

Veterinary services for household pets in the UK

VetPartners' response to the CMA's working paper on remedies of 1 May 2025

(submitted 30 May 2025)

1. Introduction

1.1 VetPartners welcomes the opportunity to comment on the CMA's working paper on remedies of 1 May 2025 ("**Remedies WP**").

1.2 By way of initial comments:

- VetPartners appreciates the work that the CMA has done to listen to sector feedback, and to present its initial thinking on potential remedies, particularly around regulation (e.g., mandating the Practice Standard Scheme ("**PSS**") and protecting the title, and expanding the role, of veterinary nurses), that may be steps in the right direction and could bring useful change to the sector.
- VetPartners, however, disagrees with much of the CMA's emerging thinking around the concerns being explored by the CMA. VetPartners has provided extensive responses to the CMA's various working papers and submitted large amounts of clear evidence in response to information requests. In this response, VetPartners will not repeat its earlier submissions, as it trusts that the CMA will duly account for them to arrive at an accurate, balanced and informed view of the market in the provisional and final decisions.
- VetPartners is concerned by the large number of complex remedies being explored by the CMA, most of which are not linked to any clear harm, or are based on an incomplete understanding of the ways in which the sector works, and the time and costs burden that these remedies would impose on the sector. In fact, it does not appear that the CMA has fully considered the likely direct and indirect costs associated with the proposed remedies and whether consumers would be better off as a result of the remedies. Furthermore, most of the potential remedies seek to place significant additional burdens on vets and nurses, without any indication that consideration is being given to alternative remedies around consumer education that would be more effective and proportionate.

1.3 VetPartners' comments are mainly focused on the remedy 'packages' that the CMA, based on its emerging thinking, appears to favour. Given the large number of complex and far-reaching potential remedies considered by the CMA, any comments on these remedies invariably require an element of complex scenario planning to understand how, in combination, any of these remedies could impact practices. Therefore, VetPartners reserves the right to supplement or modify its response, based on the combination of remedies ultimately proposed by the CMA.

2. VetPartners supports remedies aimed at bringing actual and positive improvements to the sector

2.1 VetPartners would, in principle, be supportive of positive changes that seek to achieve the following across the entire sector:

- Mandate and improve the PSS, so that (a) pet owners can be protected and assured of uniformly accepted minimum quality standards, benefitting pet owners, pets and the people working in the sector, (b) practices are subject to a more effective and consistent enforcement regime than currently applies, and (c) all veterinary businesses can compete on a level playing field, with more and effective objectively measurable and observable quality metrics.
 - Ensure greater transparency on certain important and meaningful information that would allow clients to access the right information at the right time, while further strengthening – rather than undermining – the relationship of trust between vets and their clients that is integral to the provision of effective clinical care. In order to be practicable and effective, however, information must be limited to the information that would be most meaningful to clients, rather than overloading clients with too much (often complex) information that would only lead to confusion.¹
 - Educate consumers and make them aware of the likely costs of having a pet by conducting publicity campaigns led by a trusted body such as the RCVS.
- 2.2 We will elaborate on these in further detail in the response below. However, VetPartners believes that given the likely range of practical challenges with implementing any remedies, and the need to make sure that any remedies are workable across the sector, it would be sensible for the CMA to organise further engagement with key stakeholders in the sector, ideally through a dedicated working group (which could be done in parallel with the CMA’s further work in preparing the provisional and final decisions). VetPartners would be pleased for its team members to be involved in any such engagement.
3. **The CMA must be clear on the practical realities of the sector that make some of the proposed remedies unworkable**
- 3.1 The Remedies WP appears to give some initial consideration to the practical realities and unintended negative consequences of the range of potential remedies considered by the CMA.
- 3.2 However, the CMA’s emerging thinking does not yet show a comprehensive and developed understanding of several fundamental realities that affect any serious consideration of remedies. These include:
- ***Vets and nurses should spend their time providing effective clinical care*** – One of the more concerning assumptions underlying the CMA’s emerging thinking is that vets and nurses would be able to take on additional administrative burdens, without compromising effective clinical care (e.g., vets spending effective time with pet owners during consultations) or costs (e.g., an increase in the cost base of FOPs to employ more people, or offer longer consultations, which in turn would need to be recovered). For example, VetPartners estimates that the requirement to provide options in writing, as well as the requirement to prescribe more than one brand of medicine, would each add at least 5-10 mins to each consultation (i.e., c.20 mins in total). Further, they would reduce client satisfaction, as clients would receive a less personalised service, and would perceive vets to be focused on filling out paperwork (e.g., to limit their own liability by avoiding

¹ See for example “The Limits of Informed Consent for an Overwhelmed Patient: Clinicians' Role in Protecting Patients and Preventing Overwhelm” by Johan Bester, Cristie M Cole, Eric Kodish (2016). <https://pubmed.ncbi.nlm.nih.gov/27669132/>

possible technical breaches of the remedies, at a cost to the client) rather than providing actual and effective clinical care. See also *Section 7* (client choice) and *Section 8(D)* (generic prescribing) below.

- ***Vets must be free to exercise their professional clinical discretion*** – Some of the remedies being explored by the CMA assume that vets and nurses are not already effectively exercising their clinical discretion, and may have the effect of limiting or undermining the clinical discretion of veterinary professionals. For example, a requirement to present and compare multiple treatment options could put pressure on vets to provide more options than necessary and appropriate (and all to be recorded in writing), even though the vets in question may not have otherwise considered all of these options appropriate for the specific case at hand. See *Section 7(D)*.
 - ***PMSs are designed and produced by independent third parties*** – The CMA’s emerging thinking assumes that changes to PMSs would be reasonably possible to address the various concerns identified by the CMA regarding the implementation of some of the remedies being explored. There are a large number of different PMSs in use across the sector in the UK (more than 20). The design and production (including any updates) of these PMSs are within the control of third-party PMS providers. The PMS providers are often multinational companies, and they are driven by their own commercial objectives (e.g., some may provide more regular updates to existing systems, while others may phase out and replace existing systems with new product launches). FOPs, including LVGs, do not tend to have much input into their design and development. ✕ Therefore, any remedies that are reliant on changes to PMSs are unlikely to be feasible.
4. **Any remedies must be objectively justifiable and proportionate when considered against a clearly articulated and substantiated adverse effect on competition (“AEC”), and not based on an idealistic view as to how the market should operate in theory**
- 4.1 VetPartners is concerned that the CMA’s emerging thinking on remedies relies on overly broad and complex theories of harm that are not supported by the available body of evidence. Without wishing to repeat its substantive arguments, VetPartners considers it necessary to clarify several facts that are critical to the CMA’s assessment of any potential remedies:
- ***Modelling of price increases is exaggerated and does not account for actual cost and quality increases*** – The CMA’s analysis of pricing trends is incorrect and unreliable due to (a) limitations in the data used by the CMA (with a more comprehensive and representative data set showing no relevant price increases),² and (b) the CMA model’s inability to account for increases in the quality of the services provided, and (c) a failure to account for all relevant cost increases, including increases in the National Living Wage (“NLW”).

