

CVS Response to CMA Remedies Working Paper published on 1 May 2025

1 Executive Summary

CVS welcomes the opportunity to comment on the Remedies Working Paper published by the CMA on 1 May 2025 (“**Remedies WP**”) and is keen to work constructively with the CMA to bring its Market Investigation to a close.

At the outset, it is important to acknowledge that the CMA's work to date highlights a number of challenges faced by (and indeed in some cases, intrinsic to) the sector, in particular, the inherent difficulties around ensuring effective consumer choice when presented with complex clinical options. However, it is also important to recognise that the CMA's work has not established that the way the market operates is leading to consumer detriment at either an aggregate or more granular level. As such, the CMA has not established a robust basis on which to intervene in the functioning of the veterinary market.

Nonetheless, CVS believes that all stakeholders (including pets, their owners and the profession) are best served by a swift resolution to the Market Investigation, and that there are measures the CMA could encourage that would lead to higher standards and better outcomes across the sector. To that end, and without prejudice to CVS' view that the CMA has not identified any feature(s) of the market that is/are having an adverse effect on competition (“**AEC**”), CVS is keen to work in close collaboration with the CMA on the design of potential solutions to some of the challenges faced by pet owners and the profession.

The veterinary services market has evolved over many years and been shaped by a range of forces including regulation and societal changes. The different services in the market have complex interconnections and dependencies. It is not a “perfect” market and there are undoubtedly aspects of the market that would look different if the CMA (or indeed, industry participants) were to design it afresh. However, in circumstances where there is no sound evidence of consumer harm at an aggregate level and where – as the CMA rightly recognised – the market is characterised by the professionalism and dedication of vets, vet nurses and those who support them, there is a real risk that well-meaning interventions could do more harm than good.

In particular, there are three aspects of the potential remedy package that from CVS' perspective are particularly prone to overreach resulting in unintended consequences:

- Price-related remedies are not justified by the CMA's analysis and risk being highly distortive and difficult to implement.
- While CVS supports transparency and improving communication, many aspects of the CMA's proposed information-based remedies are unduly cumbersome for vets, and even more critically will not empower consumers to make better choices. These problems would be exacerbated by the creation of a comparison website, which is not a tool well suited to the complex veterinary services market.
- Some aspects of the potential remedies risk compromising the clinical freedom of vets, and putting the CMA ‘into the consulting room’. Clinical freedom must be sacrosanct and any measures that compromise it risk harming pets and their owners, as well as worsening the recruitment and retention crisis in the profession.

In the **Annex**, CVS sets out its response to each of the remedies proposed by the CMA in further detail. In the following sections, CVS expands on its general observations about the proposed remedies package that are summarised above.

2 The CMA has not identified sufficient harm to ground interventionist remedies

As the CMA is aware, before a remedy can be implemented in a Market Investigation, the CMA must (a) identify an AEC and (b) consider whether the proposed remedy is effective and proportionate to that AEC.¹ A proportionate remedy is one that is effective in achieving its legitimate aim, and is no more onerous than needed to achieve that aim.²

CVS acknowledges that the CMA has engaged in very substantial information gathering over the course of its Market Investigation (across almost twenty RFIs) and has conducted detailed economic analyses. As a result, the CMA has: (a) concluded that the supply of FOPs is not generally concentrated (and even then, its analysis likely overstates the number of potential mono/duopoly sites due to deficiencies in the CMA's dataset)³; (b) acknowledged the "important limitation" in its econometrics analysis of the impact of corporate acquisitions on treatment prices, namely that it does not account for the quality of service provided; and (c) not established on a robust basis that at least CVS (and clearly also many others) are making excessive profits. On profitability more generally, it is notable that the CMA's findings suggest highly variable outcomes across different market participants in terms of profitability – across both LVGs and independents. This seems more likely to reflect the difficulty of properly measuring the elements driving profitability (and particularly intangible assets), rather than of a systematic failure of competition. If competition were weak in the market, the general expectation would be that this "floats all boats", raising profitability across the sector, rather than just for a minority of LVGs and independents, while others fail to even cover their costs.

As a result, the CMA has not demonstrated that there is a concentration issue, and its economic analyses do not substantiate any consumer harm at an aggregate level (or in relation to CVS' customers). Rather, they demonstrate the effects of industry change over the last 10+ years in the face of substantial challenges (Brexit, Covid and rising pet ownership, to name just three). These industry changes – led in many cases by corporate owners who are in a position to make investments and provide a working environment that independents may struggle to achieve - has led to significant improvements in the sector for all stakeholders. Customers and pets have benefited from increased demand following the Covid surge in pet ownership being met, as well as new technology and improved treatment standards; while veterinary professionals have benefited in terms of improved working practices for vets, including enhanced reward/benefits and training.

