

CMA veterinary services for household pets market investigation
Linnaeus response to the Remedies Working Paper, dated 1 May 2025
30 May 2025

Section A – Executive Summary

1. Introduction

- 1.1 Linnaeus welcomes the opportunity to comment on the CMA’s working paper on remedies (the **Remedies WP**) published on 1 May 2025.
- 1.2 Linnaeus sets out overarching observations in relation to the potential remedies considered by the CMA in the Remedies WP in Section A. In Section B, detailed comments are provided on each potential remedy, including responses to the CMA’s consultation questions.

2. Any remedies must be reasonable and proportionate to any harms identified when assessed individually and cumulatively

- 2.1 The Remedies Working Paper recognises that *"some of [the potential remedies] could place burdens on vet businesses and we are conscious of the need to design these such that they are minimised as much as possible, as well as the overarching importance that all remedies are proportionate to any harms"*.¹ Further, *"each potential remedy should be considered individually in order to consider how it might work and its possible impact"* but *"it is also necessary to consider each remedy in the context of an overall package"*.² More generally, CMA Guidance is clear on the need for any remedy to be reasonable (having regard to its proportionality) and practicable.³
- 2.2 Linnaeus remains of the view that: (a) the CMA has not articulated how any of the evidence it has gathered during the course of the investigation could ultimately amount to a finding that there is an adverse effect on competition (**AEC**) in the market; and (b) Linnaeus operates in a highly competitive and dynamic commercial environment, which features vibrant local competition across a range of price and non-price metrics, none of which is properly accounted for in the working papers.⁴ **[Redacted – Confidential]**. Therefore, whilst Linnaeus has acknowledged the need for improvement and reform in certain areas, whatever harm the CMA may identify **[Redacted – Confidential]**.

¹ Remedies WP, paragraph 22.

² Remedies WP, paragraph 29.

³ CC 3: Guidelines for market investigations: Their role, procedures, assessment and remedies, paragraphs 329, 342, 354.

⁴ See Linnaeus response to CMA’s Working Papers, published here: <https://assets.publishing.service.gov.uk/media/68135fbe5966d01801999e6b/Linnaeus.pdf>

- 2.3 When set against this background, certain potential remedies considered in the Remedies WP are likely – individually – to: (a) be unfeasibly burdensome for veterinary businesses; and (b) produce negative consequences for vet businesses and pet owners which outweigh the intended aims. Moreover, taken in their totality, the combined effect of all potential remedies would be very material for Linnaeus and the industry.
- 2.4 Any potential remedies must be applied to all veterinary business models if they are designed to achieve the CMA’s stated aims and benefit all consumers. It would be wholly disproportionate and unjustified by the evidence presented to date by the CMA to exclude the independent sector. The remedies would impact veterinary businesses of all sizes by reducing productivity and introducing a staggering level of complexity and administrative burden into the provision of veterinary care in the UK, which could further have a negative impact on innovation and investment into clinical care, staff support and customer service. The veterinary sector would face a step change in its cost base which, in addition to leading to higher prices for consumers, is also likely to call into question the ongoing viability of some business models. While Linnaeus **[Redacted – Confidential]** these potential remedies, Linnaeus anticipates the impact of such remedies would be felt across vet clinics of all sizes, regardless of ownership. It will be critical that the CMA, in seeking to address some aspects of the market where there is broad agreement that changes would be appropriate and helpful for consumers, does not “overshoot” by imposing burdens that go further than is merited or proportionate, and lead to a deterioration in productivity and unduly higher costs. The proposals set out in the Remedies WP contain remedies that overshoot in this way.
- 2.5 Linnaeus identifies in more detailed comments in Section B which aspects of the potential remedies are particularly burdensome and problematic, but the overarching point for Section A is that this remedies package, if imposed in its entirety, would be entirely disproportionate to any harm the CMA may identify in its Final Report.
- 3. Linnaeus is supportive of certain measures aimed at improving transparency but considers that the impact of some potential remedies in the Remedies WP (taken either in isolation or cumulatively) would be significantly burdensome and lead to detrimental industry-wide consequences**
- 3.1 While recognising the costly burden on veterinary businesses that these proposed measures would create, in principle, Linnaeus is supportive of a number of the remedies in the Remedies WP (many of which were addressed in the package of measures that Linnaeus, together with several other large corporate groups, put to the CMA in February 2024), including those relating to:
- (a) pricing transparency for key treatments and services;

- (b) prohibiting business practices which limit clinical freedom to provide or recommend a choice of treatments suited to the circumstances of the pet and its owner; and
 - (c) reforming the regulatory framework to regulate vet businesses (rather than only clinicians), requiring businesses to have effective complaints handling and to support the effective use of veterinary nurses.
- 3.2 Linnaeus sets out in Section B below the ways in which the above remedies could benefit pet owners and the veterinary sector as a whole, as well as some important considerations to ensure such proposals are well scoped and appropriately implemented in order to avoid unintended consequences.
- 3.3 However, Linnaeus is concerned that several of the potential transparency-related remedies identified in the Remedies WP would be significantly costly and resource-intensive for veterinary practices of all sizes, and as a result are likely to negatively impact pet owners. In particular:
- (a) Potential remedies requiring: (i) vets to provide a written report summarising possible treatment options in all or most cases (**Remedy 5**); and (ii) mandatory prescriptions (**Remedy 7**), will take vets significant additional time to complete and will therefore inevitably result in longer consultation times and a reduction in how many patients a vet can see during a given day. This will affect all vets who spend their consultation time advising pet owners on the unique needs of their pets, irrespective of the business for which they work. This will lead to materially decreased productivity and ultimately increased costs for pet owners in an industry characterised by a shortage of veterinary professionals. If preparing a written report (as proposed in Remedy 5) and preparing written prescriptions for all medications (as proposed in Remedy 7) were to each add five to ten minutes to the average to the length of consultations, which is a reasonable estimate in Linnaeus' view, FOPs would be required to increase their standard 15-minute consultations to 25 to 35 minutes. This would result in FOP vets on average only being able to see c.**[Redacted – Confidential]** rather than the current c.**[Redacted – Confidential]** pets in a day, leading to increased wait times for pet owners to book appointments and reducing the access to care for pets.
 - (b) The introduction of a price comparison website (**Remedy 2**) would be highly problematic, given it would entail a significant administrative burden (and consequently increase costs for practices) and ultimately seeks to homogenise and commoditise a service which is highly individualised and sophisticated. Linnaeus considers that this proposal could negatively impact the provision of contextualised care in a serious way, and result in adverse outcomes for pets, in addition to posing considerable practical issues.

Consumers are already able to identify nearby vet practices through a simple online search. Once the information requirements in Remedy 1 are fully implemented across the sector, it will be possible to compare standardised pricing. This pricing will be available on clinic websites accompanied with additional information that vet clinics wish to publish about service levels and the quality of their offering more generally. No price comparison website will be able to capture quality information to a representative degree. Indeed, such an approach will be more likely to discourage vet clinics from investing in quality, innovation and enhancements in service delivery which are not readily able to be recognised and ranked in a price comparison site.

Linnaeus competes to attract pet owners on the basis of its high quality offering, and supports measures which assist consumers in making informed choices about their care. Linnaeus does not support measures that will encourage the type of “race to the bottom” that is likely to ensue from the dynamics which arise from price comparison websites. This will have the effect of seriously undermining high quality business models to the detriment of consumers in a highly complex area of service provision.

- (c) Potential remedies in connection with how consumers are informed of medicine prices and potential savings (**Remedy 8**) are also likely to carry a significant administrative burden. These proposals – such as requiring vets to print a comparison price on prescriptions – are entirely unprecedented across any other sector and are excessive, burdensome and highly impractical.

Linnaeus is unaware of many other industries where suppliers are required to advertise the existence of competitors. This already takes place under current regulation in the veterinary sector (namely the obligation to advise clients by means of a large and prominently displayed sign in the waiting room or other appropriate area that written prescriptions are available in order to obtain medicines from another veterinary practice or pharmacy)⁵, and Linnaeus has proposed measures by which this could be enhanced. To go further and require vet clinics to advertise detailed price comparison information about those competitors – in whatever form – is completely unprecedented, burdensome, and entirely upends the principles of a market economy (even a regulated one).⁶ If online

⁵ Paragraph 10.3(g) Supporting Guidance to the RCVS Code of Professional Conduct for Veterinary Surgeons.

⁶ By way of illustrative example, Ofgem’s Standard Licence Conditions (**SLCs**) for both Gas and Electricity Suppliers (accessible here: <https://www.ofgem.gov.uk/licences-and-licence-conditions>), which were amended following the CMA’s energy market investigation, require domestic suppliers only to: (i) provide consumers with information to help them understand that they can switch tariff and supplier and that they may benefit from doing so (SLC 31F.4); and (ii) provide a package of information to each consumer in certain notices and at other key points to prompt them to consider switching tariff and enable them to do so (SLC 31F.5). This package of information consists of: (i)

pharmacies and other competitors wish to compete more vigorously for customers, they are free to increase their investment in advertising and marketing (as would be the case in any other sector), building on the very clear information that vet clinics are, and may in the future increasingly be, required to provide about the existence of other sources of supply (a feature that does not exist in many other sectors).

4. **Potential remedies which seek to control pricing elements are likely to be distortive and result in unintended consequences**

4.1 Linnaeus is concerned that the CMA is considering as potential remedies "*which have a realistic chance of being taken forward*" ⁷ several interventionist remedies which seek to prohibit prescription fees, or cap the price of medicines or prescription fees (**Remedies 7, 10 and 11**).⁸ As explained in greater detail in earlier submissions:

- (a) **[Redacted – Confidential]**;⁹
- (b) **[Redacted – Confidential]**; and
- (c) **[Redacted – Confidential]**.¹⁰¹¹

4.2 In this context, it would be unreasonable and disproportionate to impose on Linnaeus remedies which would limit its pricing freedom on the medicine side of its business (either in relation to prescription fees or medication). These remedies may also lead to significant market distortions **[Redacted – Confidential]**. Linnaeus further expects that this is also likely to be the consequence across the wider industry; if prices are capped in one place, then they are likely to go up in another. The CMA is not in a position to fully appraise the extent of distortive knock-on effects of such a remedy.

5. **[Redacted – Confidential]**

5.1 By their nature, transparency remedies and remedies that seek to promote consumer awareness of, and willingness to engage with, alternative suppliers of medicines should be applicable to the sector as a whole in order to provide sufficient benefits to consumers.

5.2 As set out above, Linnaeus strongly opposes certain of these proposed remedies relating to medicines. However, should the CMA ultimately decide to impose a remedy which seeks to force the sector to adopt these

informing the consumer if there are cheaper tariffs they could switch to with the same supplier; (ii) a projection of the consumer's annual costs; and (iii) information on the consumer's current tariff that they would need to compare tariffs across the market (see Ofgem's guidance on the rules here: https://www.ofgem.gov.uk/sites/default/files/docs/2018/12/guide_to_the_customer_communications_rule_changes.pdf). These conditions relate to a supplier's own offerings and not those of any competitor.

⁷ Remedies WP, paragraph 30.

⁸ In addition, Linnaeus is opposed to **Remedy 9**, for the reasons set out in the table below.

⁹ **[Redacted – Confidential]**.

¹⁰ **[Redacted – Confidential]**.

¹¹ **[Redacted – Confidential]**.

measures, there would be no justification – and in particular, no evidence presented in the CMA’s working papers that could serve as a reasonable basis – for failing to apply them to all suppliers of veterinary care, regardless of ownership structure.

- 5.3 Linnaeus has also set out in this paper its strong objection to any form of medicines price control being imposed on Linnaeus. Linnaeus considers that these objections firmly point towards the CMA not having a basis to impose price controls on the sector as a whole. **[Redacted – Confidential]**.

6. Linnaeus remains supportive of proportionate reform to the current regulatory framework, but certain potential remedies go further than is appropriate

- 6.1 Linnaeus remains supportive of proportionate reform of the current regulatory framework to bring that framework in line with the modern UK veterinary profession landscape. However, as set out in greater detail below, Linnaeus is concerned that the proposed remedies to impose a binding adjudication process and a veterinary ombudsman (Remedies 24 and 25) are disproportionate and would add significant and unnecessary cost and complexity, which would ultimately be borne by consumers.