² Oxera technical comments on the CMA’s econometrics working paper of 6 May 2025, ‘The impact of corporate acquisitions on treatment costs’, para. 2.20.

- ***The CMA’s analysis of medicine prices and mark-ups is incorrect and misleading as it fails to make a like-for-like comparison*** – The Remedies WP suggests that consumers could make “*considerable savings*” when buying medicines online. However, this is based on the CMA’s incorrect comparison of ‘retail prices’, which is not made on a like-for-like basis.³ The CMA later recognises that pet owners need a prescription to buy medicines online and that taking into account the prescription fee reduces or eliminates the cost saving from purchasing online. As previously explained by VetPartners,⁴ the process of prescribing involves a significant amount of time from veterinary professionals. Therefore, it is reasonable for vets to charge a prescription fee to customers who choose to purchase their medicines from a third party, or to add a mark-up on medicines purchased on-site. The considerable savings that the CMA envisages are illusory, because it ignores the costs associated with prescribing. VetPartners has estimated the costs associated with prescribing in the VetPartners standalone proactive submission on cost related to the provision of prescribed medicines (submitted on 30 May 2025).
- ***No targets or measures that influence decision-making*** – VetPartners does not have any targets for KPIs or other measures that may influence the independent clinical decision-making of its vets. On several occasions, VetPartners has clearly explained to the CMA how it uses KPIs and the fact that it does not set any targets. VetPartners urges the CMA to get this right in its provisional and final decision, to avoid repeating the inaccurate suggestion that all “*LVGs have KPI targets...*”.⁵
- ***There would be no justification for a different treatment between LVGs and independent practices*** – VetPartners objects to any suggestion that a “*more light-touch regulatory approach*” might be appropriate to be applied to certain practices.⁶ There is no evidence to suggest that any of the concerns being explored by the CMA would be more prevalent at LVGs compared to independent practices. Further, the burden of the remedies being explored by the CMA will fall largely on the individual practice teams (including to ensure PSS compliance). Therefore, VetPartners urges the CMA not to make any distinction in the remedies between LVGs and independents. This also applies to the regulatory and compliance requirements.

5. The sector has faced prolonged disruption and now requires certainty

- 5.1 VetPartners notes the CMA’s request for comments on the appropriateness and effectiveness of trialling certain information remedies. VetPartners considers that such a trial would be inappropriate and disproportionate as the sector has been subject to major disruption over the last five years, with Brexit and Covid-19 (including lockdown and the ‘puppy boom’), followed almost immediately by the CMA’s market review and investigation (that will soon be coming up to its two-year anniversary).⁷ VetPartners has also been forced to spend a significant amount of time and resources responding to the large number of lengthy CMA information requests and working papers, under strict time pressures and often with very short deadlines. This has placed

³ Remedies WP, para 2.24.

⁴ See e.g., VetPartners’ response to Question 2 the CMA s.174 Notice RFI 17 (submitted on 11 April 2025).

⁵ Remedies WP, para 2.10(b)(i).

⁶ Remedies WP, para 6.47.

⁷ It is worth recalling that on 21 February 2024 VetPartners, alongside other LVGs, already provided the CMA with a framework of remedies, aimed at improving transparency and removing any inappropriate financial incentives. The available evidence gathered by the CMA does not justify the imposition of remedies that go beyond those proposed as part of the framework in February 2024.

a significant strain on VetPartners, its practices, and the central management team. In addition, VetPartners believes that in some ways the investigation has had a chilling effect on new investment and recruitment in the sector due to the ongoing uncertainty. The CMA is also well aware of the pressures and mental health challenges faced by some vets and nurses who have also been negatively affected by this investigation. Therefore, it is critically important to have certainty as to the final outcome by the time of the statutory deadline for a final decision.

- 5.2 If the CMA were nevertheless minded to trial some of the information remedies, it should at the outset set a clear and proportionate timeline, as well as an unambiguous scope and measurable criteria of assessment for the trial, following full consultation with the industry on each of these elements. When the Government first raised its plans to provide the CMA with trial powers, it emphasised the importance of ensuring that “*remedies would not become subject to perpetual review*”.⁸

6. PSS must form the basis of any remedies process

A) Key benefits of PSS

- 6.1 VetPartners is pleased to see that the CMA recognises the benefits of a mandatory PSS, and the role that such a mandatory PSS could play in improving the sector to:⁹
- Ensure that clients are protected through minimum quality standards, while ensuring a level playing field across all practices; and
 - Provide clients with an objective and observable quality mark relating to practices (rather than individual vets), through the various PSS levels and awards.
- 6.2 The CMA appears to recognise that PSS is the most effective and straightforward measure of quality available in the sector that would also contain appropriate publication requirements for businesses.¹⁰ VetPartners supports this view.
- 6.3 VetPartners believes that the PSS framework should form the basis of any remedies discussions, particularly as many of the remedies proposed by the CMA are already in some form provided for in the PSS. This approach would have the following benefits:
- ***Avoiding duplication of work*** – There is an existing framework, and the RCVS regularly consults with the sector on possible improvements. VetPartners also understands that the RCVS may be currently working on further improvements to the PSS. Therefore, some of the groundwork may already have been done by the PSS, and the further process of updating and improving the PSS can include changes that are necessary to include and ensure the effective enforcement of the remedies ultimately imposed by the CMA.
 - ***Avoiding duplication of remedies*** – Any remaining work could be more clearly focused and limited to discussing the (a) practical and regulatory challenges around the implementation of the PSS, and (b) additional remedies related to any residual concerns (if any) that cannot be effectively or appropriately covered by an enhanced PSS framework.

