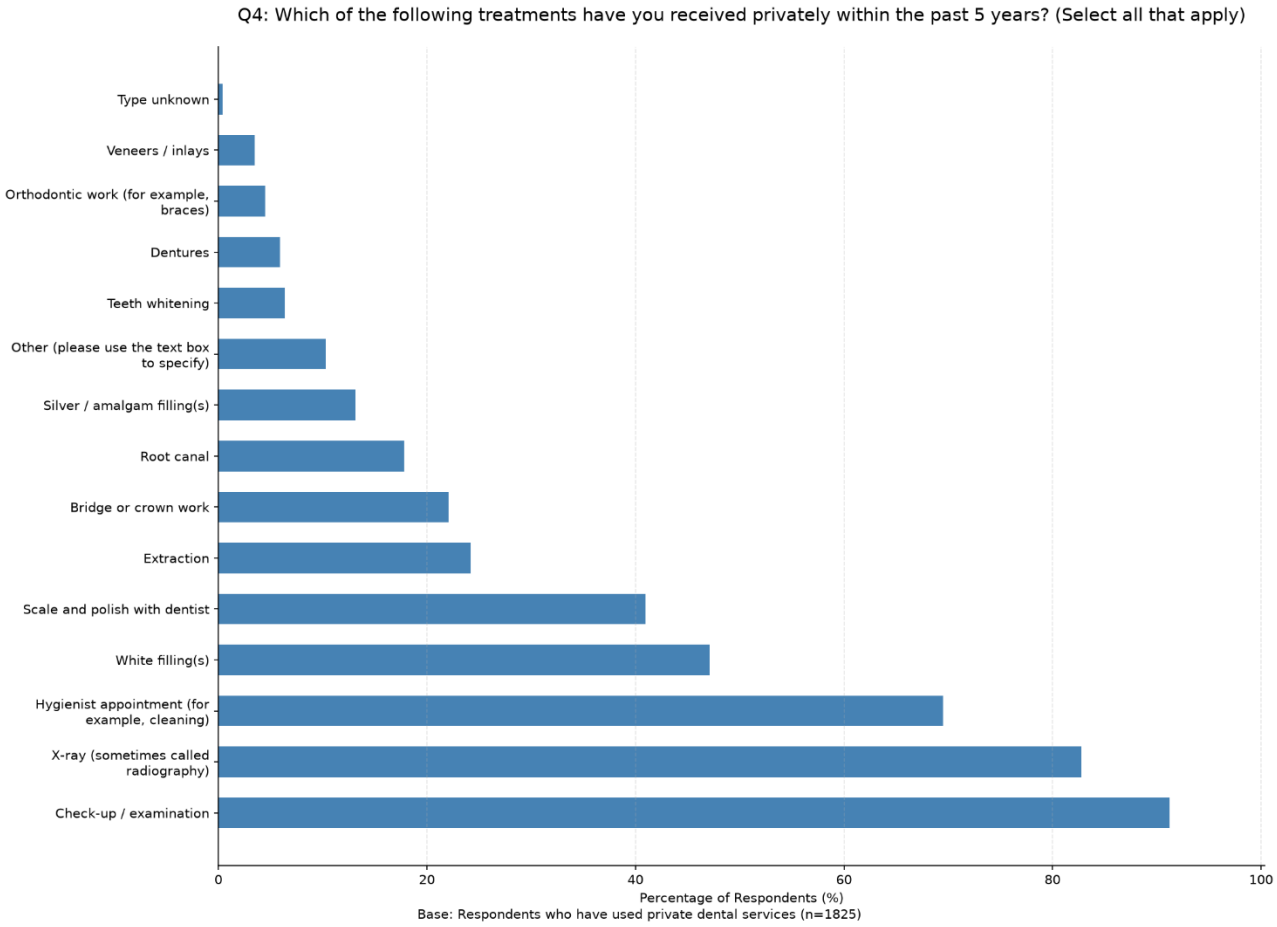
☐Orthodontic work (for example, braces)

☐Teeth whitening

☐Dentures

☐Other (please use the text box to specify)

☐Type unknown



5. [If answered Yes to Question 1] What influenced your choice to use private dental services? (Select all that apply)