Rather, the CMA has identified "concerns" that pet owners may not be able to choose effectively between a higher-price, high-quality option and a lower-price, more basic offering when choosing a FOP and selecting between treatments. We understand the CMA largely relies on anecdotal survey evidence to support this (which suggests, for example, that there is limited price information available and pet owners tend not to shop around on the basis of price),⁴ but has not substantiated any clear harm to consumers as a result of how the market currently functions, including in respect of the LVGs. There is no empirical quantitative evidence to show that this has resulted in higher costs for consumers or worse outcomes for their pets. The evidence is equally consistent with average spend increasing over time because of customers *choosing* more advanced and effective treatments that are now available for their pets.

¹ Enterprise Act 2002, section 134(4); Competition Commission, Guidelines for market investigations: Their role, procedures, assessment and remedies (CC3), paragraphs 325 and 329.

² CC3, paragraph 342 to 344.

³ As explained in CVS' response to CMA working papers published on 6 February 2025, page 10.

⁴ "How people purchase veterinary services" working paper of 6 February 2025, page 5.

Despite this, the CMA proposes some highly interventionist remedies, including:

- **Price controls in respect of prescriptions, medicines and cremation services (Proposed Remedies 7-8, 10-11 and 14) which go far beyond better enabling customer choice.** CVS submits that these remedies are not grounded in, or proportionate to, any AEC identified by the CMA, and are wholly unsuitable given the clear lack of proportionality, coupled with practical difficulties (such as monitoring) and the risk that such measures could have unintended consequences (e.g. resulting in price increases on other services such as consultations in order to recoup costs, and at its most extreme, driving out smaller independent practices who are unable to recoup those costs on other services). By way of analogy, CVS notes that price control measures were considered but ultimately rejected by the CMA in the private healthcare market investigation for a number of reasons, including practical difficulties and the risk of unintended consequences (such as deterring new entrants or incentivising hospitals to reduce quality of services provided). In relation to reference prices proposed for consultants' fees, the CMA concluded that such measures would be "complex and time-consuming, and disproportionate to the harm the remedy was intended to address".⁵ CVS submits that the same is true in this case.
- **Requiring FOPs to include the average savings achievable from purchasing online on a written prescription, which is tantamount to advertising a competitor on what is part of a clinical record.** While the CMA has evidenced some lack of consumer awareness of alternative sources for fulfilling prescriptions, it has not shown any resulting harm that would justify such an extreme burden on veterinary practices. As far as we are aware, the CMA has not sought to impose similar measures in other markets. Such a requirement would clearly be very difficult and costly to administer in practice (e.g. how to calculate the average saving, how often this should be updated, how to integrate this with prescription systems etc.).
- **Requiring mandatory prescriptions in every case, and obliging veterinary surgeons to describe and price multiple different treatment options in writing in advance, which is grossly disproportionate.** There is no clear evidence that such remedies would lead to better outcomes for customers,⁶ but there is a very clear risk of adding complexity and time to consultations that in practice is likely to translate into poorer customer experience. The practical difficulties and cost implications of these measures are more fully described below.

3 Many of the proposed remedies will be difficult to implement and risk unintended consequences, particularly for independent FOPs

CVS competes on merit – offering a great service for a competitive price – and we recognise the growth opportunity in enhanced transparency measures that could help more prospective customers find CVS. We therefore support well-designed, workable and proportionate, industry-wide transparency measures that would help consumers choose a FOP and treatment/referral options.

While CVS supports remedies that increase transparency in the provision of veterinary services, CVS is concerned that many of the remedies proposed by the CMA will be very burdensome to implement in practice, making them disproportionate and likely hindering their effectiveness.

⁵ Private healthcare market investigation final report (2014), paragraph 12.75.

⁶ For example, the CMA's own survey evidence shows that around two in three respondents were already aware they that they could request a written prescription. In CVS' experience, many customers do in fact fulfil their prescriptions through other channels. Indeed, many of CVS' own vets often actively direct customers to online channels where their pet suffers with a chronic condition.

Critically, the level of complexity of any of the remedies contemplated by the CMA will not only make them difficult to implement and monitor (as described further below), but also compromise their effectiveness by giving consumers an overload of information which does not actually assist and could potentially hinder decision-making. As the CMA acknowledges, there are intrinsic difficulties in measuring quality of veterinary services and presentation of what is the most easily comparable information (inevitably, price), could be extremely distortive.

It is self-evident that any remedies should be on an industry-wide basis to ensure a level playing field and maximise the potential benefits to the consumer. It is therefore necessary to consider not only how LVGs might be able to bear the cost and other practical impacts of these additional regulatory requirements, but also smaller independent FOPs who don't have the same infrastructure and ability to spread the costs of implementation. Clearly, a number of these proposals could result in increased costs to consumers and ultimately, some practices either exiting the market where they are not able to recoup those costs or looking to an acquisition by an LVG in order to avoid having to deal with these requirements, which could accelerate consolidation in the future. Such an outcome could in theory make consumers worse off.

