Appendix C: Review of dentistry websites

C.1 We conducted a large-scale review of UK dental practice websites in May 2026. The data was gathered by an AI agent using a human-in-the-loop process.

C.2 We obtained a commercially available UK dental practice dataset, including website URLs from LaingBuisson.[1] At the time of the website review, May 2026, the data base contained information for 10,608 UK dental practices,[2] from which we identified 8,839 practices with live and unique URLS.[3] We attempted to gather data from these dental practice website URLs with a 94.7% success rate, resulting in a dataset for 8,373 websites. This represents 79% of the original 10,608 practice dataset.

C.3 As with any large-scale audit, the data is subject to measurement error. However, we consider it sufficiently robust to support quantitative analysis at an aggregate level.

C.4 The review was used to complete an information transparency analysis and a price variation analysis which differ in aims and approaches. These differences are discussed below in the 'Information transparency analysis' and 'Price variation analysis' sections.

Information transparency analysis

C.5 In the information transparency analysis, we are concerned with the presence and presentation of information that might support consumer decision making. For example, if relevant information is available and displayed in a timely, prominent and easy to understand format on the website.

C.6 The analysis includes information on price, quality and dentist provider such as prominence of practice ownership, NHS provision, availability of NHS places, presence of a price list and how many clicks it takes to find the price list, transparency of content and costs of dental payment plans.

C.7 The analysis approach used in this section is largely descriptive. We make use of the full sample (n = 8,373) and note in the footnote when we make exclusions or restrict analysis to a subset of the full sample.[4]

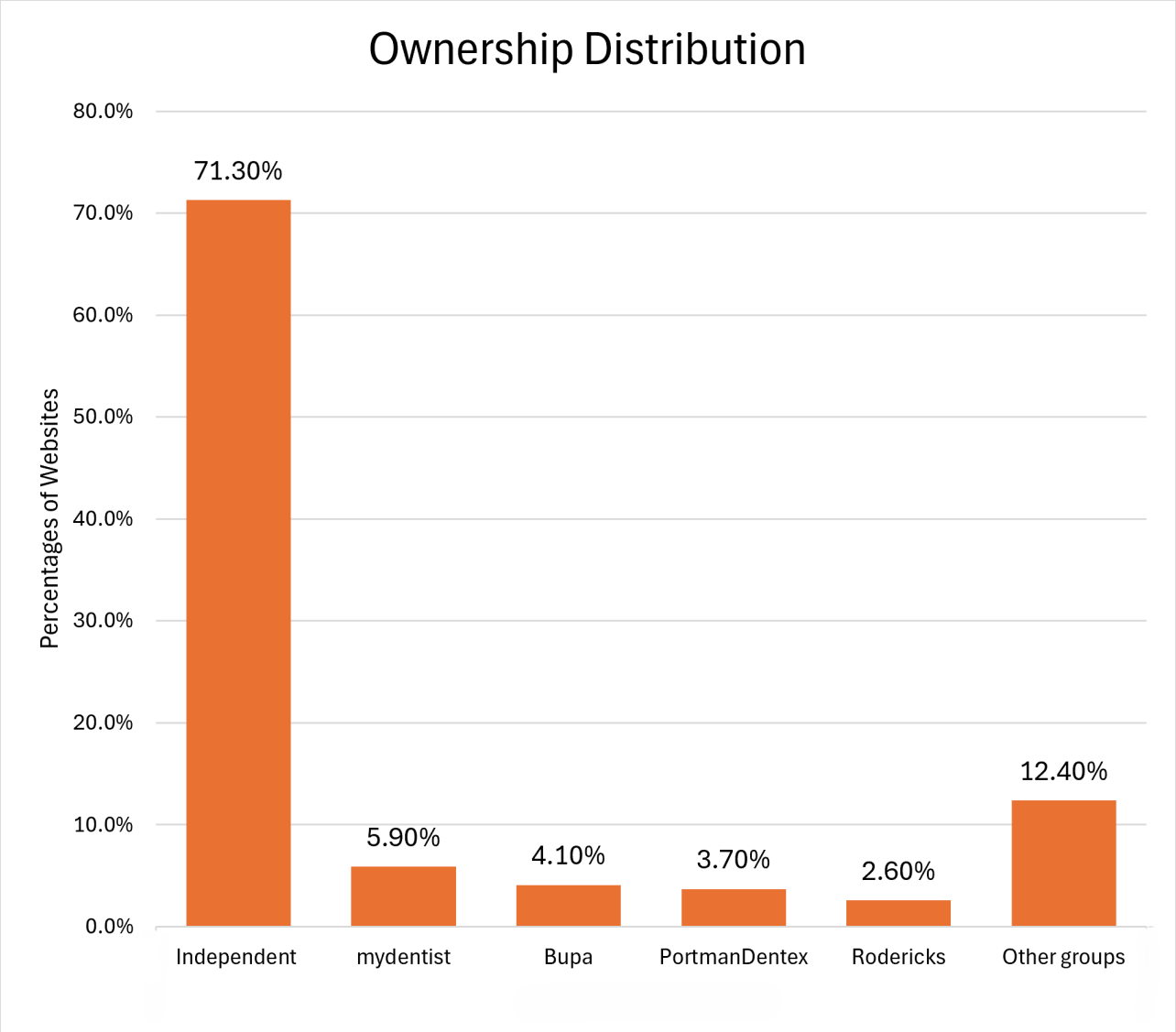
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[1] Dentistry Database Subscription - LaingBuisson, accessed on 25/05/26. On the date of download, the database contained data for 10,608 UK dental practices, from which we identified 8,839 unique URLs.
[2] We acknowledge that there are about 12,000 dental practices in the UK (see Chapter 2 for details on market background). We, however, constrain our discussion in this appendix to the dataset obtained from LaingBuisson as at May 2026.
[3] Of the 10,608 UK dental practices, 9,882 had URLs. Of the 9,882 URLs we identified 8,839 unique URLs as some observations were dropped due to multiple practices sharing the same domain and other observations were dropped following a pre-review liveness check.
[4] The information transparency analysis was completed in StataNow 19.5 with analysis scripts quality assured in July 2026.