☐I have a preference for private dentistry services

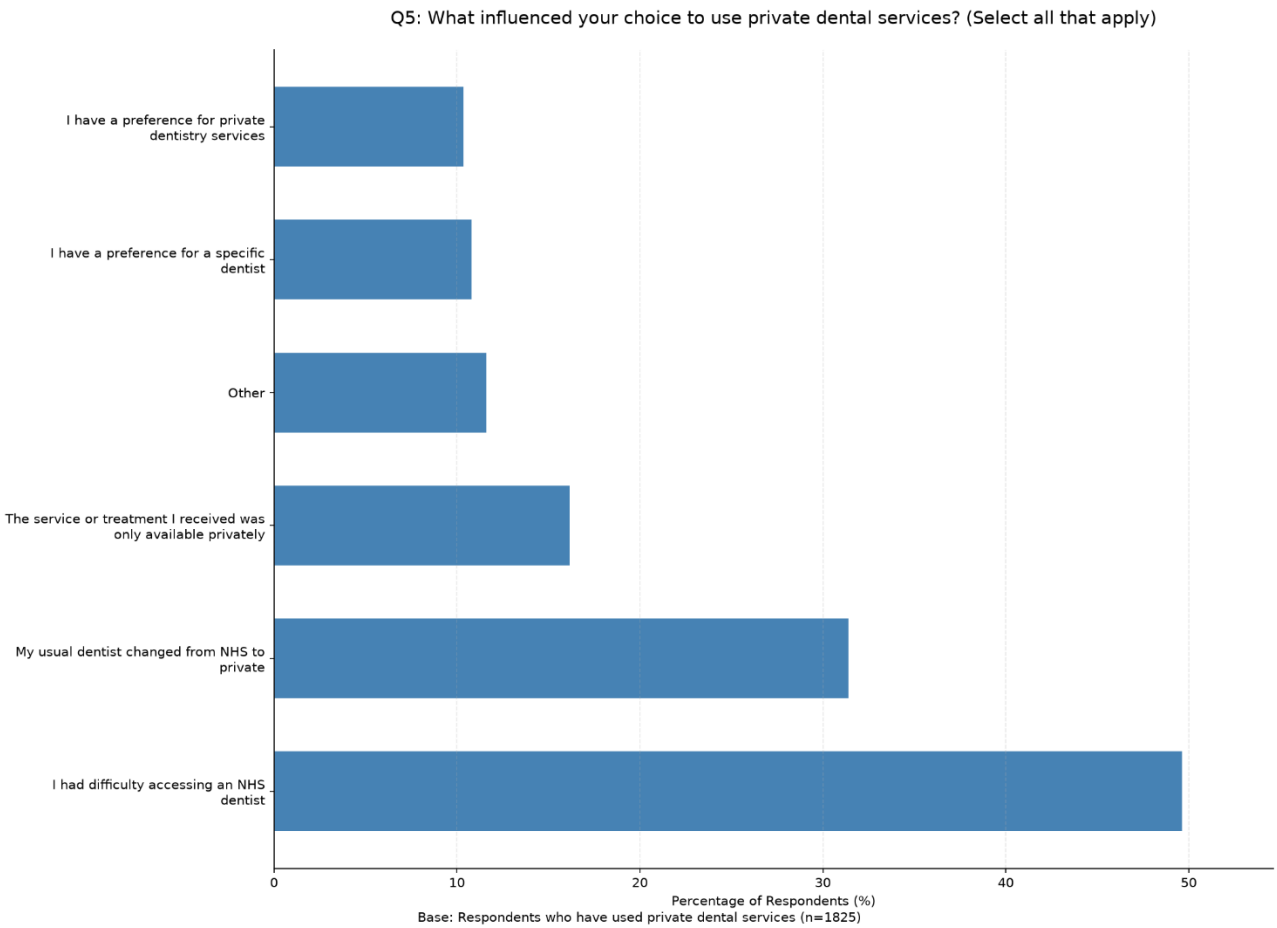
☐I have a preference for a specific dentist

☐I had difficulty accessing an NHS dentist

☐The service or treatment I received was only available privately

☐My usual dentist changed from NHS to private

☐Other



6. [If answered Yes to Question 1] When choosing your dentist for your private treatment, what factors were important to you? (Select all that apply)

☐Previous experience with the dentist

☐I get NHS (or Health Service in Northern Ireland) dental services from this dentist