CVS' key concerns regarding the practical implementation of the proposed remedies include:

- (a) **Administrative burden on vet businesses:** Many of the proposed remedies⁷ require vet businesses to publish or otherwise provide a wide array of complex information relating to their services (including pricing information on a very detailed list of treatments/services and medicines, by species and weight, statistics on plan benefits etc.). This places a considerable administrative burden on vet businesses to collate, provide and maintain such information, especially for medicines where pricing and availability can fluctuate.

The use of a comparison website would be practically impossible to implement and would put too much emphasis on price (which CVS recognises is the easiest metric to compare), despite clear issues with drawing meaningful comparisons between offerings (depending on type and quality of treatment etc.). In this regard, CVS notes that price comparison websites were considered as a remedy in several other market studies / investigations, but the CMA instead ultimately implemented less burdensome remedies to improve transparency of information / pricing with the aim of facilitating comparison for consumers.⁸ In addition, as detailed in the **Annex**, CVS considers the veterinary sector is not well suited to a comparison website due to the critical role of professional expertise, which cannot be communicated through a comparison website.

The CMA is also considering the integration of existing practice management systems ("PMS") and central repositories, which would place additional burden on vet businesses to make necessary changes or updates to existing PMS to ensure interoperability across providers. The challenges associated with implementing a central system is acknowledged by the CMA.⁹

- (b) **Administrative burden on vets:** Proposed Remedies 4, 5, 9, 13 and 24-25 impose further administrative burdens on vets themselves. This are highly likely to result in lengthier consultations, and could also exacerbate the recruitment and retention crisis in the profession. This is further considered in section 4 below.

⁷ This includes Proposed Remedies 1, 2, 3, 4, 5 and 8.

⁸ This includes the funeral markets investigation, the legal services market study and the care homes market study.

⁹ Remedies WP, paragraph 3.90.

- (c) **Complexities with defining the scope of certain remedies:** A number of the proposed remedies will require a considerable amount of industry input and time to define the appropriate scope, including:
- (i) the list of treatments / services (with appropriate variations) to include in the standardised price list (Appendix A) for Proposed Remedy 1;
 - (ii) definition of 'clear and appropriate information' regarding treatment options to be provided to pet owners (and the relevant exceptions) under Proposed Remedy 5;
 - (iii) the list of prescription medicines to be included and excluded for Proposed Remedy 7;
 - (iv) the calculation of savings for the medicine price comparator for Proposed Remedy 8; and
 - (v) the appropriate price cap to be set for prescription fees as proposed under Proposed Remedy 10, and price controls for medicines under Proposed Remedy 11 and retail fees for cremation services under Proposed Remedy 14.
- (d) **Monitoring and enforcement of new requirements:** Further, even after such complex requirements discussed above in (c) have been defined, monitoring and enforcement is likely to present significant challenges for the relevant regulator, especially for the requirements to provide clear and accurate information regarding treatment options (Proposed Remedy 5) and to publish and maintain price information (Proposed Remedies 1 and 8), as well as the price control remedies (Proposed Remedies 10, 11 and 14).

CVS considers that the practical difficulties with implementing these remedies will in turn adversely affect their effectiveness. For example, pet owners may not be able to make meaningful comparisons or engage with information provided by the comparison website due to the complexity of the information. Additionally, the price-centric nature of comparison tools dampens the importance of quality of veterinary services which CVS (and its customers) consider is a key parameter of competition that ultimately benefits customers and animal welfare.

4 Proposed remedies must allow vets to exercise their clinical judgement

CVS is also concerned that some of the proposed remedies go too far as they risk affecting vets' ability / freedom to exercise their clinical judgement to recommend the best option for individual pets and their owners, taking account of their circumstances. This concern particularly relates to the following remedies:

- (a) Proposed Remedy 4 which may require the publication of referral providers' price information;
- (b) Proposed Remedy 5 which requires vets to provide clear and accurate information about treatment options to pet owners, in advance and in writing;
- (c) Proposed Remedies 7 and 9 which include options requiring vets to issue prescriptions (whether requested or not) and to list all generic medicine options including justifications as to why they departed from stating all medicines considered interchangeable for a species/condition; and
- (d) Proposed Remedy 13 which requires vets to frame options for cremations 'appropriately'.

In effect, the CMA is ‘putting itself into the consulting room’ and dictating how vets should have conversations with their clients, for example in terms of how to provide treatment or referral options, when to give written prescriptions and how to discuss cremations etc. The provision of veterinary care is a specialised profession, subject to considerable regulation, guidance and ethical codes. As the CMA notes in the Remedies WP, vets are already required to provide independent and impartial advice under the RCVS Code of Conduct.