Ownership

C.8 Most websites (71%) in our review are recorded to belong to independent providers. About 17% belonged to the four largest groups: 4% to Bupa, 6% to mydentist, 4% to Portman Dentex and 3% to Rodericks. Other corporate groups comprised about 12% of the reviewed websites in our sample.[5]

Figure C.1 Ownership distribution of websites reviewed



Source: CMA analysis of website review data.

C.9 Three of the four largest dental groups prominently display ownership information on their websites. In our analysis, prominence is defined as ownership information being displayed clearly in the header, main logo or homepage of the website. Where ownership information is displayed only in the footer or the fine print, we record this as not prominent.[6] The results suggest that there is capacity for more

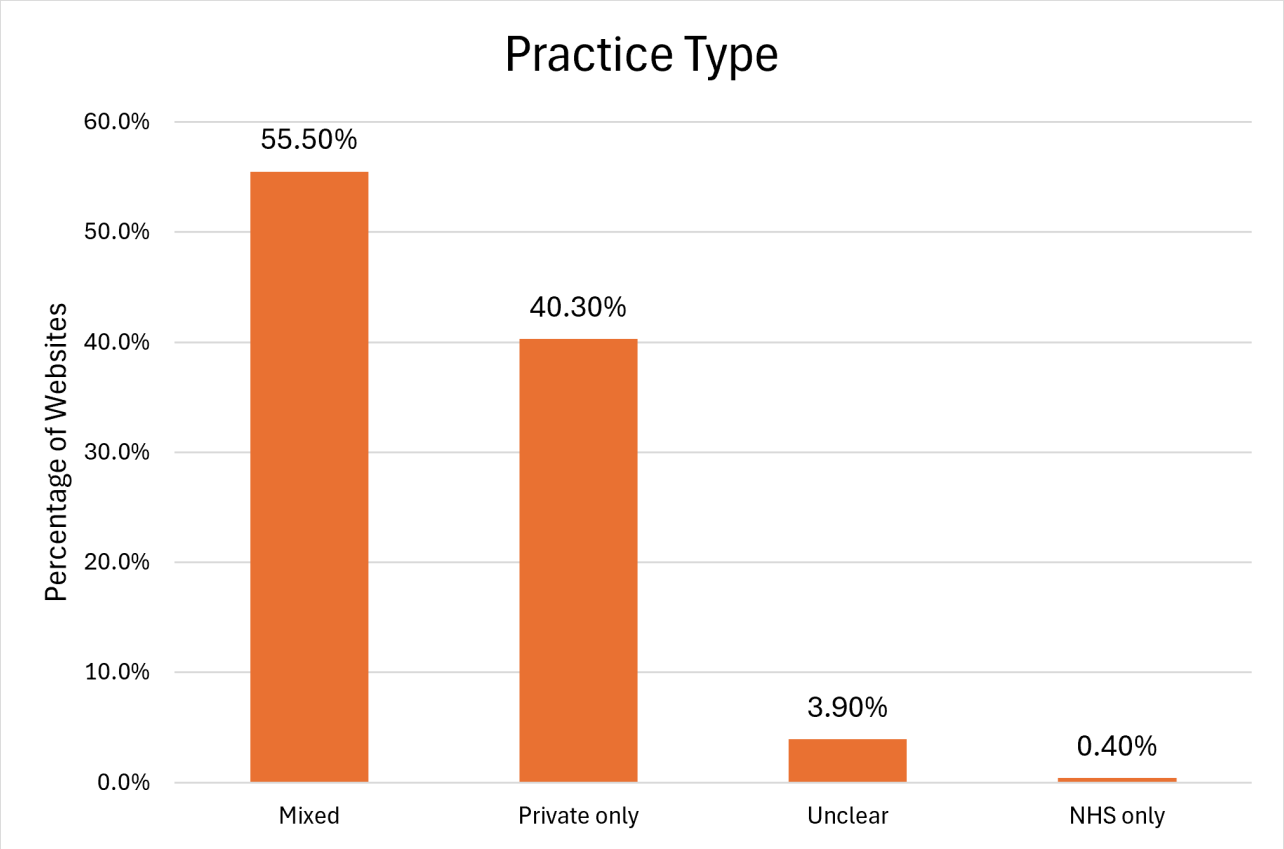
[5] Base: the full sample of websites reviewed excluding 76 observations for which the information is missing (n = 8,373).
[6] Base: websites with prominence information recorded (n = 2453).

prominent ownership disclosure on websites so that consumers understand when they are choosing between dental firms.

