Appendix B: Complaints in the dentistry market

B.1 General Dental Council (**GDC**) standards mandate that Dental professionals must ensure that there is an effective written complaints procedure where they work.[1] The GDC recommends that if consumers feel able, they should first raise a complaint directly with their dental professional or their practice.[2]

B.2 The Dental Complaints Service (**DCS**) is an independent body funded by the GDC to help resolve complaints relating to private dentistry.[3] The DCS complaints resolution process has three stages:[4]

(a) Local resolution—as mentioned above, the DCS suggests that consumers first contact the dental professional involved to try and resolve the complaint (if not attempted already);

(b) Facilitated resolution—if the consumer is not able to resolve the complaint, or if they are not satisfied with the response they have received, the DCS will work with the consumer and dental professional to try and reach a resolution; and

(c) Panel mediation—if both the consumer and dental professional agree that a facilitated resolution cannot be reached, the DCS will convene a panel to listen to both sides and facilitate an amicable resolution. If an agreement is not met, the panel will make a non-binding recommendation on how to resolve the complaint.

B.3 To understand the nature and scale of complaints regarding private dentistry we have collected and analysed evidence from dental groups and from the DCS, and considered the results of Which? (2026), Consumer harm and complaints experience in private dentistry.[5]

Complaints to dental groups

B.4 We obtained data from the four largest dental groups, 12 other large dental groups, and 9 small to mid-size dental groups on their top three categories of complaints received, aggregated across all practices, for each of 2023, 2024, and 2025.[6]

---

[1] General Dental Council (2014), Standards for the Dental Team, page 9, Standard 5.1, accessed 19/11/2026.
[2] General Dental Council, How to make a complaint or get a refund accessed 19/11/2026.
[3] Dental Complaints Service, Helping you resolve private dental care complaints accessed 19/11/2026.
[4] Dental Complaints Service, Our complaint resolution process accessed 19/11/2026.
[5] Which? (2026), Consumer harm and complaints experience in private dentistry accessed 19/11/2026.
[6] Responses to the CMA's information request: [✂] Note: several dental groups were unable to provide complete data on complaints for all years. Two dental groups also reported changing their complaint procedures between 2023-2025, impacting the robustness of the data. The results reported below are based on complaints lodged in 2025, where the data is most representative.

B.5 Clinical treatment complaints occurred most frequently in the groups' top three complaint categories, followed by complaints relating to access, and to communications/admin.[7]

B.6 We also reviewed internal document evidence relating to the frequency of complaints received by the four largest dental groups. Evidence from two of the four largest groups shows that they typically receive fewer than one complaint per 1,000 practice visits: an internal document from one of the four largest dental groups noted that it received 0.055% complaints per practice visit in the 12 months to June 2024,[8] and another of the four largest dental groups submitted that it receives approximately 0.06% reported complaints per completed appointment.[9]

Complaints to the Dental Complaints Service

Overview

B.7 We obtained data from the DCS relating to all cases opened between 2023-2025.[10] This includes the 'consideration detail' of the complaint (eg failure of treatment), the outcome initially requested by the consumer (eg a refund), and the result of each stage of the DCS process. For our analysis, we allocated the consideration details into standardised categories: clinical treatment; conduct and communications, customer experience; access; financial; and miscellaneous complaints.

B.8 We note there are some limitations to the dataset that impact the interpretation of our analysis:

(a) Any one case in the data may relate to multiple different types of treatment, and consequently, have multiple different results. As such, figures for results presented as a proportion of total cases will often sum to more than 100%, and figures for the number of cases at different stages of the DCS process will not exactly match.[11]

(b) We understand that the DCS encourages consumers to prioritise the issue that they want to resolve (eg the failure of a treatment), meaning that secondary issues are often not captured in the data. We therefore consider

[7] Each dental group used unique complaint categories; some dental groups tracked complaints using high-level categories, whereas others used more detailed categories. As such, we have accounted for variation in complaints categorisation across dental groups by allocating each dental group's categories into a standardised list. Almost all fit clearly into five complaint themes: Clinical Treatment; Communications and Admin, Customer Experience; Access; Financial. The remainder were categorised as Miscellaneous complaints.
[8] [✂] response dated [✂]
[9] [✂] response dated [✂]
[10] We note that a high number of enquiries are not logged as a case at the request of the patient.
[11] For example, the total number of cases that progressed from DCS review to local resolution is lower than the sum of case results at the local resolution stage. This is because some cases at the local resolution stage may have multiple results (eg one aspect may be resolved, but another progresses to a facilitated resolution).

that the results below represent lower bounds for the total number of complaints for each consideration detail.

B.9 Despite these limitations, we consider that the analysis still provides useful insights into the progression of cases through the DCS process, results of these cases, and nature of issues driving complaints received by the DCS.

B.10 The results of our analysis of the DCS complaints data are presented below.