The profession as a whole recognises that having effective communications with clients is a challenge (given the inherent information asymmetry amongst other factors) that requires training and experience. The CMA’s proposed measures risk cutting across existing industry-wide initiatives that are already aimed at improving customer communications (such as the continued focus on a “contextualised care” approach). As the CMA itself highlights, pet owners are often in vulnerable situations when faced with difficult treatment options, or considering end-of-life care and cremations for their pets. Only veterinary professionals (and not the CMA) are best trained and placed to recommend the most appropriate options depending on the circumstances of each case. Having a prescribed number of options to recommend or focussing a discussion primarily on price will not necessarily translate into the best outcome for pet owners (or the best clinical outcome for their pets) in every circumstance. It is of paramount importance that veterinary professionals are able to exercise their clinical judgement to deliver the most clinically appropriate outcome.

5 Concluding remarks

In summary, without prejudice to CVS’ view the CMA has identified no robust basis for any AEC finding, more generally the CMA has not identified any harm that could justify interventionist remedies in the veterinary services market. The CMA’s proposed remedies are disproportionate and could have clear unintended consequences both in terms of additional costs but also on vets’ ability to exercise their clinical judgement, which must be protected both for animal welfare reasons and due to the importance of trust to the vet-customer relationship. In combination, the proposals would have a profoundly disruptive impact on how vets practice and veterinary businesses operate, particularly in terms of added administrative burdens and costs. Ultimately, this would not lead to better outcomes for consumers or their pets.

That said, CVS does support further transparency in the sector (particularly with respect to price and quality, and ownership links) and regulatory reforms, provided that such measures: (i) are **proportionate** for the industry at large (both veterinary businesses but also vets themselves, who are often responsible for their own regulator fees); and (ii) enable **meaningful customer choice**. In particular, CVS considers that it is important for any remedy to apply across the industry, in order to ensure that customers can compare their local options effectively. To assist the CMA, CVS identifies in [blue text](#) in the **Annex** the remedy proposals it supports and, where applicable, other proposed solutions.

It is also of paramount importance to the sector at large, and to continued investment in it, in particular through attracting and retaining vets, that any remedies ultimately adopted are **predictable**. Key to this is limiting any uncertainty on their scope. In this regard, CVS considers that any implementation trials should be appropriately limited in time and scope, and that the CMA should only vary or amend any remedies in exceptional circumstances. CVS would welcome the opportunity to engage with the CMA on the scope of any such trials in due course.

Last but certainly not least, CVS would also like to offer the Inquiry Group the opportunity to observe consultations in-person. CVS believes that seeing how contextualised care is delivered in practice will assist the CMA in understanding the practical concerns with some of the proposed remedies (as



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described in the **Annex**) and their impact on the experience of vet, animal and owner in the consulting room.

Annex – CVS comments on proposed remedies

This document provides CVS' detailed comments on the proposed remedies. The comments here are without prejudice to CVS' position that the CMA has no evidentiary basis for a finding of an AEC.

Proposed Remedy 1: Require FOPs and referral providers to publish information for pet owners

CVS comments

Transparency in order to enable effective comparison

CVS supports proportionate and workable transparency-based measures that would address the CMA's concerns that a lack of information and awareness might be affecting pet owners' ability to compare between FOPs or between referral providers. As such, in principle, CVS supports publication of information covering: (a) pricing on a standardised list of common veterinary treatments and procedures – provided this list is scoped appropriately in order to enable meaningful price comparisons; (b) the services offered at a FOP/referral practice; (c) a form of quality measure (such as RCVS Practice Standards Scheme accreditation and awards, as CVS proposed in its February Working Papers response); (d) ownership links by way of dual-branding (i.e. practice and group name clearly visible both in-practice and online) and at the point of referral; and (e) other basic information such as address, opening times, types of animals treated, OOH provider, equipment available and clinical team (vet and nurse) qualifications. In addition, CVS supports a requirement that all FOPs and referral providers seek customer feedback and have an appropriate complaints process.

However, CVS is concerned that some aspects of this proposed remedy are not practical or proportionate, and are not likely to enable consumers to carry out meaningful comparisons. There is a risk that consumers could be overwhelmed with detailed information, which could be misleading and ultimately dissuade them from attempting to compare offerings and potentially damaging the relationship between vet and pet owner where clinical demands require departure from overly specific "price lists" based upon "standard" presentations (or worse, an impact on pet welfare if this drives standardisation of treatment in a way that is not clinically appropriate). CVS is keen to work with the CMA to make this solution as effective as possible and has set out its concerns in more detail below.

Standardised price list of common treatments/procedures

Given this remedy is designed to assist consumers with their choice of FOP or referral provider, CVS considers it is essential for any standardised list to focus on a short and simple set of routine, easy to understand services that are relevant to all pet owners (as opposed to including more obscure treatments that some animals might never need). This would be critical to allow consumers to make much more meaningful comparisons across FOPs/referrals.