⁸ Government consultation “Reforming Competition and Consumer Policy” (20 July 2021), para 1.87.

⁹ Remedies WP, para 3.26 to 3.28.

¹⁰ Remedies WP, para 3.36.

- **Objective guide to proportionality** – The PSS provides a useful ‘benchmark’ for the CMA remedies. Some of the remedies raised in the Remedies WP would go beyond what is currently required under the Core Standards accreditation level of the PSS. Therefore, in deciding how to update the PSS to cater for the remedies proposed by the CMA, the existing PSS requirements can serve as a useful guide to what could be reasonably expected of vet practices. For example, the CMA’s Remedy 20 (Requirements on vet businesses for effective in-house complaints handling)¹¹ would impose an obligation on vet businesses in respect of complaints handling and record keeping that would go beyond the PSS Core Standards level, and is similar to what is currently required under the General Practice level (i.e. the higher level).¹² VetPartners would be supportive of a more consistent complaints handling process for all practices (regardless of their PSS level).

B) Challenges with the implementation of the PSS and how these could be overcome

- 6.4 The PSS consists of a pre-existing framework that is endorsed by the RCVS and the majority of practices, and backed up by 20 years of practical experience and subsequent iterative improvement. Therefore, as mentioned above, VetPartners believes that it provides the most cost-effective and least intrusive foundation, on which many of the remedies being explored by the CMA may be considered and implemented – in that sense, VetPartners’ view of the PSS’s utility is wider than the CMA’s current thinking, which seems more narrowly focused on the development of new quality measures.¹³
- 6.5 While VetPartners considers the mandating of PSS as a positive development and therefore opposes any negative framing of PSS in terms of burdens, it is nevertheless important to address at the outset any misconceptions about (a) the cost of compliance, and (b) the cost of inspections.
- 6.6 VetPartners already informed the CMA that it does not believe that mandatory compliance with the PSS creates a significant barrier for smaller independent practices. This is as the PSS Core Standards level is mainly aimed at ensuring that practices achieve the necessary minimum quality standards and safety measures that are either legally required or would reasonably be expected by clients. Indeed, vets are already required to meet the Core Standards under the RCVS Code¹⁴ The costs of compliance are also clearly outweighed by the benefits to pet owners. Therefore, the costs of *compliance* with the Core Standards level could not reasonably be considered a barrier.
- 6.7 In VetPartners’ view, the focus of any discussion around the costs associated with PSS should be on the costs of *inspections*, so that the RCVS can perform the required assessments in a more cost-effective way that does not impose a disproportionate cost burden on smaller or more remote practices. In this regard, VetPartners submits that:
 - **Assessments require a consistent and standardised assessment form:** For the assessments to be more effective, the updates to the PSS should include a standard assessment form, so that all practices can be clear on what would be required for admission at the various levels and the awards. Further clarity around the assessments would ensure that (a) practices can more effectively achieve full compliance on their own, (b) the RCVS spends less time and resources on inspections and follow-ups, and (c) there is a greater degree of

¹¹ Remedies WP, para 6.84(c).

¹² RCVS PSS Small Animal Modules and Awards, General Practice, point 3.2.6.

¹³ Remedies WP, para 6.36.

¹⁴ RCVS Code of Professional Conduct, para 4.3 (as mentioned by the CMA in the Remedies WP, para 6.39).

certainty amongst those working in the sector as to the precise requirements of the PSS at each level, which in turn increases the trust that pet owners can have in the scheme.

- ***Implementation of the PSS can be effectively done in phases:*** Once the substance of the PSS and framework for assessments has been agreed, the PSS can be implemented in various ways:
 - LVGs and vet practices could be required to commit to compliance with the substantive provisions of the scheme, and to commit additional internal resources to ensuring compliance (as is already done by VetPartners). In other words, there could be ‘effective compliance’, even before any formal PSS accreditation by the RCVS takes place, such that the CMA’s concerns may be effectively addressed.
 - The RCVS could offer online meetings to (a) provide advice to not previously admitted practices during an initial period, and (b) verify compliance from practices that are already part of the PSS but are due for renewals only.
 - Thereafter, the PSS scheme can move from its current rigid position of assessments every four years to a more flexible position of assessments where (a) practices may agree individual inspections with the RCVS to improve levels or awards, and (b) practices can be subject to audits which are held on a random basis or in response to complaints or other relevant information. In deciding whether to conduct an assessment in an individual case, the RCVS could for example have regard to the practice’s regular updates to the RCVS Find a Vet site (assuming that is further developed under the CMA’s wider remedies package).
- ***Publication of the PSS level could be made mandatory:*** Practices would be required to publish their level of PSS accreditation. This would be done on their practice website as well as on the RCVS Find a Vet site.

6.8 It should be noted that, like other remedies, embedding these changes will take time and effort, particularly as some practices that are not currently part of the PSS may take longer than the general 12-month period to become fully compliant. However, VetPartners believes that the requirements should not be relaxed for any sub-set of practices in order to accelerate the accreditation process, as otherwise the credibility and effectiveness of the PSS as a quality mark that applies to all practices would be undermined.

7. Remedies aimed at ensuring choice of FOP and treatments

A) Requirement to publish information – price list (Choice of FOP)

7.1 The CMA’s Consumer Survey¹⁵ demonstrated high levels of client satisfaction of well over 80% in almost all areas, including on the quality and range of veterinary services on offer.¹⁶ Despite the absence of material barriers to switching, the vast majority of pet owners surveyed (85%) feeling that they could switch practices if they wanted to, the actual switching rates appear to be low.¹⁷ These statistics show that consumers are generally satisfied with the veterinary services provided and that they have the power to ‘vote with their feet’ (but choose not to do so).

¹⁵ Vet Users Survey of January 2025.

¹⁶ See VetPartners’ response to CMA Demand WP, paras 2.3 and 4.3.

¹⁷ See VetPartners’ response to CMA Demand WP, paras 4.5, 4.7 and 4.8.

Therefore, VetPartners does not believe that there is a justifiable need for the CMA's suggested wide-ranging and complex remedies on treatment choices.