Practice type

C.10 About 55% of websites in our dataset were recorded as belonging to mixed practices providing both NHS dental and private dental care. Fewer than 1% of websites were recorded as belonging to practices providing only NHS dental care. Forty per cent of websites were recorded as belonging to practices providing only private dental care. About 4% of websites were recorded as not falling cleanly into any of the above categories. Some of these websites were observed to be transitioning from mixed provision to private provision; others were observed to have NHS images in the footer yet there was no other prominent information of NHS dental provision.

Figure C.2 Practice type distribution of websites reviewed



Source: CMA analysis of website review data

C.11 About 20% of websites recorded to provide mixed dental care did not have information about their NHS dental provision prominently displayed. Ten per cent of websites recorded to belong to NHS dental only practices did not have information about NHS dental provision prominently displayed on their websites. Three per cent of websites recorded to provide private only dental care had information on NHS dental provision clearly displayed on their website. Some

practices were making it explicit that they do not take on NHS dental patients, nor do they have any NHS dental places available.

C.12 Only 27% of websites were observed to provide information on availability of NHS dental spaces.[7] About 45% of mixed practices had information on NHS space availability on their websites and of these about 60% were observed to be accepting NHS patients.[8] Our results suggest that there is opportunity for more consistent disclosure of both provision of NHS dentistry and availability of NHS dental spaces on practice websites.

Pricing information

Table C.1 Quality of Price Information displayed on websites

	Type of prices displayed (%)					
Treatment	*Fixed prices*	*Ranged prices*	*Minimum (from) prices*	*Mixed prices▲*	*Price on request*	*Base size*
New patient consultation	81	0	17	1	0	5,730
Routine examination	79	1	20	0	0	6,063
Emergency appointment	68	1	26	5	0	4,509
Hygiene scale and polish	57	1	35	7	0	6,315
Teeth whitening	48	1	45	5	1	5,926
Composite bonding	18	6	72	3	2	2,528
Crowns	15	3	74	7	1	6,075
Amalgam filling	13	10	76	1	0	2,779
Extraction	14	5	71	10	0	5,758
Composite filling	10	11	77	3	0	6,034
Root canal	17	5	70	7	1	5,670
Dentures	10	3	75	11	1	5,691

Source: CMA analysis of website review data

▲Mixed prices refer to pricing that combines any of other pricing types. For example: multiple categories provided for the same treatment with a combination of fixed prices, ranged prices and from prices.

C.13 Most websites (83%) in the sample were recorded to have a price list.[9] Of websites for which a price list was not located (16%) about 5% of these had some other price indication on their websites.[10]

C.14 Price lists were located between one to two clicks from the homepage. About 75% of price lists were located within one click and about 23% of price lists were located about two clicks from the homepage.[11]

C.15 Most price lists were presented in webpage format (97%) and a few presented in pdf format (3%).

C.16 About 81% of pricing page labels clearly signal pricing information by including terms such as fees, prices, costs and charges. Whilst this suggests that most

[7] Base: the full sample of websites reviewed (n = 8,373).
[8] Base: mixed practices with information on NHS spaces (n = 2,096).
[9] Base: the full sample of websites reviewed (n = 8,373).
[10] Base: websites without a price list (n = 1,370).
[11] Base: websites recorded to have a price list (n= 6,929).

websites use intuitive labels, there is still an opportunity to improve consistency and standardisation.[12]

C.17 For basic treatments such as consultation and hygiene treatments prices are presented as fixed price points or ranges with a minimum price and a maximum cap. As treatments become more complex, prices are listed as 'from' prices without a maximum price cap. Although websites provide explanatory notes, these predominantly focus on managing expectations around pricing. For example, most notes explain that prices are indicative rather than fixed or that final costs depend on individual treatment requirements.

Dental payment plans

C.18 About 66% of websites were recorded to offer a dental payment plan (DPP).[13] Of these 66% that offer DPPs, 63% display price information of the DPPs on their website.[14]

C.19 There are broadly three types of DPPs: (i) the 'essential', (ii) the 'enhanced' and (iii) the 'capitation' plan. About 69% of websites offer 'essential' DPPs which have a treatment cadence of two or fewer consultations and two or fewer hygiene visits in a year. About 33% of websites were recorded to offer 'enhanced' DPPs with a treatment cadence of between three or four consultations and three or four hygiene visits a year. About 11% of websites were recorded to offer 'capitation' DPPs with higher cadence than the enhanced ones and which may incorporate restorative treatment.[15]

C.20 About 65% of DPPs were recorded to offer a 10% discount on other treatments.[16]

Complaints

C.21 About 65% of websites in our review appeared to have complaints information displayed, with some information on how complaints might be made.[17]

Table C.2 Complaints format and percentage occurrence

Complaints format	*Percentage occurrence* (%)
Email	69
Phone	81
Letter	60
Web form	17
In person	72
Other	8

[12] Base: websites recorded to have a price list (n = 6,929). Some examples of less intuitive pricing page labels include: 'Products', 'Services', 'Guide' and 'Care'.
[13] Base: the full sample of websites reviewed (n = 8,373).
[14] Base: websites which offered DPPs (n = 5,507).
[15] Base: websites for which details of items contained in the DPP was collected. The percentages are not pooled such that one practice/website can offer all three types of dental payment plan (n = 4,273).
[16] Base: websites which offered DPPs (n= 5,507).
[17] Base: the full sample of websites reviewed excluding 15 observations with missing information (n = 8,373).

Source: CMA analysis of web review data

C.22 Some more popular methods for complaints are by phone, in-person or by email.