Section B – Detailed comments and responses to the CMA’s consultation questions

CMA Question	Linnaeus Response
Introduction / Framework for assessing remedies / Trialling of information remedies	
Question 1: We welcome comments regarding our current thinking on the routes to implementing the potential remedies set out in this working paper.	Linnaeus does not have overarching comments to make in respect of the CMA’s thinking on the routes to implementing the potential remedies, however Linnaeus has reflected in the specific responses below where further consultation / engagement would be appropriate with relevant stakeholders.
Question 2: We invite comments on whether these (or others) are appropriate information remedies whose implementation should be the subject of trials. We also invite comments on the criteria we might employ to assess the effects of trialled measures. Please explain your views.	As previously noted to the CMA, Linnaeus is a lean organisation and has concerns as to the feasibility of conducting trials. To the extent that trials are deemed appropriate, these would need to be targeted and proportionate so as not to cause disruption to veterinary businesses, in addition to being time limited.
Helping pet owners choose FOPs, referral providers and treatments that are right for them and their pet	
Remedy 1: Require FOPs and referral providers to publish information for pet owners	
<i>Overarching comments</i>	Linnaeus supports pricing transparency for key treatments / services, where it is possible to clearly and simply define the treatments or services in question. Where there is a greater degree of variability in the treatment or service which is being provided, the implementation of pricing transparency is more complex, and risks resulting in misleading headline prices and confusion for pet owners. One example is parasiticides, where vets can prescribe a variety of products depending on availability as well as variability of the animal species, size and lifestyle.

CMA Question	Linnaeus Response
	It would not be feasible or informative for a practice to list out all possible pricing scenarios in those circumstances. Linnaeus notes that an unintended consequence of a poorly designed pricing transparency remedy could be that customers go to a different vet each time based on the lowest price at a given time. Continuity of care and a relationship with a vet is important for good patient outcomes. For this reason, increased pricing transparency should be considered alongside how quality is communicated to customers. This is critical to making sure an informed decision is made in the round based on available price and non-price metrics. Linnaeus is supportive of the publication of standardised information on practice websites on practice ownership, RCVS PSS accreditations and other basic information. Linnaeus agrees with the CMA's current view that mandating the publication of standardised customer feedback is neither a proportionate remedy, nor is it likely to be effective.
Question 3: Does the standardised price list cover the main services that a pet owner is likely to need? Are there other routine or referral services or treatments which should be covered on the list? Please explain your views.	The standardised price list is extensive and covers a range of services required through the lifetime of a pet. Linnaeus would not suggest that any further treatments or services are added to this list. On the contrary, the list is already excessively long as formulated and would be too unwieldy to be usable for consumers or maintainable by veterinary practices. With this in mind, specific comments on the proposed standardised price list in Table 3.1 and Appendix A of the Remedies WP are as follows: Category 1: these services are comprehensive. However, Linnaeus notes that "<i>nursing care</i>" is difficult to define for the purposes of a standardised price list and will differ significantly between patients. Linnaeus would therefore propose that this is excluded altogether on the basis that it devalues the value and integral relationship of veterinary nurses' care to pets. As discussed at the CMA Remedies Vets Roundtable for LVGs, nursing care is not an optional service for hospitalised patients and the scope of care can vary enormously between vets and between different practices. There is also the question of definition – does basic nursing care mean providing food, water and toileting or does it also encompass intravenous catheter care and fluid administration. Attempting to charge by the minute (or unit) could lead to unintended consequences,

CMA Question	Linnaeus Response
	namely increased costs for clients as well as compromising standards of care if veterinary nurses feel pressured to prioritise timekeeping over patient wellbeing. • Category 2: the inclusion of a prescription fee is appropriate. Linnaeus' expectation is that the dispensing fees and administration/injection fees will require some time and work to implement across internal systems. • Category 3: these treatments are highly variable. For this reason, standardisation is not likely to be possible / meaningful for the pet owner, and these treatments should therefore not be included within the list. For example: ○ Anti-parasite treatment is increasingly being administered to pets on a highly individualised basis. It would not be feasible (or helpful) to cover all possible scenarios for anti-parasitic treatment, as the CMA is suggesting in Appendix A (i.e. a "<i>price per species and weight category, and chemical and pharmaceutical formulation</i>", as well as the "<i>duration in weeks / months</i>"). As well as being highly burdensome from a compliance perspective, this would result in a long list of scenarios which are not likely to be meaningful to pet owners. ○ A similar concern applies to the inclusion of chronic conditions on the list, given the high degree of variation in these conditions (particularly dermatitis and arthritis) and the need for investigation and ongoing monitoring, which is characterised by a highly contextualised approach tailored to patients and dependent on a patient's response to treatment. There is no uniform approach in relation to the conditions listed in this section. For this reason, any figures provided are not likely to be meaningful and chronic conditions should be excluded from the list. • Category 4: As a general point, and as was raised at the CMA Remedies Roundtable for LVGs, there is a risk of significant degradation of quality and a 'race to the bottom' on publishing prices for certain procedures as compared to specific services such as consultation. It is crucial that, if the CMA continues with its proposal to include this category of treatments in the standardised price list, that an independent body (such as the RCVS) is involved in clearly delineating what is involved

CMA Question	Linnaeus Response
	in these procedures as Linnaeus is concerned that it could be possible to undertake some of these treatments whilst cutting significant corners with an impact on the quality of care. For example, the type of suture material used, the level of sterility undertaken for routine neutering and/or the amount of PPE used. The CMA should bear in mind that this is not an industry that is easy to commoditise – it is an industry focused on the care and treatment of much-loved living creatures. Further, Linnaeus has significant concerns that, given the level of variability and complexity involved in a number of treatments in this category, that having a “starting from” price or a range could set unrealistic expectations for consumers. ○ Routine dentistry: the CMA’s proposal is appropriate. ○ Routine surgeries: the surgeries identified by the CMA within this category, i.e. lump removal and laceration repair entail too much variability (e.g. size of the lump, level of complexity of the reconstruction, histopathological concerns) and therefore any price which is given, even if phrased as a range / ‘starting from’ price is not likely to be meaningful. The CMA’s draft standardised list seems to recognise this, noting that <i>“the price may vary based on the severity of condition”</i>, but Linnaeus’ significant concern is that variability will still be vast and depend on a multitude of factors assessed at consultation e.g. the nature of the lump (benign or malignant) the position on the body (e.g. near face or bottom of animal is more challenging). A “starting from” price is unlikely to provide adequate insight to a pet-owner given the variables and potential complexity involved, which is assessed on a case-by-case basis. A better approach to ensure that a pet owner is sufficiently informed is to have this information explained in consultation, subject to a signed consent form. ○ Castration / spay: the CMA’s proposal is generally appropriate but should include the cost of general anaesthetic, pain relief and a post-operative check. ○ Physiotherapy session: the CMA’s proposal is appropriate. ○ Laser therapy: the CMA’s proposal is appropriate.

CMA Question	Linnaeus Response
	• Category 5: these tests can be highly variable depending on the pet, the number of images / views required, and the issue being diagnosed. For this reason, while there are certain specific tests that may be appropriate for a price list, standardisation across all of the tests below is not likely to be possible / meaningful for the pet owner, and these tests should therefore not be included within the list without careful consideration as to the level of detail required to provide pet owners with adequate information. In particular: ○ X-ray: interpretation should be included in the cost of an x-ray as it is integral to undertaking the test and reaching a diagnosis – without interpretation, a pet owner would not be able to diagnose their pet on sight of x-ray alone. X-rays have a high degree of variability based on the area of the body, the number of images / views required, and the size / type of pet. ○ Ultrasounds: given the high degree of variability possible, this could be limited to most frequently run types of scan e.g. (i) pregnancy scan; (ii) bladder ultrasound; (iii) full abdominal scan. Linnaeus also notes that the price will depend on the level of qualification of the operator (e.g. FOP vet, advanced practitioner, specialist). For this reason, Linnaeus notes that a "<i>starting from</i>" or range price would be more appropriate and must include the interpretation fee as it is integral to undertaking the test and reaching a diagnosis. ○ Cytology tests: as above, the price will depend on the level of qualification of the operator. For this reason, Linnaeus notes that a "<i>starting from</i>" or range price would be more appropriate and must include the interpretation fee as it is integral to undertaking the test and reaching a diagnosis. ○ Basic urine tests: the price may vary depending on what it involves (e.g. dip-stick / specific gravity/urine cytology) and where this is undertaken (in-house or at an external lab), so Linnaeus considers that a "<i>starting from</i>" / range would be more appropriate in this case with specification of what this involves. As above, the price must include the interpretation fee as it is integral to undertaking the test and reaching a diagnosis. ○ CT and MRI scans:

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	▪ The cost of sedation should not be included for MRI as this is always undertaken under general anaesthesia in pets, therefore it would be more appropriate to include the cost of general anaesthesia. For CT scans, sedation can be utilised in certain situations but general anaesthesia is frequently required; ▪ Prices will vary depending on the relevant body area which requires scanning; ▪ As for each of the items above, interpretation fees must be included in the price for CT/MRI tests as these are otherwise meaningless. Interpretation of CT/MRI is often complex and requires extensive training, generally to RCVS Specialist level or equivalent to ensure meaningful interpretation and results. • Category 6: the CMA's proposals are appropriate. • Category 7: Given the additional complexity arising in connection with referral services, it is far more challenging to identify a list of services which would be appropriate for inclusion on a standardised price list. In principle, Linnaeus agrees with the list of specialist treatments and procedures listed within Category 7, but more work would be required in order to achieve true comparability – e.g. all prices should be inclusive of: consultation, anaesthesia / sedation fees and at least 24 hours' hospitalisation. Alternatively, a more straightforward option would be to include only referral consultation prices (for a standardised duration). This would still give pet owners a good feel for differences in practices' pricing propositions, without the uncertainty attached to pricing for specific treatments.
Question 4: Do you think that the 'information to be provided' for each service set out in Appendix A: Proposal for information to be provided in standardised price list is	See response to Q3 above. Linnaeus stresses that it will be particularly challenging to provide pricing for parasiticides, due to the complexity of treatment options, the variety of drugs and suppliers which are on offer, and the number of dosing options. It would also not be possible for Linnaeus to list out every possible scenario in this context as this would be individual to each pet. Accordingly, there is a

CMA Question	Linnaeus Response
feasible to provide. Are there any types of information that would be helpful to include? Please explain your views.	significant risk that any price displayed on the website would not be the price ultimately charged and there would be the potential that this would create an unhelpful mismatch between customer expectations and reality. Further, this could be the case for many of the procedure prices listed as outlined in Linnaeus' response to Q3 above given the number of possible variables and level of complexity involved in each case.
Question 5: Do you agree with the factors by which we propose FOPs and referral providers should be required to publish separate prices for? Which categories of animal characteristics would be most appropriate to aid comparability and reflect variation in costs? Please explain your views.	Linnaeus agrees that a degree of standardisation is required to ensure that the price list is comparable across practices. However, mandating a price list that spans a long sub-set of categories is likely to be extremely burdensome for practices of all sizes and will require additional resources and costs to maintain at a minimum. Specifically: • Animal characteristics: ○ Differentiation by species: this should be limited to cats and dogs (broadly speaking the most common species seen by practices); ○ Differentiation by weight: this should be limited to dogs as the range is vast – approx. 2kg-90kg. As weight is less relevant as a differentiator in cats, Linnaeus proposes to use an average rate of 5kg, with a range of 3kg-8kg. ○ No further specificity or differentiation beyond species and weight (e.g. age / sex): this would add a disproportionate level of complexity and number of possible permutations. • Bundled services: some services necessarily need to be priced in a bundle. This includes castration / spay, which will include the cost of anaesthesia. • Treatment complexity: it is challenging if not impossible to model every possible treatment scenario. Medical treatments inherently carry a degree of uncertainty and therefore prices may vary. Linnaeus has set out specific comments on this (including examples) in response to Q3 above. As was also noted at the CMA Remedies Roundtable for LVGs, complications can occur and these are not included in these proposals but should be referenced to the pet-owner.

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Question 6: How should price ranges or 'starting from' prices be calculated to balance covering the full range of prices that could be charged with what many or most pet owners might reasonably pay? Please explain your views.	Linnaeus considers that an appropriate balance between pet owners' need for predictability and certainty and vet businesses' need for pricing flexibility (to adapt to various treatment scenarios) can be achieved by ensuring that consultation pricing is standardised for easy comparability. Pet owners would then be able to discuss appropriate options for their pets during the consultation and receive a more accurate and personalised estimated cost of treatment (which is likely to be far more useful to a pet owner than a 'starting from' price). To the extent other, more complex, treatments are included within an industry-wide standardised price list, it is critical that vet businesses of all sizes are afforded the necessary flexibility to cover the vast potential range of scenarios which could arise in relation to several treatments, as explained in greater detail above. This could include the use of 'starting from' prices or ranges (although Linnaeus' concerns in relation to this are noted above). As noted above, Linnaeus would not support the excessive use of sub-categories as a means of providing more specificity to 'starting from' prices as this would simply result in an unwieldy list of potential scenarios which would be very difficult for pet owners to decipher and/or set unrealistic expectations.
Question 7: Do you think that the standardised price list described in Appendix A: Proposal for information to be provided in standardised price list would be valuable to pet owners? Please explain your views.	Linnaeus is concerned that the list is too long and complex as currently drafted to be valuable to pet owners. For further details, see responses to Q3 to Q6 above.
Question 8: Do you think that it is proportionate for FOPs and referral providers to provide prices for each service in the standardised price list? Please explain your views.	Linnaeus is concerned that the length and complexity of the proposed standardised price list will create a disproportionate burden on FOPs and referral providers to provide the requisite prices for each of these services / treatments, to the proposed level of detail, and to maintain this price list on a day-to-day basis. For further details on the points that Linnaeus considers go beyond what is realistic and proportionate in achieving the CMA's aims of increasing transparency for consumers, see responses to Q3 to Q6 above.