☐Range of treatment options

☐Recommendations from friends and family

☐Availability of appointment

☐Location

☐Price

☐Online reviews

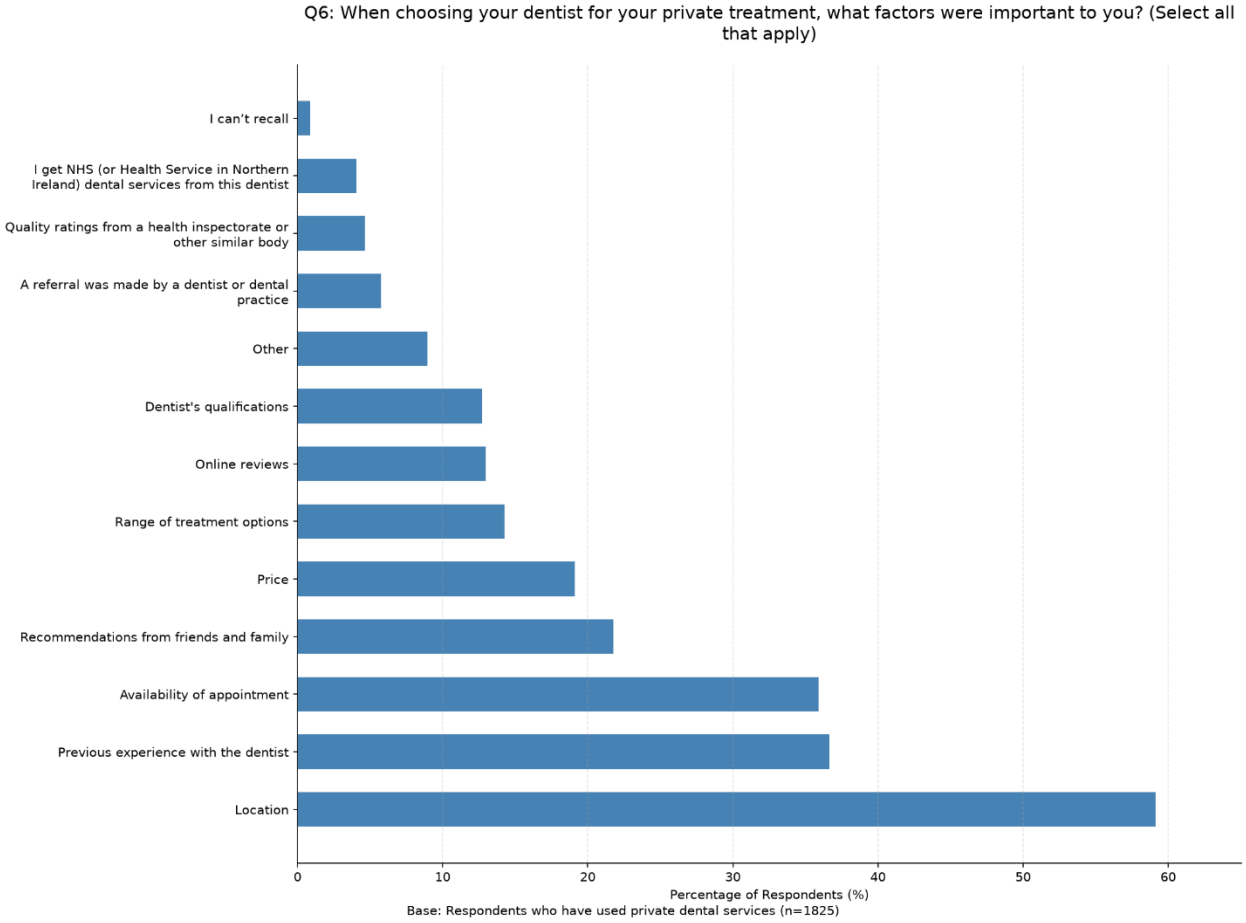
☐Quality ratings from a health inspectorate or other similar body

☐Dentist's qualifications

☐A referral was made by a dentist or dental practice

☐Other

☐I can't recall



7. [If answered Yes to Question 1] Is there anything you would like to tell us about your experience of choosing or switching between private dentists or dental practices in the UK?

   [Free text response]

8. [If answered Yes to Question 1] Is there anything you would like to tell us about your experience of paying for private dentistry treatment in the UK?

   [Free text response]

9. [If answered Yes to Question 1] Is there anything else you would like to tell us about your experience of private dental services in the UK?

   [Free text response]

➢ 10. [If answered No to Queston 1 and following route 1, 1(b), 1(c)] Is there anything else you would like to tell us about your experience of dental services in the UK?