Other quality indicators

C.23 In our review of websites, we found that information on GDC accreditation, CQC information and some form of consumer review or testimonials were displayed on some websites.

C.24 About 40% of websites displayed information on their GDC accreditation.[18] The information was found in a variety of web locations such as the footer (38%), the homepage (33%), the 'About Us' page (12%), the 'Contact Us' page (2%) and similar pages (15%).[19]

C.25 About 75% of all websites were observed to display review information such as Google reviews, Trustpilot reviews, patient testimonials and NHS reviews. The most popular of these being Google reviews, displayed on 55% of websites with review information.[20]

C.26 About 40% of websites were also observed to display awards and accreditations as another quality marker.[21]

[18] Base: the full sample of websites reviewed excluding 15 observations with missing information (n = 8,373).
[19] Base: websites with information on location of GDC information (n = 3,319).
[20] Base: websites with review information displayed (n = 6,286).
[21] Base: websites with review information displayed (n = 6,286).

Price variation analysis

C.27 Our price variation analysis examines how published list prices for dental treatments vary geographically. We conduct two separate analyses concerning (i) the extent to which prices for eight treatments vary within selected local authority district areas and (ii) the extent to which prices and affordability for two treatments vary across UK nations and the regions of England.

C.28 These analyses differ from the preceding information transparency work, which examined whether practices published price information rather than the level of prices themselves. The focus on comparing listed prices introduces additional methodological considerations. We discuss these alongside the relevant analyses below.

C.29 In relation to sample sizes, as the analyses below compare prices for specific treatments within defined geographic areas, despite drawing on the same full sample (n=8,373) the number of observations for each comparison is smaller than the overall sample and varies between analyses. [22]

Sample size and coverage

C.30 As set out in paragraph C.2 above our website review dataset covers 79% of the original LaingBuisson dataset of dental practices. Of this 79% sample, 83% published list prices, equating to 66% of the original LaingBuisson dataset. However, our coverage for specific treatments is lower still, as practices that had price lists, did not necessarily display prices for all treatments.[23],[24]

C.31 Tables C.3 and C.4 below set out the coverage of the datasets used in our two price analyses. For each analysis, the tables report: (i) coverage relative to the original LaingBuisson dataset, expressed as a percentage; and (ii) the number of observations in our website review dataset, alongside the number for which usable treatment prices were available and which were therefore included in the final analytical sample.

[22] Sample sizes vary for three main reasons: (i) unlike the preceding information-transparency analysis, which considered the UK as a whole, both price analyses examine smaller and different geographical areas (ii) although 83% of practices in the full sample published a price list, this does not mean they published prices for every treatment examined. As shown in Table C.2, the number of practices publishing prices varies by treatment (iii) quality assurance identified incorrect pricing information, resulting in the exclusion of some observations.
[23] See Table C.2 for further details on observation count of prices by treatment.
[24] For the cross-region analysis quality assurance led to the removal of a limited number of observations bringing the count down further.

Table C.3 Coverage of website review dataset and final sample by local area and treatment

Location	*Nation*	*Urban / Rural*	*Number of practices in web scrape dataset (n)*	*Treatment*	*Sample used for analysis (n)*	*Estimated coverage as a proportion of original LaingBuisson dataset (%)*
Aberdeen City	Scotland	Urban	34	New patient consultation	17	36
Perth and Kinross	Scotland	Rural	18	Amalgam filling	3	12
Ards and North Down	Northern Ireland	Urban	24	Hygiene	14	48
Causeway Coast and Glens	Northern Ireland	Rural	17	Composite white filling	9	43
Caerphilly	Wales	Urban	14	Amalgam filling	9	45
Monmouthshire	Wales	Rural	16	Emergency appointment	13	52
Preston	England	Urban	21	Composite white filling	14	52
Horsham	England	Rural	21	Routine exam	19	76

Table C.4: Coverage of website review dataset and final sample by UK nation/region and treatment

Region/Nation	*Number of practices in web scrape dataset (n)*	*Treatment*	*Sample used for analysis (n)*	*Estimated coverage as a proportion of original LaingBuisson dataset (%)*
South West	920	Routine Exam	642	70
		Composite white filling	553	60
South East	1,672	Routine Exam	1083	65
		Composite white filling	945	57
East of England	959	Routine Exam	592	62
		Composite white filling	544	57
Yorkshire and The Humber	771	Routine Exam	467	61
		Composite white filling	417	54
East Midlands	634	Routine Exam	367	58
		Composite white filling	326	51
London	1,776	Routine Exam	1,033	58
		Composite white filling	936	53
North West	1,098	Routine Exam	612	56
		Composite white filling	556	51
Wales	500	Routine Exam	243	49
		Composite white filling	220	44
North East	331	Routine Exam	165	50
		Composite white filling	147	44
West Midlands	828	Routine Exam	422	51
		Composite white filling	372	45
Northern Ireland	336	Routine Exam	132	39
		Composite white filling	126	38
Scotland	781	Routine Exam	246	31
		Composite white filling	251	32

Source: CMA analysis of website review and LaingBuisson data

Analysis of list prices within eight local areas

Locations covered

C.32 We analysed price variation across dental practices in one urban and one rural location within each UK nation (eight locations in total). In particular, we chose one urban and one rural Local authority district (LAD) in each of England and Scotland, one urban and one rural Local Government District in Northern Ireland, and one urban and one rural Unitary Authority in Wales.[25]

C.33 The eight locations we chose are:

(a) Preston (England, Urban)

(b) Horsham (England, Rural)

(c) Ards and North Down (Northern Ireland, Urban)

(d) Causeway Coast and Glens (Northern Ireland, Rural)

(e) Aberdeen City (Scotland, Urban)

(f) Perth and Kinross (Scotland, Rural)

(g) Caerphilly (Wales, Urban)

(h) Monmouthshire (Wales, Rural)

C.34 We chose these locations based on the total number of dental practices in each and the proportion of dental practices and treatments for which the website review could identify prices.