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Question 9: Could the standardised price list have any detrimental consequences for pet owners and if so, what are they? Please explain your views.	Yes – there is potential for detrimental consequences for pet owners in relation to a standardised price list. In particular: • First, a standardised price list which is too long / complex would likely be confusing / overwhelming for a pet owner to navigate, and at best may therefore not provide the intended benefits and at worst be potentially misleading by setting expectations on costs which may not be reflective of an individual pet’s needs. • Second, a standardised price list in isolation could lead pet owners to make decisions based solely on price and without regard to quality of care. Veterinary care is not homogenous (unlike say, broadband or car insurance) and the final remedy package must therefore also consider how the industry communicates quality to customers as well as price. See responses to Remedy 16 below.
Question 10: Could the standardised price list have any detrimental consequences for FOPs and referral providers? Are you aware of many practices which do not have a website? Would any impacts vary across different types or sizes of FOP or referral provider? Please explain your views.	Yes – there is potential for detrimental consequences for FOPs and referral providers in relation to a standardised price list. In particular: • First, depending on what is included, a standardised price list could risk setting unrealistic / misleading expectations on pricing which will in turn jeopardise a practice’s ability to maintain a relationship of trust with pet owners. In particular, this risk would arise if practices were asked to publish prices for complex treatments / services, leading to the publication of headline prices on a website which are misleading and not reflective of individual cases. • Second, there are significant costs required to implement and update the price list (as noted in greater detail above). Additionally, in so far as Linnaeus itself is concerned: • Linnaeus foresees that it will be challenging to review and amend its coding catalogue to introduce new group-wide coding categories which reflect the categories listed in the standardised price list, and which would be essential to being able to maintain / update the price lists across the Linnaeus estate. Based on previous experience, Linnaeus expects that coding standardisation would take c. 6- 10 weeks per practice, in addition

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	to group-wide training which would be required for all Linnaeus associates utilising the updated coding catalogue. Critically, as Linnaeus has noted to the CMA previously, there are a number of practice management systems (PMS) which are used across the Linnaeus estate. The principal PMS used by Linnaeus is [Redacted – Confidential]. Linnaeus’ PMS landscape presents complexities when implementing a standardised price-list due to the administrative burden on practice-teams for non-[Redacted – Confidential] (where changes have to be implemented locally) and the variance in functionalities across the different PMS, entailing significant costs, resources and time.
Question 11: What quality measures could be published in order to support pet owners to make choices? Please explain your views.	Linnaeus supports the mandatory introduction of the RCVS Practice Standards Scheme (PSS), with further evolution of the existing PSS gradation scheme. For further details, see the response to Remedy 16 below. Demonstrating quality to consumers is very challenging in the veterinary sector, given the complexity of the services provided and the difficulty of producing standardised metrics when the cases that vets deal with range significantly. Linnaeus considers that the existing PSS “Good” and “Outstanding” awards represent a starting point for demonstrating quality, but these awards are reductive and may not on their own enable consumers to understand practices strengths and weaknesses.
Remedy 2: Create a comparison website supporting pet owners to compare the offerings of different FOPs and referral providers	
Overarching comments	Linnaeus’ view is that pricing transparency (as outlined in Remedy 1 above) would be sufficient to deal with any concerns in relation to pet owners’ awareness of prices and that the CMA should not pursue Remedy 2. First, the introduction of a price comparison website would risk over-simplifying medical care and eroding the principles of contextualised care. Veterinary care is not equivalent to homogenous services in relation to which a price comparison website might be suitable (e.g. electricity; broadband). This remedy runs a serious risk of creating an unsustainable “race to the bottom”

CMA Question	Linnaeus Response
	on whichever metric is chosen to feature within the site, which is not conducive to good outcomes for pet owners or pets. Second, the funding model for such an endeavour is unclear and there is a significant risk of this cost ultimately being borne by pet owners. Linnaeus strongly disagrees with a commercial third party operating such a website. Ultimately, Linnaeus opposes this remedy on the basis that it is complex, costly, risky and disproportionate given Remedy 1 is already available.
Question 12: What information should be displayed on a price comparison site and how? We are particularly interested in views in relation to composite price measures and medicine prices.	Without prejudice to the overarching comments above, Linnaeus considers that any price comparison site should contain uniform price measures that are directly comparable between sites coupled with a clear marker of quality for each practice listed on the site, such as the PSS accreditation. As regards services, select services from Section 1 (<i>"Consultation and preventative care"</i>) of the CMA's proposed standardised price list in Table 3.1 and Appendix A of the Remedies WP may be suitable measures (with the exception of "nursing care" as noted in response to Q3) as well as services from Section 4 (<i>"Surgeries and treatments"</i>), such as spay and castration which are procedures that are commonly included on veterinary practice websites. However, the display of any price measure must be clearly linked to a quality measure to enable owners to make comparisons across sites beyond price alone. It is not clear how price comparison websites could feasibly capture quality information to a representative degree, given that this is a highly complex area of service provision. Failing to properly provide representative quality information may discourage vet clinics from investing in quality, innovation and enhancements in service delivery which are not readily able to be recognised and ranked in a price comparison website. There is a real risk that the creation of a price comparison website could create a "race to the bottom", that would undermine high quality business models to the detriment of consumers. As regards medicines, Linnaeus notes that thousands of medicine products are sold across its estate, many of which are available in multiple units which have different unit costs. It is not possible to know which unit size a particular practice will be using at any given point. The level of complexity and resource intensity of including medicine pricing within a price comparison

CMA Question	Linnaeus Response
	website cannot be calculated – this would be a mammoth endeavour which would be vastly disproportionate and which Linnaeus strongly opposes.
Question 13: How could a price comparison website be designed and publicised to maximise use and usefulness to pet owners? Please explain your views.	Linnaeus is not supportive of the introduction of a price comparison website and therefore has no views in response to this question.
Question 14: What do you think would be more effective in addressing our concerns - (a) a single price comparison website operated by the RCVS or a commissioned third party or (b) an open data solution whereby third parties could access the information and offer alternative tools and websites? Why?	Linnaeus is not supportive of the introduction of a price comparison website and refers to its more detailed comments above. Without prejudice to this, Linnaeus’ strong preference would be for any price comparison website to be run by the RCVS as a trusted independent body. Linnaeus strongly opposes a solution run by a commercial third party, which would seek to irreparably commoditise a service which is highly individualised and sophisticated to the detriment of consumers.
Question 15: What are the main administrative and technical challenges on FOPs and referral providers in these remedy options? How could they be resolved or reduced?	Linnaeus is not supportive of the introduction of a price comparison website and refers to its more detailed comments above. Without prejudice to this, Linnaeus notes that a price comparison website is likely to entail significant administrative and technical challenges, including: • How to ensure uniformity and consistency for price, quality and other metrics across the estate • How to ensure the provision of timely and up to date information from practices • Significant costs associated with feeding information to the website, and keeping it up to date

CMA Question	Linnaeus Response
	Likely updates to the Linnaeus PMS would be required in order to put through necessary coding amendments and standardise these across the estate. This will also represent a significant cost, time drain and training requirements. Linnaeus expects that at least several of the challenges above (e.g. costs and resources required to keep information up to date) would also be felt keenly by veterinary practices of all sizes.
Question 16: Please comment on the feasibility of FOPs and referral centres providing price info for different animal characteristics (such as type, age, and weight). Please explain any specific challenges you consider may arise.	Linnaeus is not supportive of the introduction of a price comparison website and refers to its more detailed comments above. Without prejudice to the above, Linnaeus refers to its comments in relation to Remedy 1, on the need to avoid the excessive use of sub-categories such as pet age / sex as this is likely to over-complicate any transparency remedy which is implemented.
Question 17: Where it is appropriate for prices to vary (e.g. due to bundling or complexity), how should the price information be presented? Please explain your views.	Linnaeus is not supportive of the introduction of a price comparison website and refers to its more detailed comments above. Without prejudice to the above, Linnaeus notes that although standardisation of bundles would be essential for comparability on a price comparison website, this risks further homogenising the provision of veterinary care, which would be an unwelcome detrimental and anti-competitive development in the market.
Question 18: What do you consider to be the best means of funding the design, creation and ongoing maintenance of a comparison website? Please explain your views.	Linnaeus is not supportive of the introduction of a price comparison website and therefore has no views in response to this question.
Remedy 3: Require FOPs to publish information about pet care plans and minimise friction to cancel or switch	

CMA Question	Linnaeus Response
<i>Overarching comments</i>	In principle, Linnaeus welcomes measures which further improve transparency in relation to pet care plan information and allow pet owners to make an informed decision on which plan (if any) is right for them and their pet. To provide full transparency and consistency for pet owners, veterinary businesses of all sizes would need to comply but Linnaeus nonetheless notes that the introduction of this potential remedy is likely to have considerable compliance costs for veterinary practices (and ultimately may result in higher costs for pet owners).
Question 19: What would be the impact on vet business of this remedy option? Would the impact change across different types or sizes of business? Please explain your views.	Linnaeus considers that this potential remedy is likely to substantially and negatively impact veterinary businesses of all sizes and models (including Linnaeus) in the following ways: • Development costs: Implementation of this remedy may require development of practices' PMS which is likely to come at a significant cost. As noted in previous submissions, [Redacted – Confidential]. Considerable expenditure is likely to be required to consolidate and standardise PMSs, and to implement a CRM system that can use a new, common dataset which would enable more tailored communications with customers. • Ongoing management costs: • Plan administration: The ability to publish the required information would be reliant on the capabilities and services of third-party companies such as PMS providers which may result in practices incurring higher ongoing costs through increased licencing fees. • Communication with clients: Mandating the communication of the information detailed in paragraphs 3.84(a)-(c) of the Remedies WP to pet owners is likely to have an impact on costs and resources due to the complexity of that information. [Redacted – Confidential]. Linnaeus also notes that veterinary practices are not permitted to use trade names of POM-Vs in public facing assets under the Veterinary Medicines Regulations 2013, adding further complexity in

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	communicating the information to clients and permitting fair comparison between plans. • Early cancellation: Linnaeus already operates its plan in line with the process identified in paragraph 3.84(e) of the Remedies WP. [Redacted – Confidential]. With the exception of development costs which are likely to vary according to practices' capabilities and business size, the obstacles highlighted above would apply across all business types or size.
Question 20: How could this remedy affect the coverage of a typical pet plan? Please explain your views.	The requirement to publish the information on pet care plans may discourage some practices from considering adding certain products and services to plans or trialling new plan variations (for example, all-inclusive dental procedures) due to the administrative burden of maintaining price lists, communicating with owners on plan uptake and calculating early cancellation payments. This would apply to veterinary businesses of all sizes and models, which risks reducing the range of preventative care offered to pets.
Question 21: What are the main administrative and technical challenges on FOPs and referral providers with these remedy options? How could they be resolved or reduced?	See response to Q19 above.
Remedy 4: Provide FOP vets with information relating to referral providers	
Overarching comments	Linnaeus already ensures that referral information is made available to FOP vets and/or pet owners in appropriate ways. Linnaeus is not supportive of submitting price information for referral treatments and services to a central platform or, as already addressed above, a price comparison website.