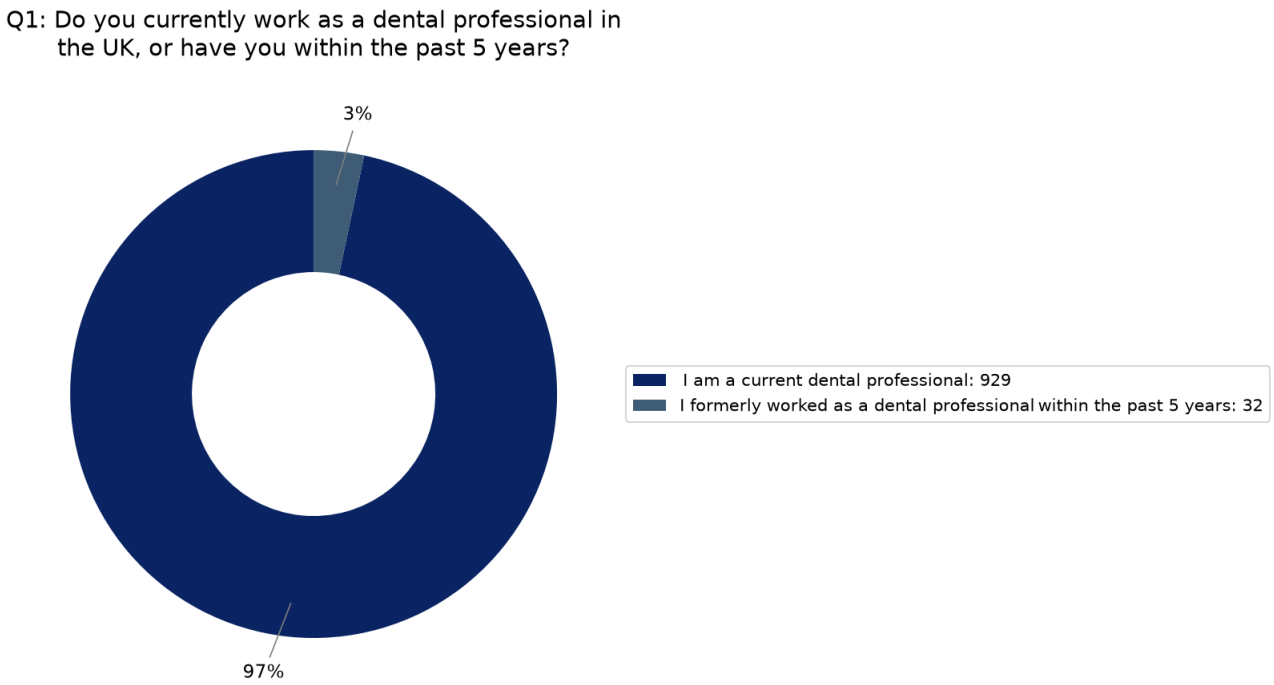
   [Free text response]