Treatments and prices analysed

C.35 We assessed the price variation of relatively simple treatments (new patient consultation, routine exam, emergency appointment, amalgam filling, composite white filling, and hygiene). This was to avoid comparing treatments that may differ significantly in the complexity or quality across dental practices.[26]

C.36 For each treatment in each dental practice, the website review identified both a minimum and a maximum price. The minimum and maximum prices were different

[25] We classified locations as urban or rural based on ONS data for England and Wales, Scottish Government data for Scotland and Open Data Northern Ireland for Northern Ireland. We assigned dental practices to each location based on their postcodes and matched postcodes with locations.
[26] When assessing price variation, we found that the price variation for more complex treatments (root canal, crown, denture, extraction, composite bonding, and teeth whitening) was greater than the price variation for simpler treatments.

where a dental practice presented prices as ranges, while they were the same where a dental practice presented prices as fixed or 'from' prices.

C.37 For consistency, we analysed minimum prices across dental practices in each selected location.

C.38 We focused our analysis on the minimum prices of one treatment in each selected location. We prioritised common, simple treatments with high coverage while also ensuring that different treatments were selected across locations.

C.39 To assess price variation, we compared the lowest and highest of these minimum prices for each selected treatment across dental practices in each selected location.

Results

C.40 Table C.5 and Figure C.3 present the results of our analysis.[27]

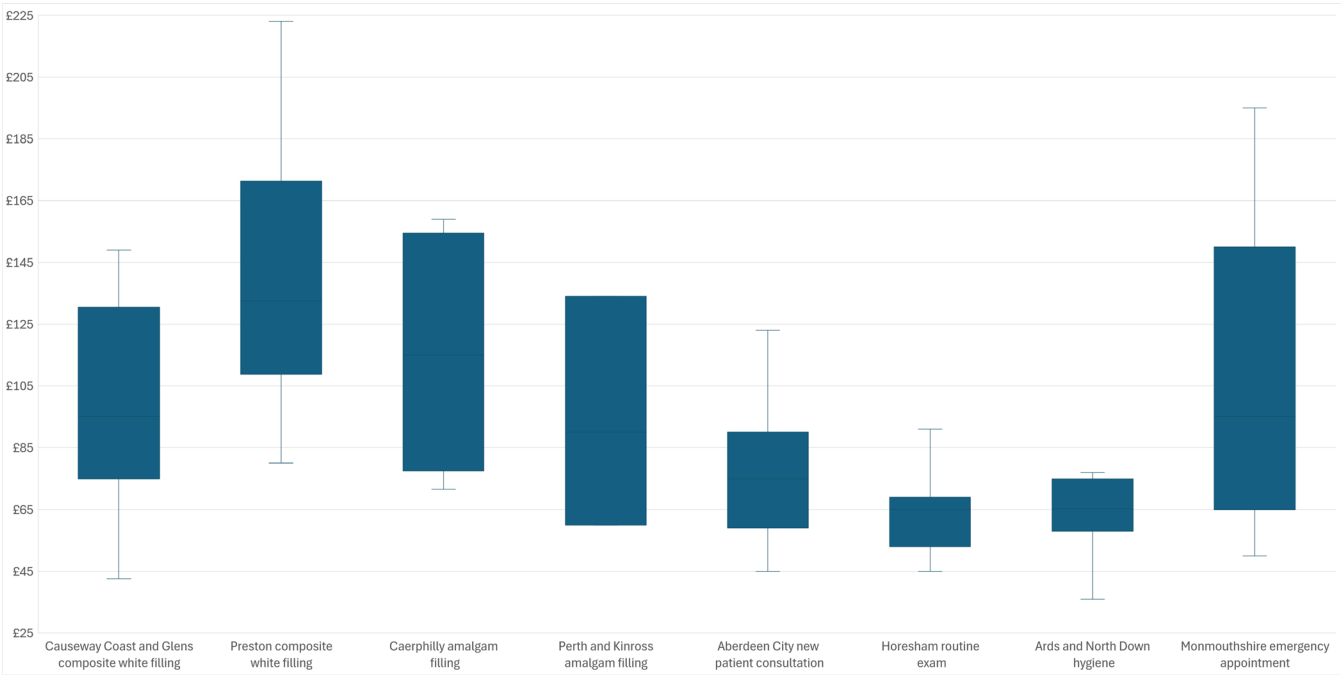
Table C.5 Results of list price variation analysis for the selected treatments in the eight selected locations