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Question 22: What is the feasibility and value of remedies that would support FOP vets to give pet owners a meaningful choice of referral provider? Please explain your views.	Linnaeus already supports FOP vets in their provision of information to pet owners requiring referral services, in line with option (c) of paragraph 3.89 of the Remedies WP. It considers this to be the most feasible and suitable approach. Referring vets / pet owners are made aware of consultation prices before attending a referral practice. The initial consultation is the entry point for determining next stages of investigation/treatment at referral which is thoroughly discussed along with estimates of costs during a consultation. If FOP vets / pet owners wish to have further price information for their particular pet at an earlier stage, Linnaeus referral practices supply this to the best of their ability before assessing the patient at consultation. In relation to the other two options considered by the CMA at paragraph 3.89 of the Remedies WP: • In relation to option (a) (<i>Publication of prices that are not included in the standardised price lists</i>), in line with its comments on Remedy 1 above Linnaeus notes that price lists for certain procedures which do not entail significant variation (e.g. TPLOs), can feasibly be shared. However, referral services remain a complex and ad hoc offering, which does not easily lend itself to standardisation. In most cases, the best approach will remain for FOP vets to enquire directly with referral centres, and for options and prices to be discussed thoroughly with pet owners during an initial consultation. To avoid distorting an already very competitive referral market, this would also need to apply to businesses of all sizes. • In relation to option (b) (<i>Submitting prices on a central platform</i>), Linnaeus notes that this is highly impractical, challenging and complicated, for the same reasons set out immediately above. Referral services are particularly ill-suited to standardisation in this way and Linnaeus strongly opposes this proposal. Additional challenges include the cost of funding, updating and monitoring such a platform. Overall, Linnaeus considers that a platform of this nature is highly likely to entail significant costs to any referral provider – given it would need to apply to all veterinary businesses to be effective, competitive and fair – and not be at all useful to referring vets or to pet

CMA Question	Linnaeus Response
	owners, given the high degree of contextualised care which is required for this type of service.
Question 23: Are there any consequences which may be detrimental and if so, what are they?	Linnaeus refers to its comments above, particularly in relation to the CMA's proposal at paragraph 3.89(b), which Linnaeus strongly opposes.
Question 24: What do you consider are likely to be the main administrative, technical and administrative challenges on referral providers in this remedy? Would it apply equally to different practices? How could these challenges be reduced?	Standardising the way in which referral pricing information is offered to FOP vets poses the following challenges: • Administrative challenges: data will need to be refreshed / kept up to date, and this exercise will depend on how many services are offered by each referral centre. This will be costly and increase overheads for referral centres; • Technical challenges: Several possible challenges may arise from the use of a central platform, including: lead times to publish and update pricing; how to monitor compliance. These challenges will impact all referral centres and primary care practices who offer some referrals, regardless of ownership.
Question 25: If you are replying as a FOP owner or referral provider, it would be helpful to have responses specific to your business as well as any general replies you would like to make.	Linnaeus refers to its comments above.
Question 26: What information on referral providers that is directly provided to pet owners would effectively support their choice of	Linnaeus considers the following factors impact referral choices: • Client and / or referring vet's previous experience of the relevant centre / service; • Location / Convenience;

CMA Question	Linnaeus Response
referral options? Please explain your views.	• Range of services offered; • Speed of service delivery / Wait times; • Pricing; and • Clinician qualifications. The weight of each factor will vary for each client depending on their individual circumstances.
Remedy 5: Provision of clear and accurate information about different treatments, services and referral options in advance and in writing	
<i>Overarching comments</i>	Linnaeus is supportive of the provision of clear and accurate information about treatments. In line with the RCVS Code of Conduct, Linnaeus associates already ensure that there is informed consent from pet owners prior to undertaking procedures. This is achieved using consent forms, which – following on from a discussion of options with a client – detail: (i) the proposed treatments / intervention; (ii) possible complications associated with the proposed treatment; and (iii) an estimate of costs, as well as consent to data handling for the pet owner. The consent form must be signed by the pet owner before treatment proceeds. Linnaeus nonetheless has serious concerns that aspects of Remedy 5 as currently formulated would significantly increase the administrative burden placed on already time-poor vets across all businesses. This would be challenging to accommodate within existing consultation times given the constraints on veterinary professional time and therefore would result in significant productivity and cost implications across the market, when employers are already dealing with a national shortage of veterinary professionals. By way of illustration, within a standard 15-minute FOP consultation the vet is likely to do as follows: • read the pet’s clinical notes; • greet the pet owner and patient;

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	• elicit the patient’s medical history; • examine the patient; • determine the potential problem and possible diagnoses of the condition(s) for which the patient has been presented; • communicate the options/requirement for further investigation and treatment contextualised to the pet owner and patient; • inform of the possible prices of the above; • gain consent for the next stage of management; • determine and communicate the follow-on plan; and • record notes of all of above. In the context of a 15-minute FOP consultation, it is unrealistic to expect the provision of a written report to the pet owner containing the amount of information outlined by the CMA within paragraph 3.93 of the Remedies WP. If such a written report were to become mandatory – and this burden would need to apply to all veterinary businesses in order to serve all consumers – it is highly likely to result in a material increase in the length of consultations and therefore: increased consultation fees; a reduction in the number of pets each vet is able to provide care for and worsening present concerns around the current capacity of the veterinary workforce.¹² The negative effects of a mandatory written report are likely to be particularly pronounced at the FOP level, given the short consultation durations. Linnaeus considers that the aims of this Remedy 5 could be achieved by a less drastic measure which would require consent forms to include wording which confirms that a member of the

¹² See, for example, Regulation WP, paragraphs 2.24, 3.27, 3.32.

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	clinical team has explained to pet owners the various treatment options or has explained why there is only a single appropriate option (e.g. in emergencies).
Question 27: If a mandatory requirement is introduced on vet businesses to ensure that pet owners are given a greater degree of information in some circumstances, should there be a minimum threshold for it to apply (for example, where any of the treatments exceed: £250, £500, or £1,000)? Please explain your views.	Linnaeus refers to its overarching comments above in relation to Remedy 5. Without prejudice to this, if such a remedy were to be mandated, Linnaeus supports a threshold of at least £1,000 for FOPs and a second higher threshold for referral services of at least £2,000 [Redacted – Confidential], applicable to all veterinary practices industry-wide. If such a remedy were to be taken forward, these minimum thresholds would be essential to limit the administrative burden on vets and the consequential negative effects on pet owners.
Question 28: If a requirement is introduced on vet businesses to ensure that pet owners are offered a period of 'thinking time' before deciding on the purchase of certain treatments or services, how long should it be, should it vary depending on certain factors (and if so, what are those factors), and should pet owners be able to waive it? Please explain your views.	Linnaeus foresees serious practical challenges with the proposal that pet owners are offered 'thinking time' before deciding on the purchase of certain treatments / services: • 'Thinking time' is not appropriate in urgent and complex cases as there is a disproportionate risk of the patient deteriorating during this period (as considered further in response to Q29 below); • In non-urgent cases, Linnaeus considers that a 48-hour period could be reasonable. However, even in non-urgent cases, there is a non-negligible risk of a patient deteriorating during this period and patient welfare remains an overarching concern. • A 'thinking time' period remains impractical even for elective cases due to the resulting impact on practices' efficiency and patient flow. A consultation/treatment process incorporating a 'thinking time' period may require additional time for vets to discuss and then implement treatment. For example, an additional appointment may be needed: a first appointment for diagnosis and discussion of treatment options and a second for the owner's decision and admission/treatment of the pet. This would result in an increase in service price as both consultations would need to be charged for.

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	Linnaeus considers it necessary for pet owners to be given the flexibility to waive the 'thinking time' period at a minimum, as owners may not wish to risk the deterioration of their pet's health and the possibility of worse outcomes or prolong the suffering of their pet. For referral services specifically, a significant number of owners will have travelled some distance to the centre and therefore may not wish to make an additional journey. Even then, as discussed at the CMA Remedies Roundtable for LVGs, there is a risk that owners take significantly longer thinking time, which could compromise the welfare of their pet and/or lead to more intensive/different treatment being required due to delays in the onset of treatment. It would be difficult to determine when appropriate revisits to assess treatment response should be scheduled. This is also a consideration where medication is sourced elsewhere, it may not always be clear to the vet as to when the pet started treatment (particularly if the medication requires time for delivery) making it difficult to determine appropriate timing of follow-ups and/or appointments. There is also the added stress that such waiting time places on pet owner and vet. The pet owner may feel the pressure of responsibility of deciding on the various options that have been presented to them. Similarly, this thinking time is highly likely to weigh on vets, with them worrying about pets and their owners during that period and feeling duty bound to follow-up with them after that time is up if they hear no response.
Question 29: Should this remedy not apply in some circumstances, such as where immediate treatment is necessary to protect the health of the pet and the time taken to provide written information would adversely affect this? Please explain your views.	As noted above, offering a period of 'thinking time' cannot be appropriate in urgent and complex cases as there is a disproportionate risk of the patient deteriorating during this period. This may result in (i) worse outcomes for the health of the pet and (ii) worse outcomes for the owner by virtue of increased costs of treatment due to longer courses of treatment or further interventions being required. Similarly, a written report of options would not be suitable in emergencies / urgent cases for the pet health and administrative reasons set out in response to Q28 above.
Question 30: What is the scale of the potential burden on vets of having to keep a record of	Keeping a record of treatment options offered to each pet owner with the level of detail outlined by the CMA in paragraph 3.93 of the Remedies WP would be a very onerous requirement, with significant implications on consultation durations, as set out in the overarching comments on this

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treatment options offered to each pet owner? How could any burden be minimised?	remedy above. If taken forward, this additional responsibility would need to apply to all veterinary businesses, to ensure all consumers received equal support. The burden on vets could be reduced to some extent by setting appropriate thresholds, as set out in response to Q27.
Question 31: What are the advantages and disadvantages of using treatment consent forms to obtain the pet owner's acknowledgement that they have been provided with a range of suitable treatment options or an explanation why only one option is feasible or appropriate? Could there be any unintended consequences?	Linnaeus supports the inclusion on the consent form of a statement which confirms that the vet explained the options for potential treatment or offered an explanation as to why only one option is available, which would be reviewed and then signed by the pet owner. Linnaeus believes this is the simplest and most effective remedy, which would ensure informed consent is obtained whilst not resulting in any unintended consequences / increased costs.
Question 32: What would be the impact on vet businesses of this remedy option? Would any impacts vary across different types or sizes of business? What are the options for mitigating against negative impacts to deliver an effective but proportionate remedy?	Linnaeus refers to its overarching comments above for a description of the likely impact on vet businesses and pet owners. The requirement to provide a written note of treatment options will impact all businesses, regardless of size or focus. However, as already explained, this remedy is likely to disproportionately impact primary care practices, given the shorter consultation durations. The impact could be mitigated to some extent by setting suitable minimum thresholds, as set out in response to Q27 but Linnaeus ultimately considers this remedy to be disproportionate and unnecessary.
Question 33: Are there any barriers to, or challenges around, the provision of written information including prices in advance which	In addition to the challenges described above, variability in case-complexity can make the provision of accurate estimates challenging. In practical terms, it is extremely difficult to pre-price diagnostics or multiple treatment plans effectively and reliably as there are many decision points throughout the investigation process which can result in numerous care options.

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have not been outlined above? Please explain your views.	
Question 34: How would training on any specific topics help to address our concerns? If so, what topics should be covered and in what form to be as impactful as possible?	Linnaeus believes that the provision of information on diagnostic and treatment options arises through building a vet's skills in all aspects of interaction with customers. Strong communication skills (such as empathy, active listening and reading body language) empowers vets to build trusted relationships with owners which in turn enables vets to present the options most likely to suit the pet owner and respond to any questions or concerns. Linnaeus believes that this is a core part of a vet's practice and as such already offers a number of related courses. ¹³
Question 35: What criteria should be used to determine the number of different treatment, service or referral options which should be given to pet owners in advance and in writing? Please explain your views.	The clinical presentation and appropriateness of treatment for each case should be the primary determiner for the number of options offered. Frequently, there is only one appropriate option. As secondary factors, and where there are multiple acceptable options or complexity to the case, (i) financial implications, (ii) the owner's preference for amount of options presented, and (iii) the owner's ability to decide between options should be taken into account. Relatedly, while vets are mindful that cost is often a very important factor for pet owners, and take this into account when presenting options, Linnaeus cautions that vets should not be accountable for understanding the personal and financial circumstances of a pet owner, as a vet will only have the quality and quantity of information disclosed to them by the owner (many of whom may not wish to discuss such matters with their vet). The factors above are already taken into account and unlocked during a consultation (FOP or referral). It is particularly unrealistic to expect each of these factors to receive a written note which takes account of these considerations prior to attending a referral consultation.
Remedy 6: Prohibition of business practices which limit or constrain the choices offered to pet owners	
<i>Overarching comments</i>	Linnaeus does not employ business practices which inhibit vets' clinical freedom to provide or recommend a choice of treatments suited to the circumstances of the pet and its owner. Clinical

¹³ See Linnaeus' response to Q16 of RFI 17, submitted 2 May 2025.