Dental professional Call for Views questions

1. Do you currently work as a dental professional in the UK, or have you within the past 5 years?

   ☐ I am a current dental professional

   ☐ I formerly worked as a dental professional within the past 5 years



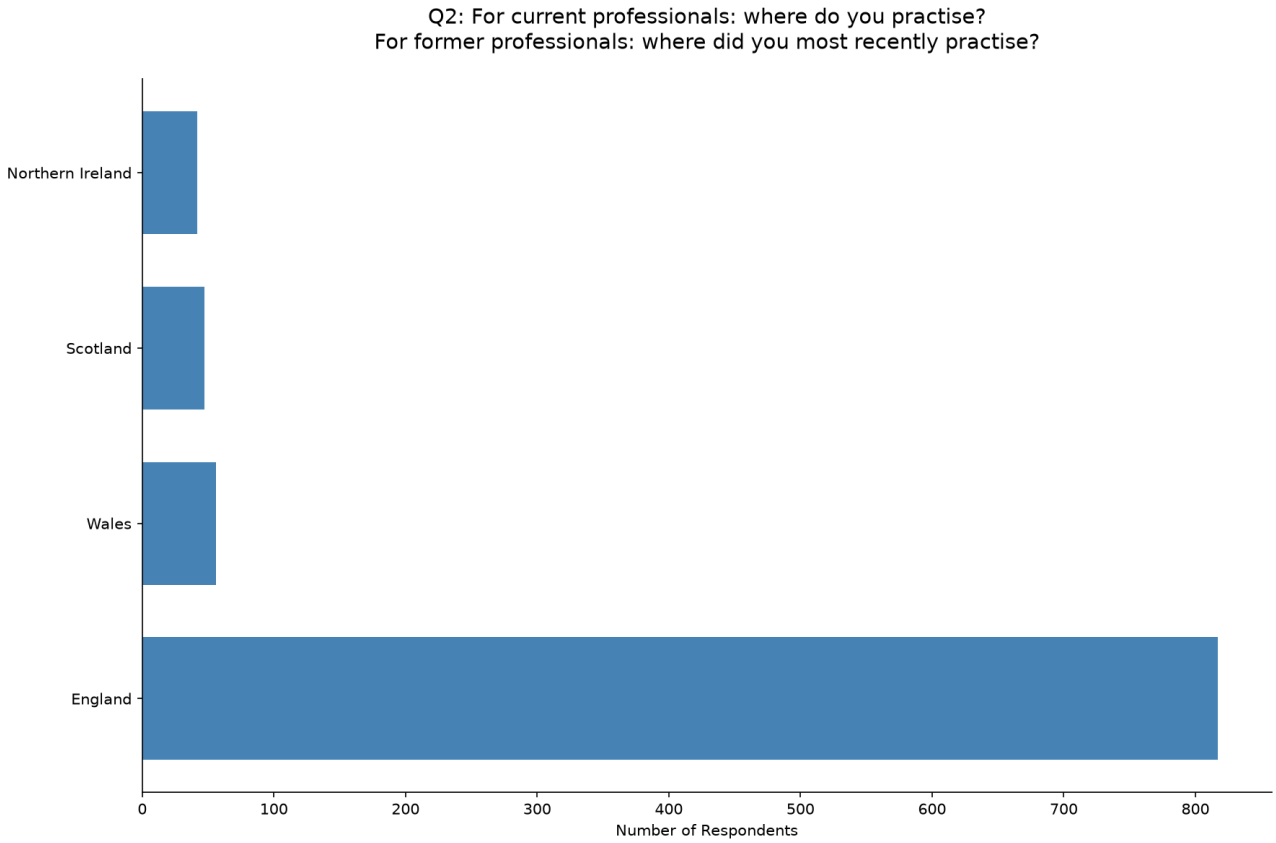
2. For current professionals: where do you practise? For former professionals: where did you most recently practise?