Location	*Nation*	*Urban / Rural*	*Treatment*	*Lowest Minimum price (£)*	*Highest Minimum price (£)*	*Difference (£)*	*Difference (%)*[28]
Aberdeen City	Scotland	Urban	New patient consultation	45	123	78	173%
Perth and Kinross	Scotland	Rural	Amalgam filling	60	134	74	123%
Ards and North Down	Northern Ireland	Urban	Hygiene	36	105	69	192%
Causeway Coast and Glens	Northern Ireland	Rural	Composite white filling	43	149	106	247%
Caerphilly	Wales	Urban	Amalgam filling	72	159	88	121%
Monmouthshire	Wales	Rural	Emergency appointment	50	195	145	290%
Preston	England	Urban	Composite white filling	80	223	143	179%
Horsham	England	Rural	Routine exam	45	91	46	102%

Source: CMA analysis of website review data

[27] We note the rural locations we analysed are significantly larger in area than the urban one. In those rural locations, the distance between the lowest and highest price practices was significant (eg around 20 miles in Causeway Coast and Glens). For some consumers not willing or able to travel, these practices may not represent alternative options to each other. We note that differences in the quality of service or other quality differences may explain some of the price variation we observe. For example, in Monmouthshire the highest price practice offered free refreshments, Wi-Fi and on-site parking, while the lowest price practice appeared more focused on NHS patients.
[28] Percentage difference is calculated relative to the minimum private price.

Figure C.3: Distribution of minimum list prices showing the minimum, maximum, lower quartile, upper quartile and median[29]



Source: CMA analysis of website review data

Methodological considerations

C.41 There are several methodological considerations relevant to interpreting the findings of our price analysis. While these factors do not necessarily undermine the analysis, they are relevant when interpreting observed differences in published list prices. This section first discusses what these factors are before considering the extent to which they affect the interpretation of our findings.

(a) **Comparability of list prices:** Our analysis identifies variation in minimum list prices for standardised treatment categories. However, these prices may not always be perfectly comparable for the following reasons:

(i) **Differences in treatment definitions:** Dental practices may define treatments differently**.** For example, some practices listed separate 'from' prices for fillings based on small, medium and large sizes, while others just listed a single 'from' price.

(ii) **Differences in pricing structures:** Dental practices may also differ in how they structure prices. For example, some practices presented a single fixed price, while others presented a 'from' price (for further see 'Information transparency analysis' above). A fixed price may represent the average of simple and complex cases and therefore be higher than

[29] Perth and Kinross had only three observations but is included for completeness. As such the boxplot should be interpreted with caution.

a ‘from’ price, which may itself only apply to the least complex versions of treatments.

(iii) **No control for quality:** Our analysis does not control for differences in the quality of the treatments or service provided by clinicians. Some higher priced practices may position themselves as premium providers and offer a different patient experience or facilities. We have not systematically assessed these differences, and therefore some of the price variation observed may reflect quality differences rather than pricing differences alone.

(b) **Listed prices:** Listed prices may not equate exactly to prices paid by consumers, for instance when dental practices use the ‘from’ price structure. As such our analysis does not represent the actual prices paid for treatments.

(c) **Sample coverage:** Our data is based only on dental practices with prices listed on their website, to the extent practices without online price lists differ systematically from those with online price lists, or indeed those without websites this may bias our results. Additionally, the eight local areas selected for our analysis may not be representative of the wider UK dental market, meaning the extent of price variation observed in these areas may differ from that in other areas.[30]

C.42 In relation to differences in treatment definitions and quality of treatments, our analytical approach helps minimise these differences by comparing minimum prices. These minimum prices are more likely to be for the simplest version of a treatment where quality differences may be smaller. Additionally, we assessed the price variation of relatively simple treatments (new patient consultation, routine exam, emergency appointment, amalgam filling, composite white filling, and hygiene), for which quality differences may be smaller.

C.43 In relation to the sample size and biases, to the extent that our analysis excludes practices with lower or higher minimum prices than those we identified in a given local authority area, the inclusion of such practices would only increase the difference between the lowest and highest minimum prices in that area. As we manually verified minimum and maximum prices in each region, this holds true for any measurement errors also.[31] Our price variation estimates are therefore

[30] The original sample covered 8373, 79% of the original dataset. For our sample in each of the local areas see section ‘Sample size and coverage’.
[31] For prices lying inside the minimum and maximum, which were not checked, if a reported price differs from the true price, the true price may lie either within or outside the observed price range for the area. If it lies within the observed range, correcting the price would not affect our findings on price variation. If it lies outside the observed range, correcting the price would increase the observed variation. Had we not manually verified the minimum and maximum prices, it would have been possible for a minimum or maximum price to be less extreme in reality, potentially leading us to overstate the extent of price variation.

conservative and even on this basis we have found material price variation within local areas.

C.44 Lastly, while we can conclude with confidence that minimum listed prices vary between practices in each area, we cannot necessarily conclude that patients could access clinically equivalent treatments (or treatments equivalent in quality) more cheaply at certain practices. This is because differences in listed prices may reflect differences in the nature, quality, or scope of the treatment offered.

Analysis of list prices across UK nations and regions

Nations and English regions covered

C.45 We analysed the variation of listed prices and affordability across Wales, Scotland, Northern Ireland and the nine regions of England, which include: North East, North West, Yorkshire and The Humber, East Midlands, West Midlands, East of England, London, South East and South West.

Treatments and list prices analysed

C.46 For each of these nations and regions, we analysed the list prices of routine exams and composite white fillings.

C.47 We used minimum list prices for the analysis, following the same approach as used and described in the 'Analysis of list prices within eight local areas' subsection. For each of the nations/regions and treatments, we estimated a median minimum list price, along with an interquartile range to demonstrate the spread of the prices.