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	freedom is a core tenet of the provision of care at Linnaeus and, in line with their ethical obligations, Linnaeus' associates will propose whichever treatment options they consider most appropriate for the individual patient (including no treatment), taking into account the principles of contextualised care.¹⁴ Linnaeus associates also have total clinical freedom as to where to make a referral.¹⁵ As such, Linnaeus supports a prohibition on business practices which limit clinical freedom. This includes the proposal previously put forward to the CMA to restrict financial rewards (i) to individual vets to incentivise them to refer-intra group, or (ii) which are tied directly to the revenues generated by vets on an individual basis. Linnaeus would also support the restriction of mandatory intra-group referrals. Linnaeus, like any other commercial enterprise, utilises standard commercial KPIs to monitor operations and encourage efficiencies and clinical KPIs to maintain and improve clinical quality. As the CMA acknowledges, the use of KPIs is good business management and can help ensure good outcomes for consumers.¹⁶ The CMA should therefore ensure that any prohibition on business practices is sufficiently specific in scope to ensure that businesses can operate efficiently and maintain KPIs which do not impinge on clinical freedom. Any restriction on this efficiency may impact the viability of practices and ultimately result in detriment to pet owners. The definition of business practices which fall under the prohibition must also be nuanced enough to capture the distinction between practices which inhibit clinical freedom and those which have some commercial motivation but which are designed to increase awareness of the impact of a particular problem on pet health (at that time and/or in the future if untreated), such as marketing campaigns to encourage preventative care.
Question 36: Are there any specific business activities which should be prohibited which would not be	Linnaeus' view is that all business activities which should be prohibited would be covered by a prohibition of business practices which limit or constrain choice. However, as noted above, the

¹⁴ These principles of care are captured in Linnaeus' Customer Charter, see: [Linnaeus-Customer-Charter-2022-Linnaeus.pdf](#) (Accessed 27 May 2025).

¹⁵ See, for example, Linnaeus' response to Q26 of RFI 17, submitted 2 May 2025.

¹⁶ Business Models WP, paragraph 2.165.

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covered by a prohibition of business practices which limit or constrain choice? If so, should a body, such as the RCVS, be given a greater role in identifying business practices which are prohibited and updating them over time? Please explain your views.	CMA must take care that any prohibition is sufficiently narrow in scope for businesses to operate efficiently. While there is therefore no need for the RCVS to be given a greater role to identify prohibited business practices, there is scope for it to provide guidance to businesses on practices that would fall within the prohibition. This could be made part of the RCVS Code of Conduct and Supporting Guidance which is the mandatory ethical framework for the provision of veterinary care in the UK and to which Linnaeus fully adheres.
Question 37: How should compliance with this potential remedy be monitored and enforced? In particular, would it be sufficient for FOPs to carry out internal audits of their business practices and self-certify their compliance? Should the audits be carried out by an independent firm? Should a body, such as the RCVS, be given responsibility for monitoring compliance? Please explain your views.	In general, Linnaeus supports proposals for a more proactive role for the RCVS for industry-wide monitoring and effective and proportionate enforcement. Linnaeus considers it to be sufficient for FOPs to carry out internal audits of their business practices and self-certify, with RCVS given responsibility for monitoring compliance as part of a mandatory PSS scheme (see response to Remedy 16 below). Linnaeus does not consider there to be the need for an independent monitoring system for this remedy. Independent audits and a distinct monitoring system are likely to result in increased administrative burden and costs.
Question 38: Should there be greater monitoring of LVGs' compliance with this potential remedy due to the likelihood of their business practices which are rolled-out across their sites having an impact on the choices offered to a greater number of pet owners compared with other FOPs' business	As noted in Section A above, Linnaeus strongly opposes the differential application of potential transparency remedies to a sub-set of veterinary practices. This is wholly disproportionate and unjustified by the evidence presented to date by the CMA, which has not carried out a forensic investigation of the extent to which such practices are carried out by independents. There is no good reason to differentiate between LVGs and independents in this regard.

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practices? Please explain your views.	
Question 39: Should business practices be defined broadly to include any internal guidance which may have an influence on the choices offered to pet owners, even if it is not established in a business system or process? Please explain your views.	Linnaeus refers to its comments above with regards to its concerns regarding adopting a suitable definition of prohibited business practices.
Increasing price competition in the medicines market	
Remedy 7: Changes to how consumers are informed about and offered prescriptions Option A: Status quo with a price cap on prescription fees Option B: Status quo with a price cap on prescription fees and improved signage and communication Option C: Mandatory offer of a prescription with a price cap on fees Option D: Mandatory prescriptions for defined categories of medicines with a price cap on fees Option E: Mandatory prescriptions in all cases with limited exceptions and a price cap on fees	
Overarching comments	As noted in Section A of this response and Section 6 of Linnaeus response to the CMA's Working Papers, Linnaeus considers that the evidence does not support market-wide intervention in respect of veterinary medicines. Notwithstanding this, Linnaeus would not be opposed to a remedy involving an industry-wide requirement for improved signage and clearer communication to pet owners that they could purchase written prescriptions, or a requirement for all vets to offer a prescription in all appropriate circumstances. However, Linnaeus does not support a price cap on prescription fees and strongly opposes the CMA's proposal in Option C that vets should provide the average savings that a customer could

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	achieve by using an online supplier, which is unprecedented and disproportionate. In addition, with regards to Option D (mandatory prescriptions for defined category of medicines and a price cap on fees) and Option E (mandatory prescriptions in all cases with limited exceptions and a price cap on fees), Linnaeus considers that the introduction of mandatory prescriptions, even in respect of just a limited category of medicines, would create disproportionate pressures on veterinary practices, as providing prescriptions is time consuming and is often not appropriate or not wanted by pet owners. It is crucial that in assessing any potential remedies in relation to medicines pricing, the CMA takes account of the fact that veterinary groups are operating in a challenging economic climate where costs are rising sharply, and many practices are not making material profits. [Redacted – Confidential]. The profitability of medicines cannot meaningfully be assessed in isolation from other services at FOPs. Margins on medicines contribute to the wider cost of care across a practice and [Redacted – Confidential]. As explained at Linnaeus’ hearing, Linnaeus has no policy of cross-subsidisation within its group. However, given that Linnaeus has inherited historic pricing practices through its various acquisitions and largely leaves local management at clinics to make its own decisions to manage its cost base and respond to local competitive conditions, [Redacted – Confidential]. There is a real risk that intervention by the CMA in relation to medicines prices and prescription fees could force vet practices to put prices up in relation to other treatments or services, to ensure their viability. In particular, prescription fee caps may necessitate rises in consultation prices for all pet owners to account for the staff time that can no longer be covered by prescription fees (leading to pet owners who don’t require prescriptions potentially subsidising those that do). In addition, the CMA’s explanation at paragraph 4.13 of the Remedies WP of what activities are covered by consultation fees rather than prescription fees is incorrect. Identifying the specific drug, dose, formulation and frequency required, explaining the side effects, and taking account of any specific circumstances of the patient is all covered by the prescription fee, <u>not</u> the consultation fee. As explained at Section 6 of Linnaeus response to the CMA’s Working Papers, prescription fees are set at a level that reflects the expertise, time and cost involved in preparing the prescription, and are proportionately in line with or cheaper than the average price of a 15-minute initial consultation appointment.

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Question 40: We would welcome views as to whether medicines administered by the vet should be excluded from mandatory prescriptions and, if so, how this should be framed.	Notwithstanding Linnaeus' view that the introduction of mandatory prescriptions would be disproportionate and may result in unintended negative consequences, if mandatory prescriptions were to be introduced, medicines that are typically administered by vets and veterinary nurses (for example, vaccines, emergency drugs and sedatives) should be excluded from this requirement. It would be unworkable, impractical and harmful to pets if vets were required to produce prescriptions for medications used in the context of surgical procedures or in circumstances where it is necessary for the pet to begin taking the medication immediately (for example, antibiotics or where a pet is in pain) or where the medication is usually administered at the practice by a vet or vet nurse. Providing written prescriptions in such circumstances would create an unnecessary additional cost (the prescription fee) for pet owners and an unnecessary administrative burden for vets.
Question 41: Do these written prescription remedies present challenges that we have not considered? If so, how might they be best addressed?	In addition to the points raised above, Linnaeus sets out further challenges posed by the CMA's potential written prescription remedies: • Mandatory prescriptions would require an increase to the length of consultations – Linnaeus estimates that the work involved for a veterinary professional to prepare a written prescription takes approx. 5-10 minutes on average. If required to provide prescriptions for all medicines, this would result in a significant increase in the average amount of time needed to be spent on each patient, likely requiring the length of standard consultations to be increased. This would have two implications: ○ to the extent that any cap on prescription fees prevents the full staff time cost to be recovered, consultation fees may need to be increased to cover the additional staff time involved; and ○ vets would be able to see fewer patients each day, resulting in increased appointment waiting times and/or the need to recruit more vets to see the same throughput of patients.

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	Linnaeus notes that the additional burden on vets' time would be particularly impactful in the current climate, given that the sector is already suffering from shortages of veterinary staff in many areas. • Mandatory prescriptions could create risks to animal welfare – to the extent that written prescriptions are required to be provided in circumstances where a patient would benefit from receiving the medication within a short period of time, the CMA's proposals have the potential to negatively impact on animal welfare. Even where vets advise a pet owner that their pet would benefit from receiving medications immediately, if pet owners are provided with a written prescription (potentially in combination with the information that they can save money by buying online), they may feel obliged to shop around online to explore possible savings, which could create a harmful delay in patients receiving medications. It is therefore very important that any remedy that seeks to mandate written prescriptions must include an exception for circumstances in which the vet considers that the patient would benefit from receiving the medication within a short period of time (e.g. 48 hours). • Requirement to tell customers the average savings which could be achieved by using an online supplier is entirely unprecedented and disproportionate, given that simpler remedies (e.g. signage to let people know drugs can be obtained online) achieves the same aim with far less administrative burden for all businesses, given it would need to apply to all veterinary practices in order to be effective.
Question 42: How might the written prescription process be best improved so that it is secure, low cost, and fast? Please explain your views.	In theory, the written prescriptions process could be improved through rolling out integrated software solutions that are compatible with PMS, to enable online completion and processing of prescriptions (rather than the current position, where prescription forms need to be printed, completed, re-scanned and emailed). However, in practice, Linnaeus is not aware of any such software solutions currently existing on the market. Even if a software solution was available on the market or a custom solution could be developed by Linnaeus, given that a range of PMS are currently used across Linnaeus' practices, any roll-out would be highly complex for Linnaeus and would involve a significant amount of time and cost.

CMA Question	Linnaeus Response
Question 43: What transitional period is needed to deliver the written prescription remedies we have outlined? Please explain your views.	Linnaeus sets out below specific comments on the transitional period required for the different aspects of the proposed written prescription remedies: • Cap on prescription fees – within Linnaeus, caps on prescription fees would need to be implemented through PMS, which would likely take 1-2 months. For sites that use [Redacted – Confidential] (Linnaeus’ most widely used PMS), this can be done centrally. However, Linnaeus’ practices use a range of PMS and sites using non-[Redacted – Confidential] PMS would need to implement the changes locally. • Improved signage and digital communications – it would likely take 2-3 months for Linnaeus to update its signage and digital communications to raise awareness that pet owners can request prescription. For example, automatic text messages could be implemented at the point of booking an appointment (e.g. <i>“Thank you for making an appointment with X Vets on 12/05/2025 at 3pm. Ask your vet for a chargeable written prescription”</i>). • Mandatory offer of a prescription / mandatory prescriptions – as vet behaviour will need to be amended, Linnaeus would be required to roll out training for its Associates. As explained in response to Q41 above, implementing mandatory prescriptions would likely require an increase to the length of consultations and reduced efficiency for practices, regardless of size or ownership, therefore there would be an administrative burden on practices to assess the impact of the changes and to update their consultation scheduling and pricing accordingly. It is likely to take Linnaeus approximately six months to model the impact on vets’ time and efficiency, adjust consultation lengths and PMS diaries, update Linnaeus’ systems so that all medications trigger a prescription, and to build and roll out training and SOP guidance for its Associates.
Remedy 8: Transparency of medicine prices so pet owners can compare between FOPs and other suppliers	
Overarching comments	Linnaeus considers the proposals set out under Remedy 8 to be unworkable and disproportionate. In particular, the creation of a price comparison site or prescriptions portal which would contain the prices of medications at different practices / online pharmacies is simply not feasible, given that Linnaeus sells [Redacted – Confidential], each in different sizes and

CMA Question	Linnaeus Response
	forms. Prices vary significantly across Linnaeus' estate. To establish a comparison site or prescriptions portal covering a meaningful number of products and keep it updated with current prices would be an extraordinary undertaking, and would create extremely significant administrative burdens and costs for vet practices, which would take resources away from the provision of veterinary services and is likely to result in the need for wider price increases. To the extent that the CMA considers that more should be done to raise pet owners' awareness that they may be able to save money by purchasing medicines from online pharmacies, this could be done effectively through improved signage and digital communications (see response to Q43 above), or through the <u>inclusion of wording on prescriptions and receipts for dispensed medicines</u> (e.g. <i>"Please be advised that a written prescription can be obtained from your veterinary surgeon which can be used to purchase any prescription medication from other veterinary clinics and veterinary medicine pharmacies (including online)"</i>). It is important that the CMA keeps in mind the proportionality of its proposed remedies in attempting to increase usage of online pharmacies, given that most pet owners are already aware they can obtain written prescriptions from their FOP and purchase medication elsewhere. According to the CMA's consumer survey, 57% of pet owners who had acquired medicines in the past two years were aware that they could obtain a prescription,¹⁷ increasing to 76% in the context of repeat prescriptions.¹⁸ Moreover, the CMA's qualitative research also states that most vets already proactively provide the option of a written prescription for repeat medication (i.e. in the circumstances where written prescriptions are likely to be appropriate).¹⁹
Question 44: What price information should be communicated on a prescription form? Please explain your views.	Pricing information is not currently included in Linnaeus' prescription form. As stated above, the creation of a price comparison site or prescriptions portal for veterinary services is not feasible and would create significant administrative burdens and costs. Linnaeus considers that the inclusion of relevant wording on prescription forms and receipts for dispensed medicines would

¹⁷ CMA's Pet owners survey, Q91.