- 7.2 It should also be clear that remedies that artificially focus the customer's attention on purely price-based comparisons could lead to unintended negative consequences for animal welfare and, therefore, for customers.
- 7.3 Therefore, the CMA should also be careful not to over-emphasise price as the key criterion for consumers when selecting FOPs and treatments, particularly at the expense of other relevant factors. It is clear from the CMA's Consumer Survey that pet owners engage with a variety of factors alongside price, including experience, reputation, capabilities and ongoing relationships when making decisions about veterinary services.
- 7.4 VetPartners is in principle supportive of the CMA's objective for "*vet practices (including both FOPs and referral providers) to publish information on prices of common veterinary services and products, RCVS accreditations and awards, ownership and other basic information on their websites and in their practices.*"¹⁸ However, looking at the detail of the CMA's proposed standardised price list,¹⁹ it is too extensive, would be impossible to implement, and would cause actual consumer harm, in the following ways:

- ***From the perspective of practices (including vets and nurses):***
 - In response to the CMA's early thinking around potential concerns in the industry, the BVA consulted with the sector, and put together a list of items for which prices could be meaningfully and usefully displayed to clients.²⁰ These are: (i) standard consultations, (ii) vaccinations or courses of vaccinations, (iii) neutering services for cats and dogs, (iv) prescription fees, (v) insurance administration fees, (vi) microchipping, and (vii) out-of-hours charges. VetPartners practices (and many other practices) have now incurred costs to ensure that these prices are published on their websites. It is worth recalling that the CMA encouraged vet businesses to make immediate improvements related to price and transparency.²¹ Yet, the CMA appears not to have made any serious attempt to recognise these efforts, and to consider whether any incremental steps are genuinely required. VetPartners submits that any mandatory price list should not go beyond the list compiled by the BVA.
 - The list that is proposed in the Remedies WP is in any event not workable. Many of the items on the price list have too many options and possible variables, some of which cannot be accurately defined at the outset or for all cases. Treatments are not only dependent on the diagnostics and theoretically available options, but also the reactions and circumstances of the individual pets and their owners.
 - The list that is proposed in the Remedies WP would require sector-wide consensus regarding a uniformly standardised and comparable set of treatments, with details regarding each of the elements involved in such treatment. Leaving aside the difficulty (or rather impossibility) of such a consensus in the absence of clinical guidelines similar to NICE guidelines in human healthcare, it would be a potentially harmful development in that these standardised treatments would:

¹⁸ Remedies WP, para 3.12.

¹⁹ Remedies WP Table 3.1.

²⁰ <https://www.bva.co.uk/media/5766/bva-transparency-and-client-choice-guidance.pdf>

²¹ Decision to make a market investigation reference on 23 May 2024, para 45.

- Become the perceived best practice (regardless of the clinical efficacy in each individual case), and would pressure practices and vets to follow this treatment “protocol”, which would undermine contextualised care and lead to worse clinical outcomes;
 - Have to be sufficiently ‘standardised’, such as to ensure that all or a large proportion of practices can offer the relevant treatment and quality of care (i.e., it could not be designed at the highest quality of clinical care, as many practices would not have the *ability* to offer such care); and
 - Be an effective barrier to practices innovating and improving quality, as practices would have decreased incentives to compete on quality beyond the standardised treatment on the list, as they would be compelled to focus more on the price of the standardised treatments. For example, currently there are differences in competencies in surgical procedures and dental treatments between vets which will impact the quality of the treatment provided. These differences would be lost, as clients would not be able to effectively compare different or multiple procedures or treatments options.
- ***From a client perspective:***
 - The CMA recognises that “*pet owners would need to predict which services on the standardised price list they are likely to require.*” However, the CMA then, rather surprisingly, goes on to suggest that “[t]he more comprehensive the price list is, the more likely we consider it is that different types of pet owners could make these judgements.”²² This is incorrect – pet owners cannot in most cases be reasonably expected to accurately predict which services their pets are likely to require. This is even less likely for new owners, who are choosing a practice for the first time. In fact, this would often not even be clear to veterinary professionals after many years of training and education. Therefore, the remedy hinges on consumers being required to make a prediction that would in many cases be nothing more than a guess.
 - Given the thousands of treatments and options that may potentially be relevant to any given client, the list would not be useful. In fact, these options would cause confusion and, worse, deter clients from seeking necessary and urgent clinical care. For example, a client may consider the list and prices and, based on the client’s estimate of what the animal may need (which, as set out above, clients are not well placed to do), decide not to see the vet. As the client would not know that there may have been alternative options that could provide effective relief or even that euthanasia may be the only viable option, these treatments would be delayed or put-off, causing unnecessary suffering to pets.
 - The CMA’s proposal to, for example, allow practices to provide a bundle of services, tailor prices by animal species or complexity, or for practices to provide further explanations for each line item, illustrate the complexity of the exercise, and why it would not be feasible in practice.²³

²² Remedies WP, para 3.20(1).

²³ Remedies WP paras 3.19 and 3.20.

- 7.5 VetPartners, therefore, submits that the CMA's current suggestion for standardised price lists is flawed as a matter of principle. Instead, as mentioned in paragraph 7.4 above, any mandatory price list should not go beyond the list recommended by the BVA.
- 7.6 VetPartners submits that this list, together (a) with the updates to the PSS (set out above), and (b) further consumer education by the RCVS (or similar sector body) around treatment options and the cost of veterinary care generally (aimed at ensuring that consumers can be aware of these costs prior to buying animals), would provide the most reasonable, proportionate and effective basis for consumers to make informed decisions when choosing a FOP or referral provider.

B) Requirement to publish information – pet care plans (Choice of FOP)

- 7.7 The CMA's potential remedies around pet care plans are unworkable and disproportionate. Though the CMA's concerns are not clearly articulated, they seem to be aimed at features that are inherent in each and every subscription agreement. Subscription agreements are common in many sectors, and consumers are on the whole familiar with the features and risks of such agreements.
- 7.8 In any event, VetPartners (and presumably also other LVGs and independent practices) do not currently have the data to or means to provide comprehensive and consistent information on usage.²⁴ Even if this was possible, it would in any event be inappropriate and unnecessary as:
- ***Comparisons to 'pay-as-you-go' do not provide a useful or reliable comparison*** – A comparison to 'pay-as-you-go' would require a comparison to vaccine and parasiticide frequencies that are not based on recommended clinical frequencies (i.e. likely less frequent usage in pay-as-you-go scenarios than clinically recommended), which would be harmful to animal welfare and public health.
 - ***Annual 'value statements' underestimate the actual value of a pet care plan*** – A statement of value over a one-year period would assume that the value of a pet care plan should be assessed only over a one-year period. However, in fact, the benefits of a pet care plan should be assessed more properly over the lifetime of a pet, as not all treatments included in pet care plans have annual frequencies. As previously explained, pet care plans also include a set of treatments and products that would not be used by all clients in a given year.²⁵
- 7.9 There is, therefore, no justifiable basis for imposing remedies that go beyond the existing statutory consumer protection rights (such as the requirement to inform consumers about their rights to cancel or renew the plan). In this regard, VetPartners agrees with the need for pet owners to be able to cancel pet care plans during the subscription period, subject to any repayment obligation where the cost of the services used at original prices is greater than the payments already made under the pet care plan.²⁶ This is already provided for by VetPartners as part of its arrangements for the pet care plans.