C.48 We additionally calculated an affordability ratio using the median minimum list prices. We calculated this by converting annual data on gross disposable household income per head (GDHI) to a weekly measure and expressing the median minimum list prices as a percentage of weekly GDHI.[32]

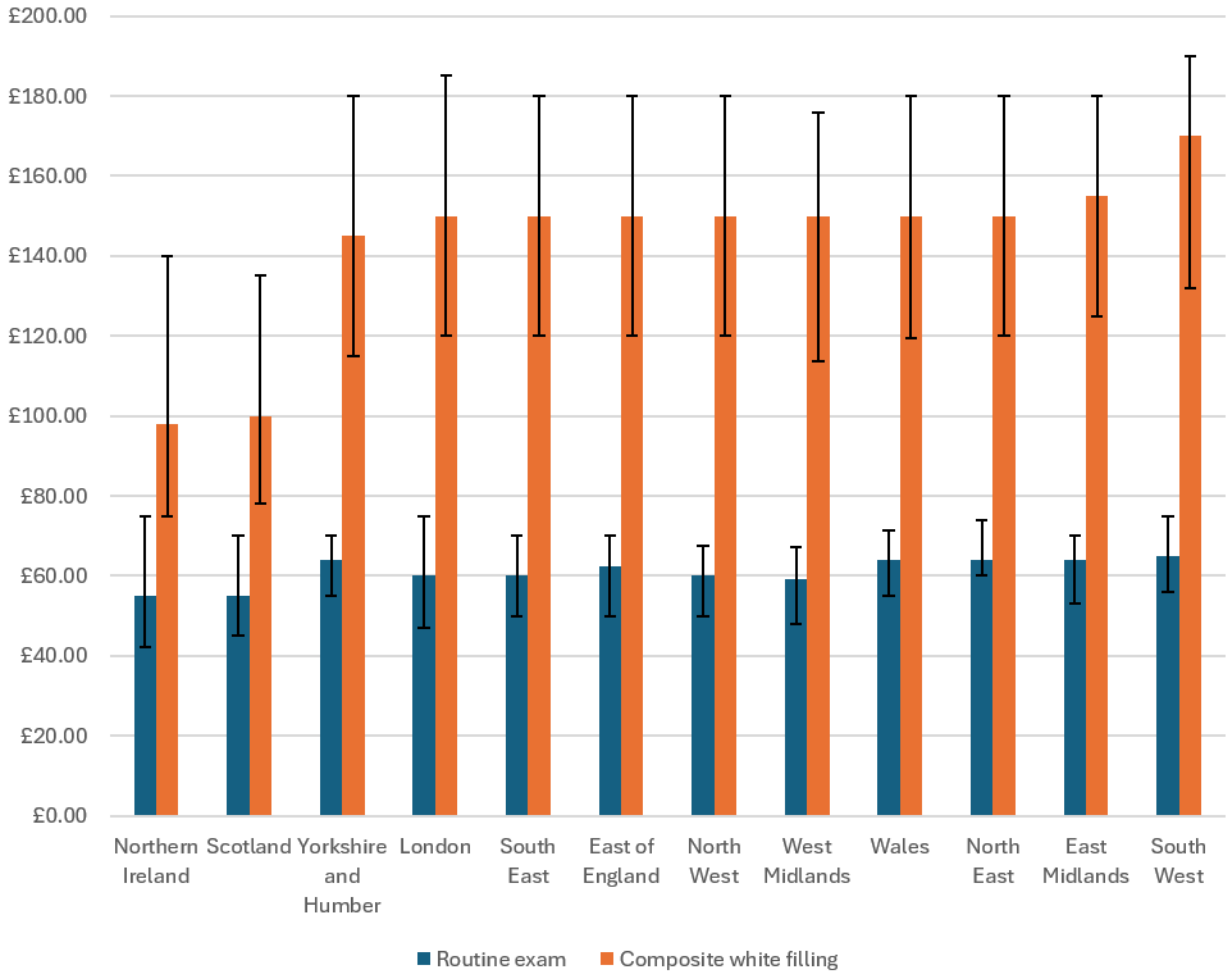
C.49 As 2025 and 2026 data was not available for GDHI on a regional level, we used 2025 and 2026 national level data to calculate the growth rate during these years. We used this growth rate to adjust upwards income at the regional level.[33]

Results

C.50 Figures C.4 and C.5 below present the results of our analysis.