¹⁸ CMA's Pet owners survey, Q92.

¹⁹ Qualitative research with veterinary professionals, Section 8.2.3.

CMA Question	Linnaeus Response
	be a sufficient and proportionate way to increase consumer awareness of potential savings that can be made from buying medicines from outside the FOP.
Question 45: What should be included in what the vet tells the customer when giving them a prescription form? Please explain your views.	See overarching comments above. The CMA's qualitative research indicates that most vets already proactively provide the option of a written prescription where appropriate, and Linnaeus considers that all vets should be encouraged to do so where appropriate. Given that vets will often have to cover a significant number of activities within a consultation, it would not be realistic to expect a lengthy investigation and discussion of alternate suppliers' medication pricing to form part of a consultation. If vets were to be required to give additional pricing information during a consultation, all practices – irrespective of size or business model – may have to increase the length of standard consultations, resulting in an increase in consultation prices for pet-owners and a reduction in the number of patients that a vet can see each day.
Question 46: Do you have views on the feasibility and implementation cost of each of the three options? Please explain your views.	See responses above.
Remedy 9: Requirement for generic prescribing (with limited exceptions) to increase inter brand competition for medicine sales	
<i>Overarching comments</i>	Linnaeus is not supportive of the CMA's proposal to encourage generic prescribing, as it could prevent prescribing veterinary surgeons meeting their statutory obligations as laid out by the VMD. Linnaeus shares the concerns that were raised by the VMD in the relevant section of its response to the CMA's working paper on the Competition in the Supply of Veterinary Medicines. Linnaeus' primary concern is that this proposal would lead to medicines being selected and dispensed by persons who are not the prescribing veterinary surgeon and therefore may not be able to appropriately consider the medicines' clinical suitability for a given patient. This increases the risk of the selected medicine resulting in an adverse outcome.

CMA Question	Linnaeus Response
	Providing contextualised care includes considering the right medication for a particular pet and pet owner – for example where a vet knows that a particular pet owner has difficulty in getting their pet to take medication in tablet form. Veterinary pharmacies may also be reluctant to select medicines for pet owners - Linnaeus has had experience of prescribing generically, only to have an online pharmacy call the prescribing vet to ask whether they “meant X brand”. Finally, vets take their professional and ethical obligations extremely seriously, which underlies their decisions to prescribe specific medicines. Prescribing generically could run the risk that online pharmacies, without the benefit of the prescribing vets holistic view, simply choose to offer pet owners the medication which is most commercially beneficial for the pharmacy.
Question 47: How could generic prescribing be delivered and what information would be needed on a prescription? Please explain your views.	In addition to the significant concerns raised above, the CMA’s proposals may present practical challenges for Linnaeus as the PMS currently in operation across the majority of Linnaeus’ sites lists medicines by brand name (as it relies on product brand names uploaded by the wholesaler). As a result, the CMA’s proposed changes would require amendments to the relevant PMS or a bespoke e-prescribing solution, for which the costs and timeline for development are unknown. Further, prescribing a category of active ingredient medicines (rather than a single product) would mean that prescribing medicines will take up more of a vet’s time, as they will need to consider multiple potential medications and assess whether each are suitable for the presenting pet.
Question 48: Can the remedies proposed be achieved under the VMD prescription options currently available to vets or would changes to prescribing rules be required? Please explain your views.	Linnaeus considers this is a matter for discussion between the CMA and the VMD.
Question 49: Are there any potential unintended consequences	See overarching comments and response to Q47 above. In addition, there is a significant risk of adverse reaction to the medication, as the method of administration, formulation and efficacy of active substances may vary between brands. The

CMA Question	Linnaeus Response
which we should consider? Please explain your views.	prescribing veterinary surgeon is currently responsible and accountable for this. Further, it is important that any changes to the rules be clearly communicated to pet owners, as there is a risk of confusion for pet owners who are used to receiving a prescription for a specific brand of medication.
Question 50: Are there specific veterinary medicine types or categories which could particularly benefit from generic prescribing (for example, where there is a high degree of clinical equivalence between existing medicines)? Please explain your views.	Linnaeus is not supportive of this proposal.
Question 51: Would any exemptions be needed to mandatory generic prescribing? Please explain your views.	See responses above.
Question 52: Would any changes to medicine certification/the approval processes be required? Please explain your views.	Linnaeus considers this is a matter for discussion between the CMA and the VMD.
Question 53: How should medicine manufacturers be required to make information available to easily identify functionally equivalent substitutes? If so, how could such a requirement be implemented?	Linnaeus considers this is a matter for discussion between the CMA and the VMD.

CMA Question	Linnaeus Response
Question 54: How could any e-prescription solution best facilitate either (i) generic prescribing or (ii) the referencing of multiple branded/named medicines. Please explain your views.	See Linnaeus' response below to Q64 and Q65 with regards to Linnaeus' significant concerns regarding the feasibility of implementing an "e-prescription solution". As noted in response to Q49 above, the combination of generic prescribing and online purchasing of medications gives rise to animal welfare concerns, as pet owners may not always understand the correct dose, frequency or method of administration for the particular brand that they choose (and the prescribing vet cannot feasibly provide details on all possible options in advance).
Remedy 10: Prescription price controls	
<i>Overarching comments</i>	Linnaeus does not support price controls in relation to prescription fees. See comments in relation to Remedy 7 above regarding the CMA's proposal to cap prescription fees. Linnaeus' prescription fees are set at a level that reflects the expertise, time and cost involved in preparing the prescription. [Redacted – Confidential]. Further, Linnaeus has significant concerns regarding the CMA's proposal to prohibit FOPs from charging for prescriptions. As acknowledged by the CMA in paragraph 4.102(a), this would inevitably result in price increases on other products and services, as vets will not be able to recover the costs involved in providing prescriptions through a prescription fee. Ultimately this would lead to customers that do not need prescriptions subsidising those that do, as fees for all customers will need to be increased to cover the cost of prescribing medicines. This issue would affect all pet owners, as price controls would need to apply to all veterinary businesses to avoid market distortion.
Question 55: Do you agree that a prescription price control would be required to help ensure that customers are not discouraged from acquiring their medicines from alternative providers? Please explain why you do or do not agree.	See comments above.

CMA Question	Linnaeus Response
Question 56: Are there any unintended consequences which we should take into consideration? Please explain your views.	See overarching comments above. To the extent that any temporary or permanent freeze or cap on prescription fees does not allow for the cost of prescribing medicines (in particular, vets' time) to be recovered, consultation fees may need to be increased to cover this cost. Given this would need to apply to all businesses in the market to avoid market distortion, this would mean all customers could be affected by this increase in cost.
Question 57: What approach to setting a prescription fee price cap would be least burdensome while being effective in achieving its aim of facilitating competition in the provision of medicines?	Linnaeus does not support the setting of a prescription fee price cap.
Question 58: What are the costs of writing a prescription, once the vet has decided on the appropriate medicine?	Linnaeus has set out in detail in its response to Q2 of RFI 17, ²⁰ the activities involved in preparing a written prescription for pet owners. The primary cost involved is the time of the vet, and Linnaeus estimates that it takes approx. 5-10 minutes for a vet to prepare a written prescription.
Question 59: What are the costs of dispensing a medicine in FOP, once the medicine has been selected by the vet (i.e. in effect after they have made their prescribing decision)?	Linnaeus has set out in detail in its response to Q2 of RFI 17, ²¹ the activities involved in dispensing a medicine at an FOP. In addition to the cost for the staff time, there are also costs associated with stock management, wastage, packaging and labelling.
Remedy 11: Interim medicines price controls	

²⁰ Submitted 2 May 2025.

²¹ Submitted 2 May 2025.

CMA Question	Linnaeus Response
Overarching comments	Linnaeus considers that implementing medicine price controls (even on a temporary basis) would be hugely disruptive to veterinary businesses and would lead to no overall benefit to consumers, as veterinary businesses would need to increase the cost of services to ensure that they remain viable. As set out in Section A above, margins on medicines contribute to the wider cost of care across a practice, and therefore should not be considered in isolation. Price controls on medicines would not lead to pet owners overall paying less, it would simply result in some of the cost of veterinary care needing to be reallocated from medicines to other items on their bill. Linnaeus operates in a challenging economic climate where costs are rising sharply, [Redacted – Confidential]. It is crucial that all veterinary businesses, regardless of size or model, are able to increase their prices as appropriate in order to respond to the constantly rising costs of running practices. There is a real risk that intervention by the CMA could lead to unintended market consequences, with vet practices being forced to put prices up in relation to other treatments or services in order to ensure their viability. Linnaeus considers that the CMA's aims of enhancing competition in the sale of veterinary medicines, to ensure that pet owners are not overpaying, can be achieved through its proposed transparency remedies (as set out at Section A.3. above). It is therefore not necessary or proportionate for the CMA to seek to additionally impose medicine price controls, which have the potential to threaten the viability of some vet practices.
Question 60: What is the most appropriate price control option for limiting further price increases and how long should any restrictions apply for? Please explain your views.	Linnaeus is not supportive of medicine price controls, see overarching comments above.
Question 61: If we aim to use a price control to reduce overall medicine prices, what would be an appropriate percentage price	Linnaeus is not supportive of medicine price controls, see overarching comments above.

CMA Question	Linnaeus Response
reduction? Please explain your views.	
Question 62: What should be the scope of any price control? Is it appropriate to limit the price control to the top 100 prescription medicines? Please explain your views.	Linnaeus is not supportive of medicine price controls, see overarching comments above.
Question 63: How should any price control be monitored and enforced in an effective and proportionate manner? Please explain your views.	Linnaeus is not supportive of medicine price controls, see overarching comments above.
Implementation of remedies 7 – 11	
Question 64: We welcome any views on our preferred system design, or details of an alternative that might effectively meet our objectives. Please explain your views.	Whilst Linnaeus is supportive of increased transparency to assist pet owners in comparing prices between practices, the digital solutions that the CMA proposes (integration of PMS with online pharmacies, an e-prescription portal or a price comparison site) would be incredibly complex, burdensome and costly for Linnaeus to implement and maintain. In particular, the integration of PMS will represent significant technical challenges, particularly for Linnaeus, given the [Redacted – Confidential]. With regards to the CMA’s proposals to implement an e-prescription portal and price comparison website, see Linnaeus’ comments in relation to Remedy 8 above. There is likely to be significant cost for vet businesses associated with any such solution, which would need to be passed on to consumers through increased prices.
Question 65: What do you consider to be the best means of funding the design, creation and ongoing	As set out above, Linnaeus does not consider it to be necessary, proportionate or feasible to implement the CMA’s digital solutions.