C) Requirement to publish information – Price comparison website (Choice of FOP)

- 7.10 VetPartners has concerns regarding the usefulness, reliability and proportionality of the CMA's proposed price comparison website ("PCW"). In particular:

²⁴ VetPartners' response to the CMA s.174 Notice MI-RFI 17 (submitted on 11 April 2025), question 28.

²⁵ VetPartners' response to the CMA s.174 Notice MI-RFI 17 (submitted on 11 April 2025), para 28.3.

²⁶ Remedies WP, para 3.84 (d) and (e).

- The design and operation of a PCW would introduce further costs, to be borne directly or indirectly by practices, pet owners, or a combination of both.
- If the CMA were to proceed with a remedy involving a PCW, given the complexity of the information to be processed and published online, VetPartners considers that any PCW should be hosted and overseen by an industry regulator or generally a trusted body with the necessary knowledge and understanding of the sector, to ensure the accuracy and reliability of the information provided.
- The RCVS already has a consumer-facing framework in place, i.e., the RCVS Find a Vet site which enables consumers to search for a registered veterinary practice, vet or nurse. The RCVS informed the CMA that it is currently in the process of enhancing its existing Find a Vet site which is to be launched in its new form next year. This enhanced online tool will provide more information to consumers about veterinary practices nearby and the associated services and facilities. The RCVS also suggested to the CMA that more information including pricing, practice ownership, the appointed senior veterinary surgeons, complaint procedures and potentially consumer satisfaction data could be provided on the RCVS Find a Vet site.²⁷

7.11 Therefore, a potentially effective and proportionate remedy would be to focus on making further useful updates to the RCVS Find a Vet site, alongside a requirement for practices to keep their information up to date and to confirm compliance with their applicable PSS accreditation level. For completeness, in VetPartners' view, any PCW for medicines should be considered and dealt with separately from the existing RCVS Find a Vet site. However, additional educational materials from the RCVS around prescription fees (to be published on the price list included on the RCVS Find a Vet site), the availability of prescriptions, and the options for buying medicines online may also be helpful if they were included in the general section of the RCVS Find a Vet site.

D) Requirement to provide options and prices in writing (choice of treatment)

- 7.12 The CMA has expressed concern regarding the “*information imbalance*” that may exist between vets and clients.²⁸ Again, this concern is not backed up by the available evidence. The CMA's evidence on this point is that (a) consumers are happy with the options and information available to them, and (b) the vast majority of vets provide clients with options and information on pricing.²⁹ The CMA appears to recognise these facts.³⁰
- 7.13 The CMA's residual ‘concern’ (which VetPartners submits cannot be sustained appears to be targeting a small sub-set of pet owners who want more information on “*the possibility of treatment options*”).³¹ However, there is no credible evidence that (a) pet owners are not currently benefitting from access to more treatments, and (b) pet owners cannot currently assess and make comparisons between treatment options (when various options are available). In this regard, the CMA should bear in mind that the small sub-set of consumers that the CMA may be concerned about likely consists for a large part of consumers who encountered cases where no (or no more) alternative options were available.

²⁷ Summary of hearing with RCVS on 14 March 2025.

²⁸ Remedies WP, para 3.91.

²⁹ See VetPartners' response to Demand WP, paras 4.12, 4.18 and 4.19.

³⁰ See Remedies WP, para 3.7 and 3.9.

³¹ Remedies WP, para 3.7.

7.14 The current RCVS guidance contains an obligation on vets to communicate the available treatment options to clients.³² It would be inappropriate for any remedy to limit the vets' clinical discretion. Whilst the CMA seems to acknowledge this, the Remedies WP nevertheless contains various suggestions that might have the effect of limiting clinical discretion.³³ More specifically, the CMA's potential remedies would:

- ***Put additional pressure on vets and nurses*** – Any requirement to provide all options in writing would add to the pressure on vets and nurses. This would likely influence their decision-making and also reduce the quality and effectiveness of their services. For example, vets and nurses would become overly concerned with trying to offer the full range of available options in each case, instead of practising effective contextualised care that accounts for the clients' and owners' needs without making the owner feel guilty (e.g. without presenting in each case the most sophisticated and expensive treatment options). In fact, the CMA previously acknowledged having received concerns from people working in the sector about the pressures they face, including acute staff shortages and difficult conversations with consumers, and the impact these have on individual veterinary professionals.³⁴
- ***Lead to increased time and costs spent on paperwork*** – The additional time required for writing down all options and providing clients with written lists of options would result in practices being forced to either reduce the time allocated to doing clinical work and having conversations with the pet owner or to increase consultation times (which would ultimately likely result in higher consultation fees). VetPartners has previously explained to the CMA that vets are currently time constrained, and many are already having to spend time after regular working hours to attend to clinical notes and other administrative requirements.³⁵

7.15 Furthermore, treatment options often change following further diagnostics or depending on the reactions of the pet. Therefore, an initial list of treatment options and prices would in many cases quickly become useless and misleading.

7.16 Instead, as also mentioned above, a more effective and proportionate remedy would be to significantly enhance consumer awareness and the information available to clients. This could for example be achieved through the design of 'guides' around common diseases with common and/or potential treatment options, produced by a widely trusted body such as the RCVS. The guides would need to be written in a simple, succinct and clear style that is easily understandable for clients. These guides could be made available online and in practices (as is done in other sectors) to effectively raise consumer awareness, and facilitate consumer choice and decision-making, without the negative unintended consequences set out above.