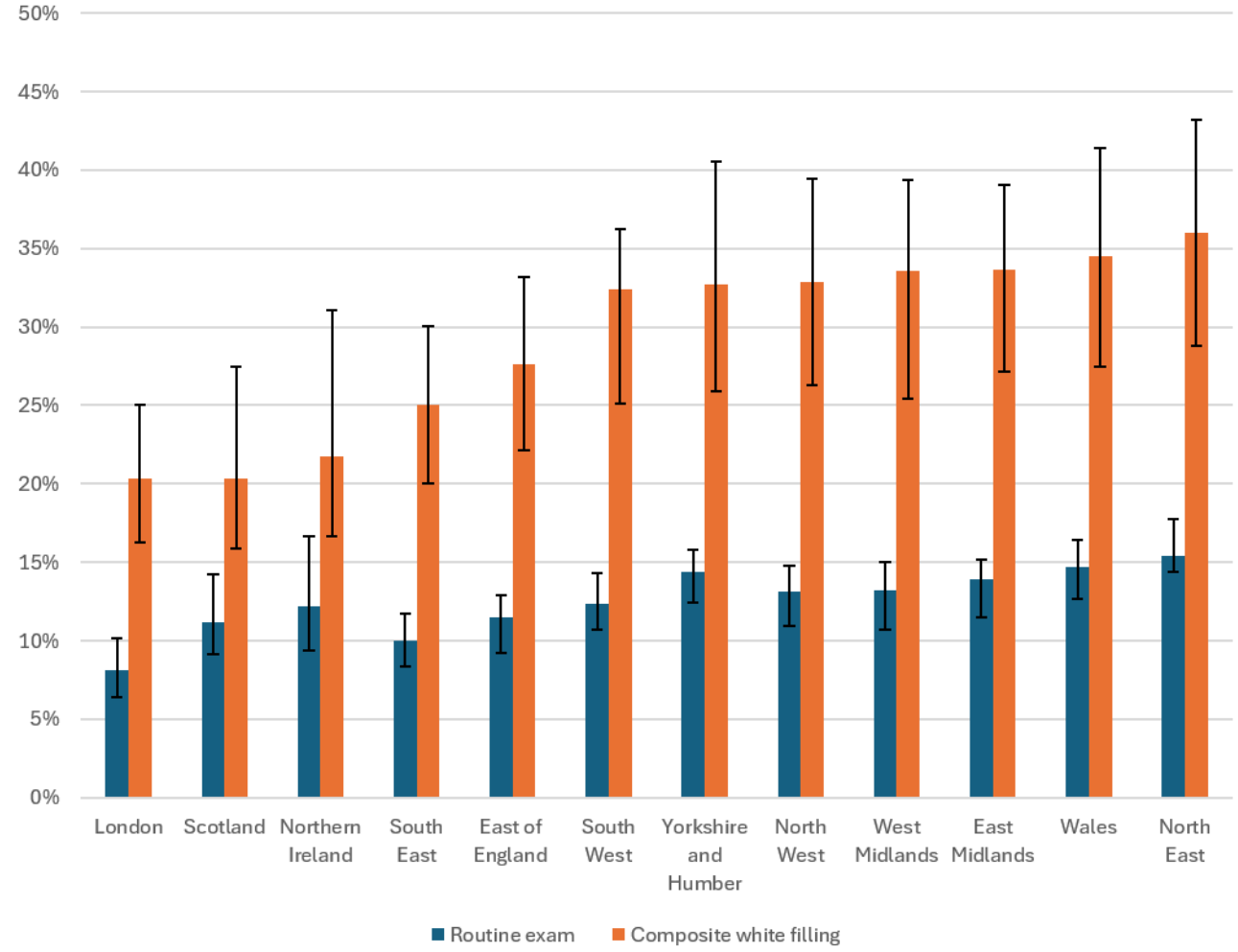
[32] ONS Regional gross disposable household income, UK - Office for National Statistics, accessed 19/11/2026.
[33] ONS Households: Gross disposable income per head: Current price £: Seasonally adjusted - Office for National Statistics, accessed 19/11/2026.

Figure C.4: Median and interquartile ranges of minimum private list price of a routine exam and a composite white filling across UK nations and English regions



Source: CMA analysis of website review data

Figure C.5: Median and interquartile ranges of minimum private prices for a routine exam and composite white filling relative to mean disposable income across UK nations and English regions



Source: CMA analysis of website review and ONS data

Methodological considerations

C.51 The limitations described in the previous subsection 'Analysis of list prices within eight local areas' also apply to this analysis, although the implications for our findings differ in some respects.

C.52 First, our findings are more sensitive to potential sample bias. In the preceding analysis, we concluded prices varied by at least the observed range within each local area, meaning the inclusion of additional practices could only increase or leave unchanged this range. In contrast this analysis examines median prices across nations and regions, which could increase or decrease depending on the prices of practices excluded from our sample. [34]The substantial variation in prices within regions and the considerable overlap in the distributions of prices across

[34] Previously we were concluding that prices varied by at least an amount in a region, as such any sample bias could seek only to expand this range, and thus our estimate was conservative. Here we are exploring what the median price is in a region, as the inclusion of additional practices could either increase or decrease the observed medians, and could have differing effects across regions, we do not place the same weight on this analysis.

regions mean that, although our analysis may identify regional differences in median prices, there is greater uncertainty regarding the scale of those differences.

C.53 Second, our findings could be affected by measurement errors. While the use of medians reduces the influence of isolated errors, the manual verification steps we took provide less assurance about the accuracy of the prices used compared to our analysis of price variation within a local area above.[35],[36]

C.54 Finally, differences in treatment definitions, pricing structures and quality may affect the comparability of prices across nations and regions, particularly where these characteristics differ systematically between them. These differences may be more pronounced across the larger geographical areas considered in this analysis than within individual local areas.

[35] While median prices were checked and verified as being correct, all values either side of the median were not. Changes in these prices could affect the median value, to the extent they were removed for being incorrect, or shifted from below to above the median (or vice versa). In contrast, the manual checks we undertook for our estimates of price variation within a local area mean provide the assurance that those estimates are conservative as explained in the previous section.

[36] In our manual verification, we reviewed some observations in the sample used for this analysis (n= 6,004 for routine examinations and n = 5,393 for composite white filling). We found instances where websites displayed prices that were outdated and unlikely to reflect current prices (e.g. old NHS UDA rates) and instances where the agent had identified the price of a different treatment.