CMA Question	Linnaeus Response
maintenance of an e-prescription portal and price comparison tool? Please explain your views.	
Increasing competition in outsourced OOH care and tackling high mark-ups in the price of cremations	
Remedy 12: Restrictions on certain clauses in contracts with third-party out of hours care providers	
<i>Overarching comments</i>	In general, Linnaeus is supportive of the CMA evaluating whether the current contractual arrangements for OOH services may be leading to poor outcomes for pet owners. However, there is a risk that the de-stabilisation of existing OOH business models may have the unintended consequences of leading to the closure of some OOH providers, as providers require long-term caseload stability to be able to ensure adequate staffing. If a reduction in the number of available OOH providers resulted in practices having to re-take responsibility for OOH cases, this would have a major impact on care provision for pets and the welfare of veterinary staff.
Question 66: What would be an appropriate restriction on notice periods for the termination of an out of hours contract by a FOP to help address barriers to FOPs switching out of hours providers? Please explain your views.	Linnaeus considers that a six-month cap on notice periods would strike an appropriate balance between removing barriers to FOPs switching OOH provider and ensuring that OOH providers have sufficient long-term caseload stability to properly manage their staffing. In reality, setting up OOH provision with a new provider can be time consuming for both the FOP and OOH provider concerned.
Question 67: What would be an appropriate limit on any early termination fee (including basis of calculation) in circumstances where a FOP seeks to terminate a contract	Linnaeus understands that termination fees are typically calculated as the average monthly fee paid by a practice, multiplied by the difference between the notice period and the actual period of notice given. Provided that the notice period does not exceed six months, Linnaeus considers this method for calculating termination fees to be reasonable and appropriate.

CMA Question	Linnaeus Response
with an out of hours provider? Please explain your views.	
Remedy 13: Transparency on the differences between fees for communal and individual cremations	
Question 68: Do you agree that the additional transparency on the difference in fees between fees for communal and individual cremations could helpfully be supplemented with revisions to the RCVS Code and its associated guidance? Please explain your views.	Linnaeus agrees in principle with measures to ensure that pet owners are informed of the difference in fees between communal and individual cremations. In the absence of any detail on how the CMA proposes that the RCVS Code and its associated guidance should deal with this point, Linnaeus is not able to comment on whether the CMA's proposal would achieve this aim or whether it would result in any unintended consequences.
Remedy 14: A price control on cremations	
Question 69: If a price control on cremations is required, should this apply to all FOPs or only a subset? What factors should inform which FOPs any such price control should apply to?	Linnaeus does not consider a price control on cremations to be appropriate. Margins on the provision of cremation services contribute to the wider cost of care across a practice and therefore should not be considered in isolation. Veterinary businesses are operating in a challenging economic climate where costs are rising sharply. [Redacted – Confidential]. Price controls on cremations services would not necessarily lead to pet owners overall paying less, but would more likely result in some of the cost of veterinary care being reallocated from cremation services to other items on their bill. Linnaeus only provides an in-house cremation service at one practice within the Group, and all other cremation services are provided through an external third party [Redacted – Confidential]. As outlined in Linnaeus' response to RFI 17,²² there are costs associated with FOPs providing cremations, whether individual or communal, in relation to staff costs as well as

²² Submitted 2 May 2025.

CMA Question	Linnaeus Response
	storage and handling (which are not necessarily incurred by external third-party providers when they provide services directly to consumers). If price controls were to be applied, Linnaeus considers that these should apply to all FOPs and to all third-party providers, as it would be irrational if some FOPs and all third-party providers were to be permitted to charge higher prices to consumers. [Redacted – Confidential].
Question 70: What is the optimal form, level and scope of any price control to address the concerns we have identified? Please explain your views.	Linnaeus is not supportive of a price control on cremations and refers to its more detailed comments above.
Question 71: For how long should a price control on cremations be in place? Please explain your views.	Linnaeus is not supportive of a price control on cremations and refers to its more detailed comments above.
Question 72: If a longer-term price control is deemed necessary, which regulatory body would be best placed to review and revise such a longer-term price control? Please explain your views.	Linnaeus is not supportive of a price control on cremations and refers to its more detailed comments above.
A regulatory framework which protects consumers and promotes competition	
Remedy 15: Regulatory requirements on vet businesses	
Overarching comments	See response to Q73 below.
Question 73: Would regulating vet businesses as we have described,	Linnaeus is broadly supportive of proportionate reform to the regulatory framework and has previously engaged with RCVS consultations on proposed changes to legislation. Linnaeus

CMA Question	Linnaeus Response
and for the reasons we have outlined, be an effective and proportionate way to address our emerging concerns? Please explain your views.	continues to support the recommendations made by the RCVS Legislative Working Party made in 2021.²³ Linnaeus notes the significant overlap of these recommendations with the thoughts outlined by the CMA in the Remedies WP. In principle, Linnaeus considers that regulating all vet businesses would be an effective and proportionate remedy as it reflects modern business ownership models, ensures accountability beyond individual vets and could support consistency of standards and clinical independence. Linnaeus would welcome continued engagement with the RCVS on how this proposal would be implemented in practice.
Remedy 16: Developing new quality measures	
<i>Overarching comments</i>	Linnaeus is supportive of efforts to increase transparency of practice quality, and agrees with the suggestion at paragraph 6.39 of the Remedies WP that enhancing the existing voluntary PSS scheme would be the least costly and most proportionate approach for the industry.
Question 74: Are there any opportunities or challenges relating to defining and measuring quality which we have not identified but should take account of? Please explain your views.	Linnaeus considers clinical outcomes to be the most fundamental indicator of practice quality. However, such metrics are very difficult to standardise across the sector, given they must account for the vast range of different cases that practices deal with. Further, clinical outcome measures also require significant data collection and processing, which would create an administrative burden for practices. That said, quality metrics should reflect both clinical care (including the extent to which practices report patient safety events) and client experience metrics (e.g., a consistent approach to NPS that pet owners could compare). To be comparable, it would need to apply to all veterinary businesses, irrespective of size. The existing PSS “Good” and “Outstanding” awards represent a good starting point. These could be expanded to allow consumers to see more granular information on the KPIs that feed into a

²³ RCVS recommendations for future veterinary legislation report, 13 October 2021: <https://www.rcvs.org.uk/news-and-views/publications/rcvs-recommendations-for-future-veterinary-legislation/> (Accessed 16 May 2025)

CMA Question	Linnaeus Response
	practice's awards (e.g. through ratings on different sub-categories), so they can identify the particular aspects that practices excel in.
Question 75: Would an enhanced PSS or similar scheme of the kind we have described support consumers' decision-making and drive competition between vet businesses on the basis of quality? Please explain your views.	Linnaeus considers that an industry-wide enhanced PSS or similar scheme could be capable of driving consumer decision-making and enhancing competition, provided it is clear and straightforward for clients to understand. To impact on pet owners' choices, the PSS could be developed to be more consumer focussed, for example through the addition of consumer-friendly summaries for different quality metrics.
Question 76: How could any enhancements be designed so that the scheme reflects the quality of services offered by different types of vet businesses and does not unduly discriminate between them? Please explain your views.	To ensure an enhanced PSS scheme can be applied across the entire spectrum of practices fairly, the relevant criteria should be flexible enough to reflect the differing sizes of practices and their caseload. The criteria should encompass both processes (e.g. clinical governance) and outcomes (e.g. the canine cruciate registry; general client satisfaction measure). In order to achieve this, Linnaeus is of the view that a tiered or modular system is still likely to be most suitable. The methodology currently in place for assessing PSS Awards (even at Core Standards) already lends itself to assessing the entire spectrum of veterinary practices within the UK. Adopting a less bureaucratic, behaviour-based assessment will also be more straightforward for practices to comply with. PSS assessments currently create a significant burden on workload during the period in which a practice is being assessed. Linnaeus considers that an ongoing interactive process to achieve standards would be more efficient and reduce the pressure on veterinary staff, in comparison to the current system. The introduction of CQC-style practice inspections would create a significant additional strain on veterinary staff, across veterinary practices of all sizes.
Question 77: Are there any other options which we should consider?	Linnaeus considers that any quality metrics which are incorporated into an enhanced framework should also include measures relating to client experience (e.g., NPS or client satisfaction metrics) to ensure that consumers can consider this as a factor alongside clinical quality. New

CMA Question	Linnaeus Response
	quality measures should also include a requirement for practices to clearly set out the range of clinical experience and qualifications of vets at the practice.
Remedy 17: A consumer and competition duty	
<i>Overarching comments</i>	See response to Q78 below.
Question 78: Should any recommendations we make to government include that a reformed statutory regulatory framework include a consumer and competition duty on the regulator? Please explain your views.	In principle, Linnaeus would be broadly supportive of a recommendation that the reformed statutory framework should include both a consumer and competition duty, but would need to understand the proposal in more detail to be able to comment meaningfully.
Question 79: If so, how should that duty be framed? Please explain your views.	See comments above.
Remedy 18: Effective and proportionate compliance monitoring	
<i>Overarching comments</i>	In principle, Linnaeus is supportive of the introduction of monitoring mechanisms within the veterinary sector, but would note that this should be carefully considered to avoid introducing an unnecessarily high compliance burden on vets and businesses given it would need to be adopted by all veterinary practices in order to benefit all consumers. Linnaeus would welcome the opportunity to engage with the RCVS and government on any proposals in this regard.
Question 80: Would the monitoring mechanisms we have described be effective in helping to protect consumers and promote	Monitoring mechanisms may help to protect consumers by ensuring transparency, consistency and accountability across practices. In addition, they may help to positively improve standards, build consumer trust across the veterinary industry, and improve comparability between practices but there is less clarity as to whether they will have this effect.

CMA Question	Linnaeus Response
competition? Please explain your views.	
Question 81: How should the monitoring mechanisms be designed in order to be proportionate? Please explain your views.	For the monitoring mechanisms proposed by the CMA to be proportionate and effective, they should be risk-based. This would entail a focus on non-compliant practices, with reduced reporting frequency and depth for compliant practices.
Question 82: What are the likely benefits, costs and burdens of these monitoring mechanisms? Please explain your views.	For likely benefits, see response to Q80 above. As regards costs and burdens, vet practices are likely to incur significant additional costs as a result of these monitoring mechanisms due to the demand on veterinary professionals' time (e.g. in preparation, collation of information, completion of self-audits, duration of inspections, etc), particularly as all veterinary practices would need to adopt this additional obligation, in order to benefit all customers.
Question 83: How could any costs and burdens you identify in your response be mitigated and who should bear them? Please explain your views.	Linnaeus considers that the costs associated with compliance monitoring should be shared between both the RCVS and vet practices. Linnaeus notes that given that the RCVS is largely funded from vet and vet nurse's annual fees, which are often paid by practices and hospitals. The cost of compliance monitoring will ultimately need to be passed on to clients through increased fees.
Remedy 19: Effective and proportionate enforcement	
<i>Overarching comments</i>	Linnaeus is supportive of giving the RCVS a set of formal powers as this would align the vet sector with modern business regulation and ensure accountability and responsibility is at both the individual/clinical and organisation/practice level. Such powers could deter poor practice and drive enhancement of clinical standards.
Question 84: Should the regulator have powers to issue warning and improvement notices to individuals	See overarching comments above.

CMA Question	Linnaeus Response
and firms, and to impose fines on them, and to impose conditions on, or suspend or remove, firms' rights to operate (as well as individuals' rights to practise)? Please explain your views.	
Question 85: Are there any benefits or challenges, or unintended consequences, that we have not identified if the regulator was given these powers? Please explain your views.	Linnaeus has no further comments on this remedy, but would welcome further engagement on points of detail in connection with the implementation of this proposal.
Remedy 20: Requirements on businesses for effective in-house complaints handling	
<i>Overarching comments</i>	See responses below.
Question 86: Should we impose a mandatory process for in-house complaints handling? Please explain your views.	Linnaeus is generally supportive of a mandatory process for in-house complaints handling. Linnaeus recognises the importance of effective complaints handling for associates, clients and the Linnaeus business itself, and as such has developed robust and detailed complaints processes which are continually being improved.²⁴ Linnaeus considers that appropriate and consistent complaints handling could fall under a mandatory / enhanced RCVS PSS scheme (see response to Remedy 16 above).

²⁴ See Linnaeus' responses to Q21 of RFI 3 tranche 4, 23 May 2024; Q5 and 6 of RFI 11, 25 November 2024 and Q41 to 44 of RFI 17, submitted 2 May 2025.