☐England

☐Scotland

☐Wales

☐Northern Ireland

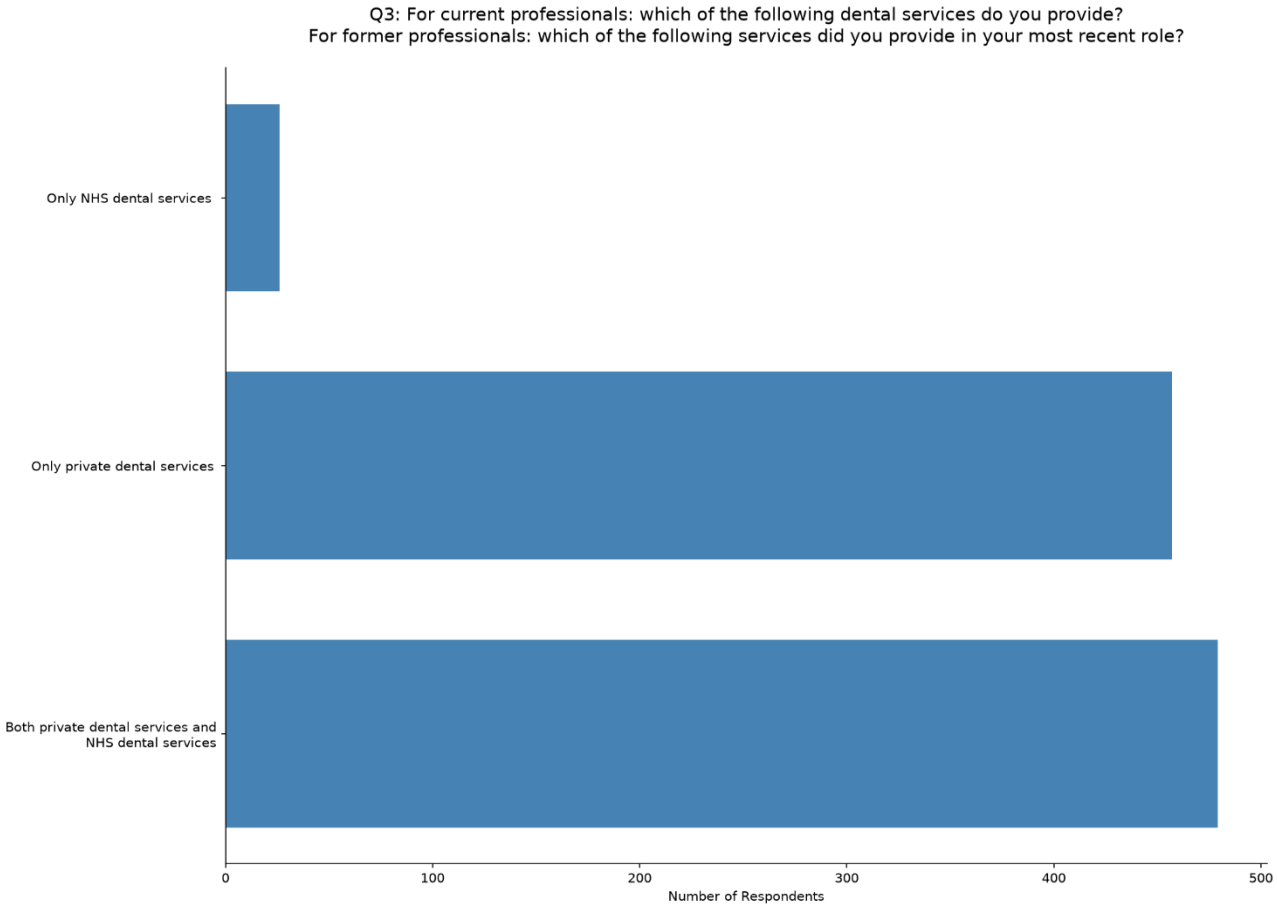


3. For current professionals: which of the following dental services do you provide? For former professionals: which of the following services did you provide in your most recent role?