8. Remedies aimed at increasing price competition and choice in the supply of medicines

A) Introduction to VetPartners' views on potential medicines-related remedies

³² RCVS Code of Professional Conduct, para 2.5. The requirement to ensure clear communications is set out in the Supporting Guidance, Chapter 11.

³³ Remedies WP, para 3.95.

³⁴ See CMA's Issues Statement of 9 July 2024, para 43.

³⁵ See VetPartners' response to the CMA's Issues Statement of 9 July 2024 (submitted on 30 July 2024), para 3.4.

8.1 VetPartners believes that the CMA’s concerns regarding the retail prices of medicines at FOPs are exaggerated, as:

- There is no evidence of consumers paying higher prices for medicines at FOPs (compared to third party retailers), when a proper like-for-like comparison is used. As the CMA notes, once prescription fees are taken into account, the cost saving from purchasing online is reduced or eliminated.³⁶ As previously explained by VetPartners, the process of prescribing involves a significant amount of time from veterinary professionals.³⁷ Therefore, it is reasonable for vets to charge a prescription fee to customers who choose to purchase their medicines from a third party, or to add a mark-up on medicines purchased on-site. Consequently, the CMA’s comparison between the headline medicines prices of FOPs and online retailers is misleading. The CMA says that it will consider “*the extent to which [medicine] mark-ups on medicine purchasing costs exceed other costs incurred in stocking and dispensing medicines, and the contribution of medicines to overall FOP profits*”.³⁸ Notably, however, the CMA does not propose to consider the costs of the prescription service, and the CMA has also not requested any information from VetPartners that would allow the CMA to do so. VetPartners has estimated the costs associated with prescribing in the VetPartners standalone proactive submission on cost related to the provision of prescribed medicines (submitted on 30 May 2025).
- There is a clear trend of increasing competition from online retailers resulting in effective competition.³⁹

8.2 Without evidence of problematic pricing, there is also no risk of consumer harm due to any perceived lack of choice from a *minority* of consumers being unaware of their options for requesting prescriptions. In any event,

- $\propto$.⁴⁰ Therefore, VetPartners believes that FOPs are already facing effective competition, and this is only expected to increase, thereby obviating the need for further and more intrusive intervention;
- Greater consumer awareness around alternative *options* can be more reasonably and effectively achieved through consumer awareness campaigns, and reminder statements on the RCVS Find a Vet site (as mentioned above). Further, improved enforcement of the existing RCVS guidance that requires vets to make clients aware that a written prescription can be provided would more effectively deal with the small minority of cases where this may not be done already.⁴¹

8.3 VetPartners does, however, recognise that:

- *Perceptions* around high medicine prices and ‘ineffective competition’ have been a feature of the sector for several decades (as can also be seen from the Competition Commission’s findings in 2003); and
- In addition to increased consumer awareness initiatives around alternative *options* available to clients, there could be benefits to improved *transparency* around the medicine

³⁶ Remedies WP, para 2.24.

³⁷ See for example the response to RFI 17 question 2.

³⁸ Remedies WP, para 4.114.

³⁹ See also VetPartners response to the CMA Medicines WP (submitted on 21 March 2025), Section 4(A).

⁴⁰ See $\propto$.

⁴¹ RCVS Supporting Guidance, Consumer rights and freedom of choice, para 10.3.

pricing practices in the sector, so that (a) prices are more clearly linked to costs, and (b) consumers have a better understanding of the cost and prices for comparison purposes (without having to effectively add up the right combination of fees and prices).

- 8.4 VetPartners understands that the CMA’s present thinking is reflected in the CMA’s currently preferred ‘remedy package’, which includes:⁴²
- (a) Mandatory written prescriptions in each situation where a pet requires medication, with limited exceptions;
 - (b) Price transparency, with prescriptions containing the average or lowest online price for the specific medicine;
 - (c) A form of generic prescribing.
- 8.5 VetPartners will, therefore, focus its remarks on this remedy package without, at this stage, commenting further on the various other options raised by the CMA.

B) Mandatory prescriptions

i. Transparent pricing

- 8.6 VetPartners understands that the CMA is considering making significant changes to the way in which pet owners can obtain their medicines, with the aim of ensuring greater awareness around clients’ *options* to (a) buy medicines elsewhere, or (b) achieve savings from either the choice of provider or brand of medicine, which the CMA hopes will drive further price competition and reduce prices. Before commenting more specifically on the potential remedies in this area, it is necessary to first point out three apparent misconceptions in the CMA’s current understanding of the prescribing process and how practices compete on prescriptions. These are:
- The first misconception relates to the CMA’s assertion that the vet’s selection of treatment and medication options are covered by the consultation fee, and that the prescription fee only seeks to cover the cost of “*writing a prescription (for example, inputting the data required, dosages etc.)*”:⁴³
 - This assertion is factually incorrect – the cost associated with the ‘prescribing’ service is not covered by the consultation fee, as (a) not all consultations lead to the prescribing of medicines, and (b) many prescriptions are issued at a later stage, outside of the consultation.
 - VetPartners has previously provided the CMA with a breakdown of the steps and costs related to the prescription process.⁴⁴ ✕.
 - ✕.⁴⁵
 - The second misconception relates to the CMA’s suggestion that vet practices do not compete to any material extent on prescription fees.⁴⁶ Prescription fees are one of the few items that, with some consideration, can be most effectively published by vet practices as

⁴² Remedies WP, para 4.132.

⁴³ Remedies WP, para 4.13(a).

⁴⁴ In response to the CMA’s s.174 Notice (RFI 17) of 11 April 2025 (submitted on 9 May 2025), and in response to the CMA’s s.174 Notice (RFI 18) of 14 May 2025 (submitted on 27 May 2025).

⁴⁵ ✕.