CMA Question	Linnaeus Response
Question 87: If so, what form should it take? Please explain your views.	Linnaeus considers that: • Veterinary professionals should be empowered to deal with negative feedback and concerns raised by clients quickly and efficiently to avoid frustrations for clients and excessive administrative overheads for veterinary professionals and businesses. • The definition of a complaint should be clear. Linnaeus proposes the following definition: <i>'A dissatisfaction that cannot be resolved at first contact (front of house or in the consult room) and needs some form of escalation'</i>. • The first line of response for complaint resolution should sit with the veterinary team it relates to, in order to promote accountability and efficient resolution. • Formal complaints and response metrics should be logged to understand common themes and drive improvement. • An indicative timeline to respond to complaints could be: ○ Acknowledgement of complaint within three working days ○ Response to complaint within 14 working days ○ If escalated, response to complaint within 30 working days. This timeline is based on the input needed from the teams involved, many of which are likely to work shift patterns. It should therefore be taken as the minimum periods, with a degree of flexibility to extend if necessary in the circumstances. • There should be some onus on the client to articulate their desired outcome. • There should be clearly defined internal and external escalation paths to ensure understanding for both the veterinary team and clients. Duplication between in-house complaints processes and external ADR should be avoided.
Remedy 21: Requirement for vet businesses to participate in the VCMS	

CMA Question	Linnaeus Response
Question 88: Would it be appropriate to mandate vet businesses to participate in mediation (which could be the VCMS)? Please explain your views.	In principle, Linnaeus is supportive of the requirement for all veterinary practices to engage with the VCMS process.²⁵ However, there must be suitable and clear criteria to determine when a complaint is suitable for mediation and when participation in mediation is mandatory. Unsuitable or unclear criteria may lead to an ineffective scheme and poor utilisation of veterinary teams' time and resources. The criteria should include that: • a veterinary business has exhausted its complaint policies before engaging in mediation; and • the mediators are clear as to when a complaint should be accepted or rejected, which includes determining whether a client's behaviour has been abusive or threatening.
Question 89: How might mandatory participation in the VCMS operate in practice and are there any adverse or undesirable consequences to which such a requirement could lead?	Linnaeus would anticipate mandatory participation in VCMS to continue largely in the same way as voluntary participation does for Linnaeus at present. However, given the mandatory nature, it is reasonable to assume that there will be increased collaboration, oversight and governance between VCMS and practices which will require additional time and resources. There is a risk of costs (in terms of inefficient use of time and resources) being incurred for complaints that are entirely unfounded and/or purely financially motivated but which must proceed to a mandatory VCMS. There may also be scope to engage mediation earlier in the complaints process in certain circumstances such as when: (i) the vet-pet owner relationship has broken down; or (ii) when the client needs support in raising their concerns.
Question 90: How might any adverse or undesirable consequences be mitigated?	As noted above, there must be clear criteria for ADR acceptance as well as clarity of process between internal escalation, VCMS, the RCVS and the Veterinary Defence Society, particularly in relation to negligence.

²⁵ See also Linnaeus response to the CMA's Working Papers, paragraph 7.22.

CMA Question	Linnaeus Response
Remedy 22: Requirement for vet businesses to raise awareness of the VCMS	
Question 91: What form should any requirements to publicise and promote the VCMS (or a scheme of mediation) take?	Linnaeus is supportive of the potential requirements set out in paragraph 6.97 of the Remedies WP. Communications, as set out in paragraph 6.97(a), should have clearly defined criteria and should include information about where clients can go for help with disputes which would not fall under the scheme (such as insurance complaints).
Remedy 23: Use of complaints insights and data to improve standards	
Question 92: How should the regulatory framework be reformed so that appropriate use is made of complaints data to improve the quality of services provided?	Linnaeus would be supportive of a recommendation that the regulator utilise complaints data as Linnaeus recognises that this is a valuable source of consumer insight. However, Linnaeus notes that to maximise the impact and reduce administrative overheads, there is the need for standardised language and categorisation processes which would take time and resources to establish and implement. In addition, the use of complaints data could have adverse effects if introduced too quickly and with a focus on volume rather than actionable insight. Proactively monitoring complaints should be promoted and each complaint seen as an opportunity to improve (in much the same way as occurs with VetSafe, the patient safety reporting system provided by the Veterinary Defence Society). The use of complaints data with a focus on volume (i.e. with a low number of complaints seen as positive) could pose a barrier to - rather than drive - continuous improvement.
Remedy 24: Supplementing mediation with a form of binding adjudication	
<i>Overarching comments</i>	Linnaeus is not supportive of supplementing mediation with binding adjudication. Linnaeus considers that the requirements for vet businesses to have effective in-house complaints handling and participate in and raise awareness of VCMS (Remedies 20-22) would be effective and proportionate remedies. Linnaeus sees no further benefit of moving to a further adjudication process beyond VCMS. Instead, Linnaeus has concerns regarding: (i) unnecessary complexity being added to the complaints process which may result in worse customer engagement; (ii)

CMA Question	Linnaeus Response
	further pressure being placed on veterinary professionals and (ii) how the adjudication is to be funded. Any further process beyond VCMS would lead to more costs for the industry which may ultimately be borne by pet owners, particularly as this would need to apply to all veterinary businesses to support all customers fairly.
Question 93: What are the potential benefits and challenges of introducing a form of adjudication into the sector?	See comments above
Question 94: How could such a scheme be designed? How might it build upon the existing VCMS?	See comments above.
Question 95: Could it work on a voluntary basis or would it need to be statutory? Please explain your views.	See comments above.
Remedy 25: The establishment of a veterinary ombudsman	
<i>Overarching comments</i>	Linnaeus is not supportive of the establishment of a veterinary ombudsman for the reasons set out in response to Remedy 24. In addition, a veterinary ombudsman risks over-complication of the regulatory framework of the veterinary industry. Linnaeus strongly advises consultation with the RCVS on this remedy.
Question 96: What are the potential benefits and challenges of establishing a veterinary ombudsman?	See comments above.

CMA Question	Linnaeus Response
Question 97: How could a veterinary ombudsman scheme be designed?	See comments above.
Question 98: Could such a scheme work on a voluntary basis or would it need to be statutory? Please explain your views.	See comments above.
Remedies 26 – 28: Effective use of veterinary nurses	
<i>Overarching comments</i>	Linnaeus is supportive of the CMA's proposed remedies in relation to the effective use of RVNs. Linnaeus considers that reform in this area is necessary and would have a significant positive impact on the sector. Measures to increase utilisation of RVNs should enable veterinary businesses to function efficiently and safely, while allowing all clinical team members to progress in their career development and leverage their individual skills to contribute meaningfully to patient care. It is crucial that practices are better able to use the full extent of the skills and training of RVNs, to assist with the existing unsustainable capacity constraints in some areas and ensure that work is completed as efficiently as possible. Linnaeus is also fully supportive of the proposal to recognise the role of 'veterinary nurse' and notes that the CMA should consider whether there may be benefits to introducing a nursing-specific governing body.
Question 99: What could be done now, under existing legislation, by the RCVS or others, to clarify the scope of Schedule 3 to the VSA?	RCVS and nursing representative bodies are consulting on the application of Schedule 3 to the VSA – of which Linnaeus is supportive. As such, Linnaeus considers there are a number of things that can be done under existing legislation to clarify the scope of Schedule 3 to the VSA:

CMA Question	Linnaeus Response
	• Relevant veterinary bodies (e.g. BVNA and RCVS) could ensure that their relevant guidance is fully aligned and focuses on a clear, principled approach (rather than simply whitelisting certain activities), to ensure that practitioners can easily apply the guidance to different circumstances. • The RCVS could review, update and increase the number of examples it publishes in relation to delegation under Schedule 3. • The RCVS could conduct regular reviews of its supporting guidance, incorporating feedback and input from the profession. • The RCVS could create a single resource or webpage covering all legislation, supporting guidance and examples relevant to the role of RVNs, to ensure that practitioners have a single point of reference. • The RCVS could streamline its communication channels for answering queries in relation to Schedule 3, and could use the common themes from queries to periodically develop its supporting resources. • Consideration could be given to increasing nursing representation within the RCVS or the introduction of an independent nursing governing body. • An accreditation system for post-registration qualifications could be implemented, to acknowledge the capability that already exists within the nursing population.
Question 100: What benefits could arise from more effective utilisation of vet nurses under Schedule 3 to the VSA, in particular for the veterinary profession, vet businesses, pet owners, and animal welfare? Might this result in any unintended consequences?	A significant number of benefits would arise as a result of more effective utilisation of RVNs. As regards veterinary professionals: • RVNs' job satisfaction and career pathways may increase as a result of being able to take on more varied tasks, leading to increase purpose in their roles and improved retention; • vets' job satisfaction may also increase as a result of being able to delegate certain activities and focus their time on more complex tasks; and

CMA Question	Linnaeus Response
	- the clearer allocation of roles may lead to improved collaboration and effective division of labour, resulting in a more sustainable workload and reduction in the pressure on vets. As regards vet businesses: - the effective division of labour may lead to improved efficiencies; and - improved job satisfaction for veterinary professionals may reduce attrition, reducing recruitment costs. As regards pet owners: - pet owners may be able to receive better continuity of care; - waiting times may be reduced for booking appointments as pets may be able to access care more readily, due to improved efficiencies creating capacity; and - pet owners may receive an improved value proposition as a result of the delegation of task by vets. As regards animal welfare pets may receive more timely access to care and reduced delays, due to improved efficiencies creating capacity. Linnaeus notes that there are a small number of potential negative consequences from the CMA's proposed reforms: - in the short-term, there may be an increase in costs and reduced efficiencies for practices, as they build capabilities and confidence in RVN competency; - changes in the utilisation of RVNs may change the clinical resource models, creating uncertainty within the sector regarding job security; - there may be a short-term increase in the attrition rate of RVNs, as some may not wish to take on the responsibility of delegated tasks under Schedule 3; and - it would be necessary to ensure owners are properly informed of the role of RVNs and the tasks that they are trained to do, to prevent the perception that practices are trying to

CMA Question	Linnaeus Response
	cut costs by delegating vets' tasks to differently-qualified professionals (with the risk of this being perceived as a change in service quality).
Question 101: What benefits could arise from expansion of the vet nurse's role under reformed legislation, in particular for the veterinary profession, vet businesses, pet owners, and animal welfare? Might this result in any unintended consequences?	Linnaeus considers that the benefits noted above in relation to Q100 could also arise from expansion of the vet nurse's role under reformed legislation. In addition, reforming legislation in this way would also have the following impacts: • it would provide increased recognition for the role that RVNs play in the provision of veterinary care and ensure that customers can be confident that their pet is being treated by a qualified professional (with improved visibility over the care and advice that RVNs can provide); and • if the reformed legislation resulted in post-registration education accreditations, it would provide additional career pathways for RVNs and recognition for RVNs with experience in certain specialties. Linnaeus notes that there are a small number of potential negative consequences that could arise if legislation was to be reformed: • there would be a short-term additional cost to businesses in providing training to RVNs to complete their expanded roles; • [Redacted – Confidential]; • it could create an artificial tiering of quality care based on affordability which could limit access to advanced accredited education/qualifications; and • nursing education providers may not be ready for the increase in demand (including in relation to any accreditation system). Any new legislation would need to be accompanied by clear and consistent guidance, to ensure that it does not create ambiguities and grey areas in the way that Schedule 3 of the VSA has (see Q99 response above).
Proportionality	

CMA Question	Linnaeus Response
Overarching comments	Linnaeus is supportive of changes to the regulatory framework and has previously engaged with consultations with the RCVS on proposed changes to legislation. Linnaeus continues to support the recommendations made by the RCVS Legislative Working Party in 2021.²⁶ Linnaeus is supportive of measures such as PSS requirements (paragraph 6.120 of the Remedies WP) being funded by fees. Linnaeus already invests significantly in maintaining and complying with quality standards such as the RCVS PSS and external awarding bodies such as Cat Friendly status. Linnaeus considers that monitoring measures (paragraph 6.121 of the Remedies WP) should be funded by both the RCVS and vet practices, and, as between practices, proportionately across the industry based on vet numbers. However, the costs incurred by practices - both in terms of (i) direct registration and renewal fees and (ii) the time involved in compiling and submitting for registration and renewal – may be substantial. The extent to which practices are able to absorb further substantial costs is unclear and therefore they may ultimately be passed on to the pet owner. Linnaeus is not supportive of any third-party redress scheme (paragraph 6.122 of the Remedies WP) being funded by businesses paying a fee in respect of each complaint as this is counter-intuitive to previous recommendations around the need to promote consumer choice on how they raise and escalate complaints along with the suggestion engaging with mediation could become mandatory.
Question 102: Do you agree with our outline assessment of the costs and benefits of a reformed system of regulation? Please explain your views.	See comments above.

²⁶ RCVS recommendations for future veterinary legislation report, 13 October 2021: <https://www.rcvs.org.uk/news-and-views/publications/rcvs-recommendations-for-future-veterinary-legislation/> (Accessed 16 May 2025)

CMA Question	Linnaeus Response
Question 103: How should we develop or amend that assessment?	See comments above.
Question 104: How could we assess the costs and benefits of alternative reforms to the regulatory framework?	See comments above.
Question 105: How should any reformed system of regulation be funded (and should there be separate forms of funding for, for example, different matters such as general regulatory functions, the PSS (or an enhanced scheme) and complaints-handling)?	See comments above.