CVS also recognises that it is very important to ensure that consumers fully understand the costs involved before any treatment, but this often varies depending on the animal's presentation, medical history and the vet's clinical judgement. Attempting to provide the necessary transparency in a headline price list (as opposed to estimates for individualised care plans) is not practical. In CVS' view, the CMA's list of treatments, procedures, services and products proposed to be included in the standardised price list (at Appendix A to the Remedies Working Paper) is far too broad and detailed to enable effective price comparison and could clearly lead to consumer confusion, and ultimately dissatisfaction. It spans at least c. 200 separate prices and certain elements, such as different weight

categories, could be particularly confusing for consumers.¹⁰ It is also likely to encroach on vets' clinical judgement by encouraging the use of diagnostic and treatment protocols, to fit the price list 'bundle' – this is clearly inappropriate and could mislead consumers (particularly where key elements to a service are excluded from the price, such as interpretation of diagnostic tests). CVS is also mindful that pricing will vary by FOP, and having an overly detailed price list will require significant maintenance and monitoring, the costs of which are not proportionate to the concerns identified by the CMA. There are also practical considerations (such as the difficulty of presenting such a detailed price list in-practice, in an accessible format).

With regard to the specific items included in the Appendix A proposal, CVS makes the following observations:

- **Category 1: Consultation and preventative care:** CVS agrees with the services included in this Category, with the exception of 'nursing care'. It is unclear what 'nursing care' relates to, and how it forms part of consultation and preventative care. Nursing care is a broad category that may apply to animals in intensive care, and may or may not include a variety of items such as blood pressure monitoring, one-to-one patient observation, or in some practices may represent additional costs of a nurse remaining in the practice overnight. There is unlikely to be consistency across practices, and even within groups.

The other items in this Category are easy to understand, are typically subject to fixed fees and are of the type that consumers can readily engage with given they are commonly used "entry level" services. CVS agrees that the publication of prices for such items would enhance consumers' ability to compare like-for-like services across FOPs. Although care will need to be taken to ensure these are described clearly e.g. whether nail clipping is carried out by a vet, Registered Veterinary Nurse ("RVN") or groomer; who will carry out an anal gland expression etc.

- **Category 2: Prescription, dispensing and administration:** CVS agrees with the medication fees included in this Category. As with Category 1, these fees are easy to understand and highly relevant for all consumers.
- **Category 3: Medications and chronic conditions:** CVS considers it is workable to include the prices associated with flea, tick and worming treatments, but does not consider it appropriate to include duration of treatment – rather, this should only be provided as a per pack price in order to enable a better comparison. Even this alone should be considered carefully as antiparasitic treatments should not be chosen on cost alone but on a risk-benefit basis to ensure appropriate usage, consideration towards environmental impact and parasite drug-resistance risks. In accordance with CVS' stated environmental goals, CVS vets give individualised antiparasitic treatment plans based on animal lifestyle and risk factors. For example: a dog that exercises off-lead in a countryside environment may be advised to apply a flea and tick treatment monthly with additional roundworm and tapeworm cover every three months. On the other hand, a dog that lives in an urban environment, in a single animal household, that does not eat slugs/snails or raw food and never runs off the lead, may be advised that tick treatment is not required, flea treatments should be used to effect and de-worming may only be required one or two times per year. Whilst individual pets' clinical and behavioural preferences are always taken into consideration at the time of dispensing, CVS' efforts to lessen the environmental impact of certain medications may

¹⁰ Assuming multiple prices are provided for certain treatments based on animal characteristics (using the CMA's four species/weight category suggestions: dogs <20kg, dogs 20-40kg, dogs >20kg and cats and other small animals) or medicine formulations.

result in a change to the regularity of such treatments (and ultimately, a lower cost to the consumer). In that context, providing an indication of duration of treatment could be misleading and may indeed set inappropriate expectations from owners as to the frequency with which antiparasitic treatments are required; thus influencing clinical outcomes and complicating the delivery of contextualised care.

The chronic treatment items listed in this Category are far too complex to be workable. In particular, CVS is concerned that publishing a set price for such treatments would influence clinical decision-making in terms of how such chronic illnesses are handled, because consumers will have an expectation as to an exact treatment protocol, which could impede vets' ability to individualise care to the specific animal. For example: diabetic management is one of the more complex conditions to treat. Doses of and response to insulin are unpredictable, as are the treatment outcome targets, which may vary in a contextualised approach. Additional complications associated with diabetes mellitus are also unpredictable and can significantly complicate both the initial stabilisation period and long-term management. The chapter in Ettinger's Textbook of Veterinary Medicine on the management of chronic diabetes in dogs alone reaches to 14 pages, with similar sized chapters for management in cats in addition to an entirely separate chapter covering acute complications. Simplifying this to an estimate of costs that gives fair and reasonable information to clients would be implausible, may result in misleading clients and may also influence clinical decision making by appearing to be a standardised protocol. The CMA would in effect be requesting practices to identify their "Gold Standard" which is contradictory to the aim of delivering contextualised care.