Results

B.11 Table B.1 presents the volume and proportion of total cases that progress through each stage of the DCS process. The DCS reviewed 468 cases in 2023, 1,112 in 2024, and 1,050 in 2025,[12] totalling to 2,630 cases across the time period.[13] The large majority of these cases progressed to local resolution (2369), of which roughly one third of these cases progressed to a facilitated resolution (894), and of those a very small proportion required a panel resolution (16).

Table B.1: Total cases to reach each stage of the DCS process, 2023-2025

Total cases	*2023*	*2024*	*2025*	*Total*	*Total (% of total cases)*
DCS initial review	468	1112	1050	2630	99.9
Local resolution	435	1015	919	2369	90.0
Facilitated resolution	131	365	398	894	34.0
Panel resolution	5	6	5	16	0.6
Panel recommendation followed	3	4	4	11	0.4

Source: CMA analysis based on complaints data supplied by the DCS.

B.12 Table B.2 presents the volume and proportion of complaints that relate to each of our standardised categories. A large majority of complaints received by the DCS concerned clinical treatment issues (85%). The remaining complaints mostly related to access issues, and conduct/communication issues (5% each), with a small number of complaints relating to financial or customer experience issues.

Table B.2: Count of cases relating to categories of complaints, 2023-2025

Category	*2023*	*2024*	*2025*	*Total*	*Total (% of total cases)*
Clinical Treatment	434	938	861	2233	84.8
Access	14	74	52	140	5.3
Conduct and Communication	13	47	67	127	4.8
Financial	1	26	40	67	2.5
Miscellaneous	6	19	27	52	2.0
Customer Experience	1	13	10	24	0.9
Total	**469**	**1117**	**1057**	**2643**	100.4

[12] Figures based on date case was referred to DCS.
[13] The DCS dataset contains 2,632 cases, 2 of which were not subject to a DCS review.

Source: CMA analysis based on complaints data supplied by the DCS. Year refers to the date each case was received by the DCS. Totals exceed total cases/100% as some cases related to multiple categories.

B.13 Table B.3 presents the final results of all cases opened by the DCS. Of the 2,630 total cases, 44% concluded with a successful resolution, 19% with the patient disengaging with the complaints process, 11% with the patient not wishing to pursue the complaint, and 17% with the patient wishing to pursue the complaint independently.[14]

Table B.3: Case results across all stages

Decision Made	***2023***	***2024***	***2025***	***Total***	***Total (% of total cases)***
Successful resolution	215	514	440	1169	44.4
Patient not engaging	117	209	180	506	19.2
Patient wishes to pursue independently	78	193	171	442	16.8
Patient does not wish to pursue	43	131	110	284	10.8
Referral to FTP (Fitness to Practise) - FTP issue	10	58	83	151	5.7
Blank	3	6	32	41	1.6
Referral to FTP – Dental professional not engaging	4	1	21	26	1.0
Referral to illegal practice	2	8	8	18	0.7
Dental professional no longer registered	1	1	7	9	0.3
Local Resolution – NHS	0	2	1	3	0.1
Total	473	1123	1053	2649	**100.6**

Source: CMA analysis based on complaints data supplied by the DCS. Year refers to the date each case was received by the DCS. Totals exceed total cases/100% as some resolutions have multiple results.

B.14 Table B.4 presents the results of cases that fall within the remit of the DCS. A large majority of the cases initially reviewed progressed to the first stage of the DCS process, local resolution. The other cases did not progress for a number of reasons including external referral to fitness to practise, direct progression to facilitated resolution, and the patient pursuing the complaint independently.

Table B.4: Case results after initial review by the DCS, 2023-2025

Decision Made	***2023***	***2024***	***2025***	***Total***	***Total (% of cases at initial review)***
Progressing to local resolution	428	971	911	2310	87.8
Referral to FTP - FTP issue	8	42	66	116	4.4
Progressing to facilitated resolution	11	40	20	71	2.7
Patient wishes to pursue independently	5	17	18	40	1.5
Patient does not wish to pursue	4	17	12	33	1.3
Patient not engaging	8	12	9	29	1.1
Referral to illegal practice	2	8	8	18	0.7
Dental professional no longer registered	1	1	7	9	0.3
Blank	2	4	1	7	0.3
Total	**469**	**1112**	**1052**	**2633**	**100.1**

Source: CMA analysis based on complaints data supplied by the DCS. Year refers to the date each case was received by the DCS. Totals exceed total cases as some initial reviews have multiple results.

[14] For example, where the patient is seeking damages.

B.15 Table B.5 presents the results at local resolution for cases that reached this stage of the DCS process. Of the cases that were escalated to local resolution, around one third were successfully resolved, and another third were referred on to a facilitated resolution. The most common other results were patient disengagement,[15] followed by the patient independently pursuing the complaint, and the patient dropping the complaint.