☐Only private dental services

☐Only NHS dental services

☐Both private dental services and NHS dental services



4. Which of the following best describes your role as a dental professional?

☐Dentist

☐Dental nurse

☐Dental hygienist

☐Dental therapist

☐Orthodontic therapist

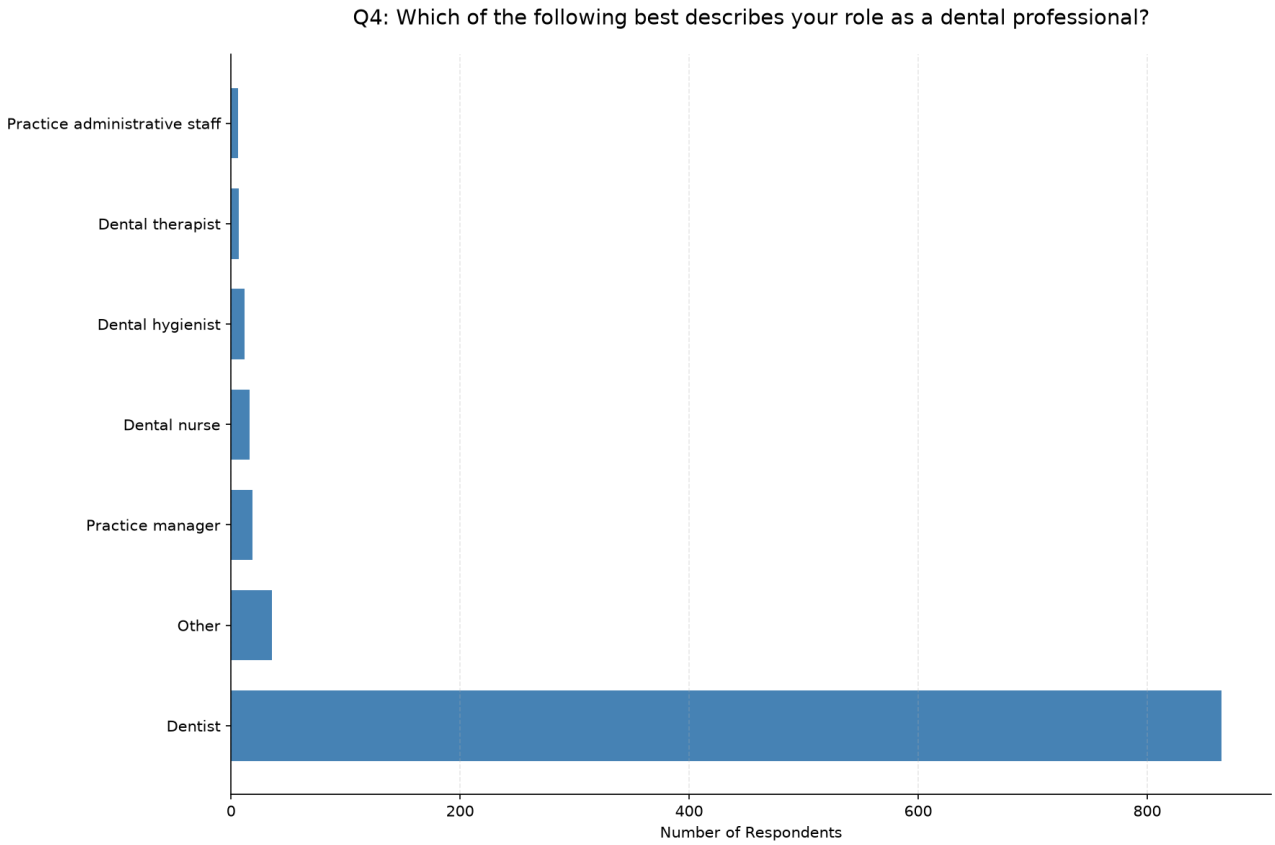
☐Dental technician

☐Clinical dental technician

☐Practice manager

☐Practice administrative staff

☐Other



5. (For current dental professionals) What is the ownership structure of the dental practice you currently work in?

☐Independently owned

☐Owned in partnership

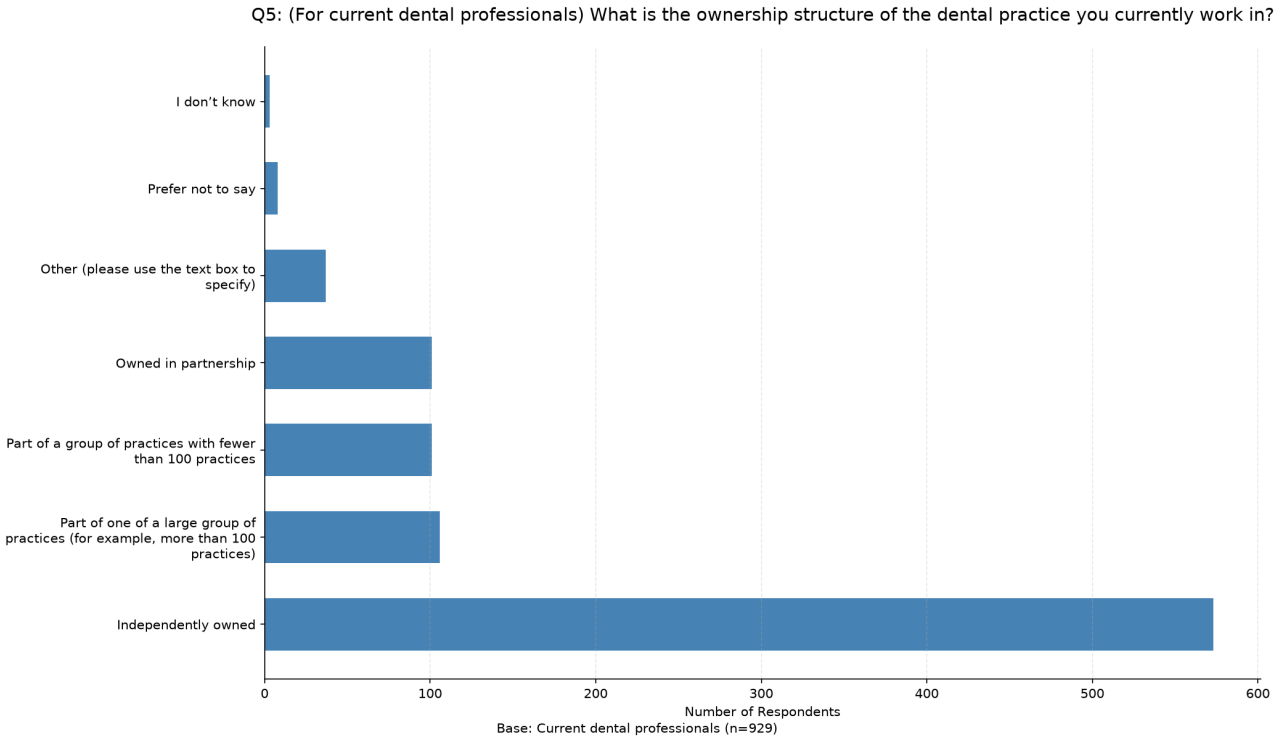
☐Part of one of a large group of practices (for example, more than 100 practices)

☐Part of a group of practices with fewer than 100 practices

☐Other (please use the text box to specify)

☐Prefer not to say

☐I don’t know



6. (For former dental professionals) What was the ownership structure of the dental practice you most recently worked in?