Chronic pain relief may appear on its face to be a simpler item for pricing. However, the selection of appropriate medications for chronic pain relief requires an individualised approach which accounts for: (i) pre-existing conditions that may increase the risk of use of certain medications, (ii) a knowledge of the other medications that the animal is receiving to avoid dangerous drug interactions (e.g. corticosteroids and meloxicam) and (iii) a true understanding of the individual animal's risk-benefit-welfare assessment to give accurate guidance on which drugs, and whether additional safety monitoring (e.g. renal assessment, haematology), is required. Chronic arthritis and pain relief treatment cannot be simplified to the degree that will allow for comparative pricing to be beneficial to the consumer. Rather, it is likely to be misleading and could potentially inappropriately influence clinical decision-making in the consulting room. Very similar concerns arise in respect of chronic dermatitis treatment, which is not a disease but a complex syndrome with many influencing factors that are individual to each case.

CVS also notes that publishing medicine prices on price lists online would amount to advertising if product or brand names are included, which is prohibited for prescribed medicines under the Veterinary Medicines Regulations.

Category 4: Surgeries and treatments: CVS agrees that it is likely possible to provide a comparable price for routine dentistry and neutering (specifically castration and spaying for cats), with the exception of anaesthetic given which varies considerably by weight (which would not be sufficiently captured by the CMA's proposed weight categories of <20kg, 20-40kg and >40kg for dogs) as well as other factors (such as medical history). In respect of neutering in particular, as CVS has previously explained, the price can vary significantly depending on the type of procedure and level of care, so this would need to be very clearly scoped in order to enable a like-for-like comparison. For example, in terms of the type of surgery (open or keyhole) and what pre-operative checks, intra-operative monitoring and

post-operative care and checks are included, as well as the qualification of the veterinary professional that will carry them out (e.g. RVN monitoring the anaesthetic and recovery) etc.

In respect of the “routine surgeries” item, the associated costs very much depend on the surgical time involved and presentation of the animal. Even routine surgeries such as laceration repair are too complex to lend themselves to an overly simplified list price given the number of variables involved: a price list cannot account for the differences in price that would arise from length of laceration, whether the wound is contaminated or clean and the anatomical location of the laceration that may require more complex closure techniques with higher risk of failure. In addition, as outlined above in respect of Category 3, there is a real risk that publishing a headline price for such surgeries/treatments could influence clinical decision-making as it creates an expectation of a clinical protocol that may not be appropriate in every case. This is likely to also have the unintended consequence of misleading and even aggravating pet owners where the actual price for a treatment differs from the published price and, as previously stated, may adversely influence clinical decisions as a result (where vets may feel like they have to treat pets in line with the list price protocol).

As for physiotherapy, many practices may not have a fee for such treatment and those that do may or may not have trained or experienced physiotherapists or nurses with this experience. The process of a physiotherapy session will be markedly variable from practice to practice such that a comparison of price will not be helpful to a pet owner unless they are seeking a physiotherapy referral. This would not, therefore, be a fee that could be advertised consistently between practices. Furthermore, animal physiotherapy is not an act of veterinary surgery and can be undertaken by unregulated individuals un-associated with veterinary practices, which adds complexity to this service pricing.

Finally, in respect of the “laser therapy” item, there is a significant variation within the profession as to whether this type of treatment, as part of rehabilitation, has sufficient evidence to support its use. CVS’ Clinical Advisory Committee have not found sufficient scientific evidence to support advertising laser therapy, and as such CVS has serious concerns with including it on a price list, which would be tantamount to advertising. Therefore, this would have significant influence over clinical decision-making and would be wholly inappropriate.

- **Category 5: Diagnostics & laboratory tests:** As CVS explained during its hearing on 25 February 2025, even items which appear simple on their face such as x-rays can range in price depending on various factors including how many x-rays are taken (which will depend on the clinical judgement of the vet and the needs of an owner), the need for (and type/amount of) sedation or general anaesthesia, the medical history and presentation of the pet (which may determine what monitoring is required) etc. For example, a chest radiograph to evaluate for megaesophagus requires only one x-ray view (lateral view), a chest x-ray to assess for heart failure and heart size is commonly performed with two views (left lateral and dorsoventral) whereas a chest x-ray to assess for respiratory disease or spread of cancer is most accurate with three views (left lateral, right lateral and dorsoventral). Therefore, a useful price comparison for “chest x-ray” cannot be made. The same is true with CT and MRI scans – in particular CVS queries the usefulness of providing set prices by weight whilst noting that prices may then vary based on the body part scanned. In short, there is too much variability for FOPs to provide a meaningful list price for these types of services.