⁴⁶ Remedies WP, para 4.95.

a headline comparator for consumers. Indeed, this is also recommended by the BVA's guidance for the veterinary profession on transparency and client choice of 2 May 2024. ⁴⁷ Consequently, provided that there is sufficient transparency, practices are incentivised to compete on the level of prescription fees. In this regard it is worth recalling the CMA's finding that 94% of practices face at least three local competitors.⁴⁷

- The third misconception relates to the CMA's assertion that there is no quality variation in prescriptions.⁴⁸ This appears to be linked to the CMA's misunderstanding of what is covered by the prescribing services that make up the prescription fee. As explained above, the prescribing service includes various elements. It is significantly more than merely an administrative task. VetPartners has also previously illustrated the quality variations in prescribing by giving the example of VetPartners' investment in training and development of vets to improve their clinical performance in prescribing the most effective and appropriate medicines in each case – this is one of the key features of the clinical care provided by vets.⁴⁹
- 8.7 ⁴⁸. This sector-wide practice will be referred to as the “**Medicines Pricing Status Quo**”. The CMA recognises that its preferred remedy of mandatory prescriptions, if implemented, would require significant changes to the sector.⁵⁰
- 8.8 VetPartners would not, in principle, object to a remedy which seeks to change the Medicines Pricing Status Quo across the sector by requiring a prescription fee to be charged in each situation where a pet requires medication (regardless of where the medication is eventually bought), thus distinguishing clearly between the cost of the service and the cost of the medicines. This would mean that (a) a pet owner is in each case *offered* a written prescription (though not necessarily given one, if not required by the pet owner), and (b) medicines sold by FOPs can be priced in a way that does not need to factor in the costs of prescribing. This would lead to lower headline prices for medicines sold in FOPs and will allow pet owners to make more accurate like-for-like comparisons with online prices.
- 8.9 However, in order for the remedy to be effective, it would be important to ensure that (a) the remedy is consistently implemented across all practices, and (b) the remedy is focused on changing the Medicines Pricing Status Quo through enhanced transparency. This could be achieved by distinguishing and clarifying the different elements inherent in the supply of medicines to clients, including:
- (a) The prescription *service* (as more fully set out above), for which a prescription fee will be separately charged (based on the costs of the prescription service provided),
 - (b) The *retail sale* of the medicine products, for which the price of the products is to be separately charged (based on the purchase costs of the medicines); and
 - (c) The dispensing or delivery *service* (as applicable), for which a dispensing or delivery fee is to be separately charged (based on the cost of the dispensing in the case of sales by an FOP, or delivery and/or other fees in the case of online retail sales).

⁴⁷ Remedies WP, para 2.39.

⁴⁸ Remedies WP, para 4.100.

⁴⁹ See VetPartners' response to the CMA Medicines WP (submitted on 21 March 2025), Section 6(C) para 6.14.

⁵⁰ Remedies WP, para 4.46.

8.10 Provided that there are no restrictions on prescription fees and practices are able to charge for their professional time related to the prescription service (and indeed compete on such fees), this approach would have the benefit of:

- ***Ensuring more effective competition and consumer benefits in the long term*** – If these core elements are made clear and are charged separately, this will ensure more effective competition between different FOPs, and between FOPs and other retailers on each of these three elements. This will incentivise FOPs (and other retailers) to try to find efficiencies and reduce the costs of each of these elements, which will ultimately benefit consumers. This is particularly the case as (a) clients would be able to more effectively compare prices by looking at the medicine prices only (without having to add up various charges), and (b) charging a separate prescription fee in and of itself would raise awareness around the options for buying medicines elsewhere.
- ***Avoiding the negative unintended consequences of the CMA’s proposal for written prescriptions in each case*** – The CMA recognises that there would be administrative challenges in the implementation of a remedy that requires vets to provide a written prescription in each case where medication is needed.⁵¹ These challenges could be mitigated – at least in the short to medium term (assuming a prescription portal could be developed in the longer term that could ease the burden on practices and prevent fraud) – by focusing on changing the Medicines Pricing Status Quo in a proportionate manner, and ensuring that a prescription is *offered* but not *provided* where the client elects to buy the medicine from the FOP (i.e., prescriptions will not be issued unnecessarily, preventing wastage).

ii. No restrictions on pricing for prescriptions or medicines

- 8.11 As mentioned above, for this prescription remedy to be effective, practices would need to be free to set the level of their prescription fees based on the cost to practices and to compete on the level of such fees (in addition to other parameters of competition, such as quality). For example, the prescription fee would, for the most part, be made up of the vets’ professional time which will vary across practices. Some practices may also want to recover the additional administrative cost of providing a written prescription.
- 8.12 VetPartners believes that if practices are free to compete on these charges, they would be incentivised to improve efficiencies and reduce prices.
- 8.13 If any restriction were imposed on practices’ ability to charge for the prescription service, this would serve only to reduce transparency, as some practices may seek to recover the lost revenues from prescription services elsewhere (e.g., consult fees). In other words, this would merely shift the balance of charges, without any improvement to consumer transparency and competition. This would also lead to unintended consequences, including harm to animal welfare, as higher consult fees would prevent more animals from receiving preventative or critical care.
- 8.14 It is worth recalling that prescriptions need to comply with the legal requirements under the Veterinary Medicines Regulations 2013 and related legislation. Vets are not permitted to ‘opt out’ of their legal responsibilities on commercial grounds. Similarly, they have virtually no scope to “*increase the efficiency of the prescribing process, since it is no longer a revenue generating activity*”, as the CMA suggests.⁵² VetPartners understands that the CMA’s assertion may simply

⁵¹ Remedies WP, para 4.35, and 4.46.

⁵² Remedies WP, para 4.102 (a).

be a consequence of the CMA's misunderstanding of the prescription process and fees, as explained above. While VetPartners recognises that in practice there may be scope for making the administrative element of the service more streamlined and efficient, this is certainly not true for the clinical element of the prescribing service.

- 8.15 For completeness, VetPartners believes that the changes to the Medicines Pricing Status Quo would likely have the effect of reducing medicine prices in a reasonably short time frame. Therefore, VetPartners does not believe that an additional price freeze of medicine prices at current levels, or some form of maximum price, would be reasonably required. In any event, for such a remedy to be reasonable and effective, it would also need to either regulate the prices charged by manufacturers and wholesalers or disallow price increases from such third parties.

C) Price transparency

- 8.16 VetPartners practices already publish prescription and dispensing fees on their websites. As noted above, clients can easily consider and compare these charges.
- 8.17 VetPartners also does not, in principle, object to enhanced transparency around medicine prices at FOPs. However, clients do not necessarily need or want to know the costs of *all* medicines sold by the practice as long as they are aware of the prescription costs and:

- Have a general indication of the level of medicine prices at a FOP; and
- Can easily compare the prices of the medicines *prescribed* by the FOP and the prices of such medicines at other retailers (i.e., without having to add up various charges). As mentioned, many clients can make this comparison in an instant with mobile devices, and the CMA's concerns around time and other barriers such as service, are overstated. Further, effective competition does not require a price comparison by all clients in all cases. Clients that do not (or are unable) to effectively compare prices for individual prescriptions will in any event benefit from reviews and feedback from other clients, expressing their views on the medicine prices of individual FOPs. In other words, it is unlikely that a practice would be able to effectively charge high prices for medicine products (on top of the separate prescription fee), without losing significant sales. Again, it is worth recalling the CMA's finding that almost all practices face at least three local competitors, in addition to VetPartners' evidence of increased competition from online retailers.