Table B.5: Case results at the local resolution stage, 2023-2025

Decision Made	*2023*	*2024*	*2025*	*Total*	*Total (% of local resolution cases)*
Progressing to facilitated resolution	118	322	376	816	34.4
Successful resolution	144	328	245	717	30.3
Patient not engaging	103	174	149	426	18.0
Patient wishes to pursue independently	41	93	73	207	8.7
Patient does not wish to pursue	27	84	63	174	7.3
Referral to FTP - FTP issue	2	11	9	22	0.9
Blank	0	1	3	4	0.2
Local Resolution – NHS	0	2	1	3	0.1
Total	**435**	**1015**	**919**	**2369**	**100.0**

Source: CMA analysis based on complaints data supplied by the DCS. Year refers to the date each case was received by the DCS.

B.16 Table B.6 presents the results at facilitated resolution for cases that reached this stage of the DCS process. At the facilitated resolution stage, roughly half of the cases reached a successful resolution, and a very small proportion were escalated to a panel resolution. Similarly to the local resolution stage, the other most common results were independent pursuit, followed by the patient dropping the complaint, and patient disengagement.

Table B.6: Case results at the facilitated resolution stage, 2023-2025

Decision Made	*2023*	*2024*	*2025*	*Total*	*Total (% of facilitated resolution cases)*
Successful resolution	70	195	192	457	51.1
Patient wishes to pursue independently	32	89	81	202	22.6
Patient does not wish to pursue	12	35	36	83	9.3
Patient not engaging	9	32	24	65	7.3
Blank	0	1	28	29	3.2
Referral to FTP – Dental professional not engaging	4	1	21	26	2.9
Referral to FTP - FTP issue	0	7	11	18	2.0
Progressing to panel resolution	5	5	5	15	1.7
Total	**132**	**365**	**398**	**895**	**100.1**

Source: CMA analysis based on complaints data supplied by the DCS. Year refers to the date each case was received by the DCS. Totals exceed total cases/100% as some facilitated resolutions have multiple results

[15] We note that the DCS told us that in most cases this relates to patients not providing an update to the DCS that the matter has been resolved locally.

B.17 Table B.7 presents the results at panel resolution for cases that were unable to be resolved prior to final stage of the DCS process. Of the 16 cases that were escalated to a panel resolution, 10 reached a resolution through the panel recommendation. In six cases the panel either found that there was no complaint to answer, the panel endorsed an agreement, or the patient withdrew from the process.

Table B.7: Case results at the panel resolution stage, 2023-2025

Decision Made	*2023*	*2024*	*2025*	*Total*	*Total (% of panel resolution cases)*
Successful resolution - recommendation made by panel	2	4	4	10	62.5
Successful resolution - no complaint to answer	2	1	0	3	18.8
Patient does not wish to pursue	0	1	1	2	12.5
Successful resolution - agreement endorsed by panel	1	0	0	1	6.3
Total	**5**	**6**	**5**	**16**	**100.0**

Source: CMA analysis based on complaints data supplied by the DCS.

Which? (2026) research

B.18 Which? commissioned an online poll of 1,009 adults who had experienced a problem with private dental care received in the past two years, either for themselves or a dependent. Though this poll was not a representative sample of dental consumers, the most frequent issues faced by respondents related to excessive pricing (39% of respondents), followed by treatment quality, and issues over pricing transparency. 16% of respondents felt pressured into a specific treatment, and 11% into signing up to a dental plan.[16]

B.19 62% of respondents indicated that they did not make a complaint. Reasons frequently cited for not complaining included concerns over falling out with their dentist (31%), their chances of success (31%), and the time-consuming nature of the process (19%).[17] The majority of respondents who complained to their dentist or dental practice found it easy to find and understand their complaints procedure (63%),[18] and were satisfied with the handling of the complaint (63%)[19] and outcome (59%).[20]

B.20 32 respondents complained to the DCS.[21] These respondents were generally satisfied with the way the DCS handled the complaint (25/32), and its outcome

[16] Which? (2026), Consumer harm and complaints experience in private dentistry, p7.
[17] Which? (2026), Consumer harm and complaints experience in private dentistry, pp11-12. Base figures are 383 people who indicated that they did not and will not complain. 19% of the 383 respondents indicated that the issue was resolved without having to take action.
[18] Which? (2026), Consumer harm and complaints experience in private dentistry, p13.
[19] Which? (2026), Consumer harm and complaints experience in private dentistry, p14.
[20] Which? (2026), Consumer harm and complaints experience in private dentistry, p16.
[21] Which? (2026), Consumer harm and complaints experience in private dentistry, p20.

(26/32).[22] Full refunds, partial refunds, and remedial treatments were more frequent outcomes for respondents that complained to the DCS compared with those that complained directly to their dentist or practice; for whom an apology was more frequently the outcome.[23]

[22] Which? (2026), Consumer harm and complaints experience in private dentistry, p20-21.
[23] Which? (2026), Consumer harm and complaints experience in private dentistry, p18, p21.