In this regard, CVS notes it may be plausible to provide a price for a specific ultrasound. Ultrasounds are relatively simpler to price, although CVS queries the usefulness of a consumer understanding the standalone price of a scan if interpretation of the results and sedation – which clearly are inseparable elements of this service – are excluded from the price (as suggested in Appendix A). In this regard, CVS notes that in-house interpretation is generally included in the diagnostic charge in its FOPs, which would add a further layer of complexity where this is charged separately by other FOPs. In addition, the diagnostic success of an ultrasound is governed by the quality and specification of the equipment used, alongside the experience and expertise of the ultra-sonographer. Therefore, without this additional information it would be difficult for an owner to compare prices with diagnostic confidence. If an ultrasound price were to be included, we would suggest that this should be specific to “pregnancy diagnosis” in order to better assist with comparison, however CVS also notes that this will only be useful to a specific subset of consumers (i.e. with female, breeding pets).

CVS agrees that in theory it should be possible to include a basic urine screen, but this needs to be more specific (e.g. whether this includes specific gravity to measure concentration using a refractometer and a microscopic examination of sediment to identify bacteria or crystals, or whether it is solely using a “dipstick” which is not likely to be a useful standalone test).

CVS also agrees that it should be possible to provide a price for in-house cytology – specifically, an ear swab as the most common form. But this is not the type of service that a consumer typically seeks out – rather, consumers tend to only know a cytology test is necessary after having a consultation. The decision to run a cytology test will vary depending on the expertise of, and equipment available to, the vet. As such, CVS queries the appropriateness of including this item on any standardised price list as it is unlikely to assist consumers with their choice of FOP. Indeed, it may encourage owners to request “in-house” (less costly) cytology rather than a referral laboratory (which is sometimes recommended) and this could in turn influence clinical decision making, diagnostic accuracy and treatment outcome, with associated welfare concerns.

- **Category 6: End-of-life care:** CVS agrees with including prices for individual and communal cremation and notes that this is already CVS’ standard practice. CVS does not have any particular concerns with publishing euthanasia prices as long as the elements of the procedures are standardised for the purpose of the price list so the customer can effectively compare (e.g. home visit vs at the practice, use of pre-euthanasia sedation etc.).
- **Category 7: Specialist treatments and procedures:** In CVS’ view, these treatments and procedures are subject to far too many variables for any price range to be meaningful. In addition, as explained above, attempting to price such treatments/procedures could inhibit clinical freedom and judgement, limiting a vet’s ability to tailor care to an animal’s needs, because they feel constrained by the protocol inferred by a list price. The RCVS Code of Professional Conduct already sets out the responsibilities of a referring veterinary surgeon, which include informing owners of the options, costs, and experience of the vets for referral. All referral hospitals within CVS provide case specific estimates to vets who are enquiring about referrals to allow them to discuss these with the pet owner. Price comparison for owners on referral procedures are complex and truly comparable in only a small number of areas such as Tibial Plateau Levelling Osteotomy or “TPLO” surgery.

As an alternative to attempting to prescribe a single price to the more complex services included in the CMA's Categories 3-5 and 7, CVS would support a requirement for all FOPs to publish indicative price examples (for example, on an "*Understanding the costs of common illnesses/treatments*" page on their websites). This could include, for example, a neutering procedure on a specific basis for a certain animal type (rather than including multiple variations which increases complexity for consumers). This would provide pet owners with an insight into the cost breakdown, so they can better understand how pricing might vary, without providing an overwhelming level of detail and avoiding any misleading headline prices or implied standard treatment protocols.

Provision of other information

CVS generally supports the provision of non-price information listed at paragraph 3.15 of the Remedies Working Paper – in particular: the services offered, a quality measure starting with PSS accreditation and awards, ownership links (through dual-branding and at the point of referral) and other basic practice information. In respect of quality in particular, as CVS has previously explained to the CMA, this is a vital element of any transparency measure, given the importance of helping consumers to understand the service quality on offer in order to properly compare like-with-like, rather than focussing exclusively on price (which could have implications from an animal welfare perspective).

While CVS would willingly accept a requirement on FOPs and referral providers to solicit customer feedback (which CVS already does, as a key means of assessing its competitiveness), CVS does not support the CMA's proposal to use a standardised methodology. The requirement to use a standard form for customer feedback would be a significant intervention – essentially dictating how vet practices engage with their customers to assess the core aspects of their commercial offering. This would be an excessive encroachment on how FOPs run their business, and is not proportionate to the concerns identified by the CMA. This could also conceivably have an unintended consequence of homogenising FOPs' offerings that could ultimately reduce consumer choice.

Proposed Remedy 2: Create a comparison website supporting pet owners to compare the offerings of the different FOPs and referral providers

CVS comments

CVS has serious concerns about the creation of a comparison website for veterinary services.