- 8.18 VetPartners does not believe that it would be reasonable or practical to require that written prescriptions contain a statement around 'potential savings' (assuming written prescriptions are to be issued in each case). First, there is no evidence of such savings when comparing prices on a like-for-like basis, as set out above. Second, it would be unreasonable to impose on vets a requirement to make a statement about the price or quality of other providers. For example, if an alternative provider mentioned by the vet did not deliver the medicines or did so late, in damaged packaging, the wrong quality or in the worst case fraudulently, this would undermine the trust that is central to the relationship between vets and their clients. Thirdly, there would be a whole host of practical challenges around giving the price of alternative providers (e.g. many clients are not comfortable with digital solutions such as QR codes, this would take time including any further conversation with clients about the options, the other provider may be out of stock, etc.).

D) Generic prescribing

8.19 VetPartners understands that the CMA may be interested in greater price competition from generic prescribing.⁵³ However, the CMA overestimates the nature of the ‘concern’ as, in practice, the process of requesting the vet to change a prescription does not pose an unreasonable barrier to price competition, and this process works effectively in practice, with limited disruption to clients (and vets generally do not charge a separate prescription fee). This process is, therefore, more reasonable and proportionate, in that it appropriately balances the vets’ time, animal welfare, and the need for inter-brand competition on price.

8.20 Further, for the reasons outlined and recognised by the CMA,⁵⁴ the CMA’s proposal for generic prescribing would have unintended consequences, and lead to worse consumer outcomes.

- There are important differences between ‘clinical alternatives’ (as recognised by the CMA). Vets are responsible for their prescriptions, which could have liability consequences. They are not permitted to effectively ‘outsource’ this decision to the consumer or a third party to decide on alternatives considering price differences.
- It would not be reasonable, practical or proportionate to impose an obligation on vets to recommend more than one medicine. This requirement would lead to increased costs (and higher prescription prices) as vets would be required to spend more time during consultations reviewing data sheets of different medications, to compare and recommend alternatives that are suitable. It is simply impossible for vets to know and be aware of all possible alternatives for each treatment and medicine. Even understanding the differences between distinct forms of the same medicine is difficult and time-consuming. For example, the summary of product characteristics data sheet (consisting of 7 pages) for $\times$ hard capsules for dogs states that:⁵⁵

‘a dose adjustment may be necessary if the dog is swapped from $\times$ hard capsules to $\times$ chewable tablets, or vice versa, as a strict interchangeability between the two products cannot be assured, as some dogs may respond differently to the change in pharmaceutical form’.

8.21 Therefore, if the CMA is set on price competition on generics, this cannot be done by imposing an additional burden on vets. Rather, the CMA should be aware that this would require a radical change to the current system, to move the ‘service’ and associated liability away from the vet. However, the quality of the prescription service would be significantly diminished in that scenario, as VetPartners disagrees with the CMA’s suggestion that the client would be better placed to make this decision. Invariably, the retailer would have to pick up this ‘service’ and assume the liability.

8.22 VetPartners, in the main, supports branded medicines as VetPartners believes that these incentivise investment, research and development in veterinary medicines in the UK. This is critically important for the purpose of ensuring continued innovation in treatments (particularly as there is significantly less investment in the R&D of veterinary pharmaceuticals compared to human pharmaceuticals) and, therefore, animal welfare. VetPartners is, therefore, surprised that the CMA appears not to have considered the long-term implications of an early push to generics. The CMA cannot ignore the medium to long-term disadvantages of such a radical policy decision.

⁵³ Remedies WP, para 4.75.

⁵⁴ Remedies WP, paras 4.79, 4.82, and 4.83.

⁵⁵ Available at: $\times$.

8.23 ✂. The current proposal seems to be a case of ‘using a sledgehammer to crack a nut’.

9. Remedies aimed at cremations

A) Transparency remedies

- 9.1 It is not clear to VetPartners what exactly the CMA considers necessary in terms of the required transparency and options for cremations. VetPartners has no objection, in principle, to greater price transparency in relation to communal and individual cremations. It should be clear, however, that due to the large range of possible options for individual cremations, it would not be possible to provide precise price estimates for each possible option. For example, there are many different receptacles that pet owners could choose.
- 9.2 In VetPartners’ experience, practices already tend to provide an effective end-of-life service to pets (as shown by the evidence), and present clients with all appropriate options. VetPartners previously informed the CMA that providing clients with more information of the steps involved in the process would come across as insensitive and reduce the quality of the ‘service’ provided.⁵⁶
- 9.3 Instead, clients may benefit from more education regarding end-of-life care, so that they can start considering options for cremations earlier in the lifetime of the pet, to reduce the stress of decision-making in difficult and emotionally charged circumstances when faced with the euthanasia or death of their pet. In VetPartners’ view, this should be the focus of the CMA’s efforts on cremations and could also be added to the RCVS Find a Vet.

B) Price controls

- 9.4 VetPartners notes that the CMA has not set out any clear basis or evidence to substantiate the potential need for price controls on cremations. Rather, it seems that the CMA has not yet considered this area in full. VetPartners is reluctant to provide comments on a wide range of hypothetical remedies, that are not justified or well thought through. For example, it is surprising that the CMA (a) still refers to ‘mark-ups’ on cremations despite VetPartners’ explanations as to why this is inaccurate and unhelpful,⁵⁷ and (b) is considering whether to limit the proposed remedy to larger practices only in circumstances where there can clearly be no reasonable basis for such discrimination. VetPartners submits that this remedy should be abandoned at the outset, and reserves the right to provide further comment, if the CMA were nevertheless to pursue this further.

⁵⁶ See VetPartners’ response to CMA Demand WP, para 7.15.

⁵⁷ See e.g., VetPartners’ response to the CMA’s issue statement of 9 July 2024 (submitted 30 July 2024), paras 6.3 and 6.4.