☐Independently owned

☐Owned in partnership

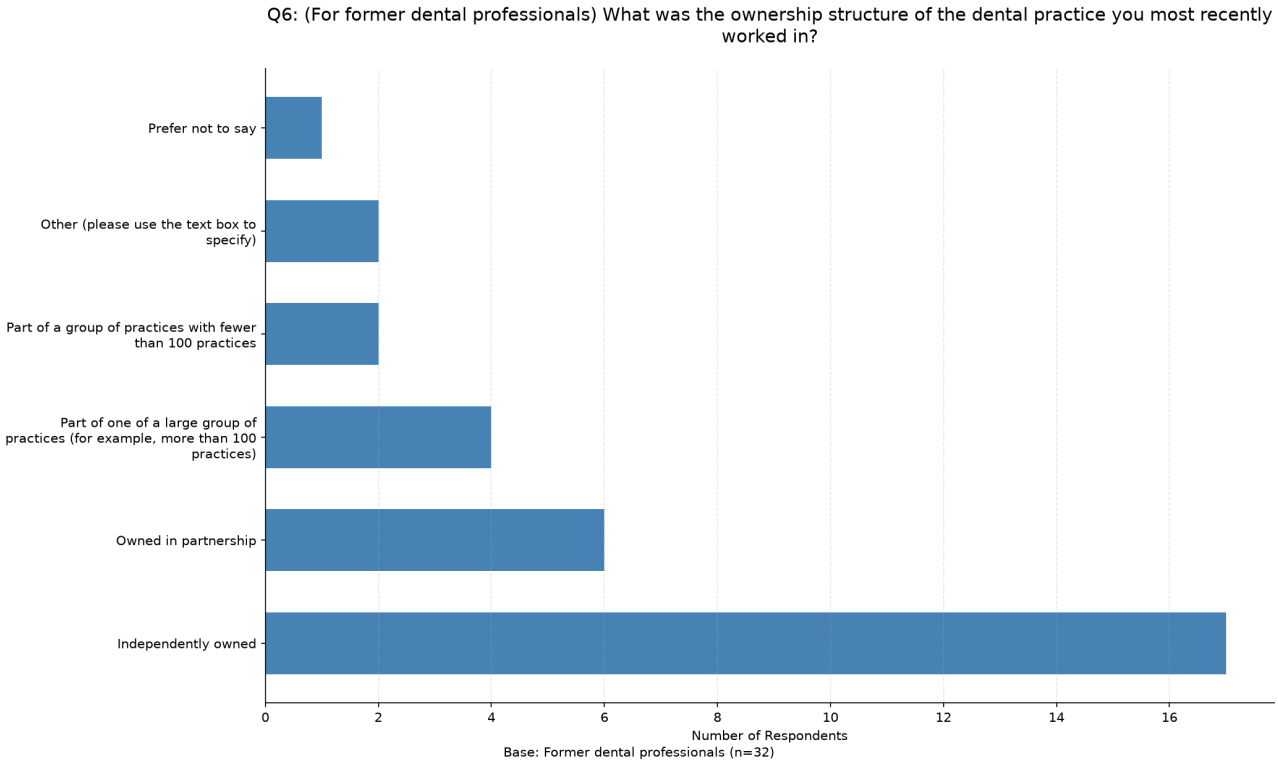
☐Part of one of a large group of practices (for example, more than 100 practices)

☐Part of a group of practices with fewer than 100 practices

☐Other (please use the text box to specify)

☐Prefer not to say

☐I don't know



7. In your view as a dental professional, what challenges, if any, do you or did you face in practising?

   [Free text response]

8. In your experience as a dental professional, what challenges, if any, is the private dentistry sector facing?

   [Free text response]

9. From your experience as a dental professional, is there anything you would like to tell us about consumers' choices to purchase private dentistry services?

   [Free text response]

10. From your experience as a dental professional, is there anything you would like to tell us about how consumers pay for private dental treatment?

    [Free text response]