A comparison website is not appropriate for veterinary services

Comparison websites have typically worked well for consumers in markets where *either* the core “product” is homogenous / fungible (e.g. energy and other utilities) or where they can assist the customer to organise and interpret information about what different products include, to assess whether they meet their needs (e.g. insurance). Neither of these apply for veterinary services. It is common ground between CVS and the CMA that veterinary services are not homogenous and intangible “quality factors” are important. While services are complex, this is not complexity which can be simplified to be more digestible for pet owners through a comparison website. Critically, unlike comparison websites that allow customers to compare between different items at the moment of purchase, when choosing a FOP, a pet owner does not know what services they will ultimately need from their FOP. The inherent uncertainty of what medical needs an animal will have is something that is difficult for pet owners and vets alike, but is not something the CMA can solve through creation of a comparison website (or at all). In addition, the utility and ultimate customer benefit of a website is limited by the fact that pet owners do not face an overwhelming number of choices: typically, they will be choosing between no more than a handful of FOPs in proximity to where they live.

To illustrate this point, we set out below examples of sectors that have comparison websites (or other “review” platforms that enable direct comparisons), and explain the key differences that make this difficult to replicate in veterinary services:

Sector	Key distinctions
Online retail shopping (e.g. Google Shopping, Which?)	- Product-based comparisons are easier for consumers to make, and advanced search functions allow consumers to compare a specific category of products (e.g. by size, colour, brand, material etc.) - Listings can easily convey all pertinent information to enable the consumer to make a choice, such specification, price and delivery time
Travel (e.g. Skyscanner, Kayak, Travel Supermarket)	- The relevant variables are well-defined and known to the consumer, e.g. dates, length of stay, number of travellers etc. - Listings can easily convey all pertinent information to enable the consumer to make a choice (such as price, hotel amenities, non-stop vs multiple stop flights etc.)
Insurance (e.g. Compare the Market, MoneySuperMarket, Confused.com)	- The recognised “core” elements of cover can be described, such as the price, excess, coverage limits, exclusions etc. - Consumers can easily identify the elements they do/do not want to include, and make a choice that best suits their risk appetite and budget

Utilities (e.g. Uswitch, Broadband Genie, Go.Compare)	- The supply of utilities such as electricity, gas and broadband is fungible, with relatively few variables (such as geographic area) - Listings can easily convey all pertinent information to enable the consumer to make a choice (such as contract term, price etc.)
Logistics and shipping (e.g. Parcel Monkey, Parcel2Go)	- The relevant variables are well-defined and known to the consumer, e.g. size of parcel, speed of delivery - Listings can easily convey all pertinent information to enable the consumer to make a choice (such as price, tracking etc.)
Entertainment and events (e.g. Viagogo)	- The relevant variables are well-defined and known to the consumer e.g. event, date, location. - Listings can easily convey all pertinent information to enable the consumer to make a choice (such as ticket type, seat location etc.)

In comparison to the products/services on offer in these sectors, which are fairly homogenous, veterinary services are far too variable and complex to lend themselves to straightforward comparisons. Customers are typically reliant on their vet to tell them what is wrong with their pet in the first place, and then explain what diagnostic and treatment options are available to them. It is this professional, advisory aspect that adds considerable complexity to this type of remedy proposal. As CVS has explained previously, reducing choice down to what would effectively become a price comparison may not lead to lower costs for the customer overall. For example, a cheaper panel of bloods may result in a missing critical test which would have led to a cheaper (and better) outcome for the pet over the course of its illness if it had been included at the initial presentation. This demonstrates why a vet's experience and expertise is so critical in helping consumers make effective choices.

In CVS' view, imposing a comparison website in the vet sector would be more akin to a website that sought to compare the services of an architect or a builder. While there are tradesperson sites (e.g. Checkatrade, TrustATrader etc.) these tend to serve as review websites and do not provide for direct cost comparisons for a specific output e.g. the design or build of a two-bedroom, one-bathroom house. Very clearly, that price would depend on specification, location, experience, reputation as well as the nature of input used (something standard vs a bespoke unit tailored to suit the customer) etc. and the inclusion of e.g. an hourly rate for labour is not instructive to a customer without advice on how much time would need to be spent. Of course, a customer seeking an architect or builder also typically knows what they want to build, but as explained above, a pet owner will usually not know what treatments/services their animal requires when it is unwell. This makes a comparison website even less helpful, especially when taken together with the sheer number of treatments and price points within each (which is further explained below).

This would be overly burdensome for the industry and would not enable meaningful comparisons for consumers

CVS strongly believes a comparison website would be hugely burdensome for veterinary businesses to engage with, but more fundamentally, would not be of assistance to pet owners in choosing a FOP. More specifically, CVS' key concerns are as follows:

- While the CMA recognises the importance of including some form of quality measure, inevitably a comparison website will lead to an undue focus on price as it is the easiest metric to understand and compare. This is particularly the case where the CMA suggests presenting prices with a ranking or a red/amber/green or similar indicator. The clear unintended consequence is a “race to the bottom” where competition is exclusively focussed on price at the expense of other differentiators such as the breadth and quality of service provision. Veterinary services are too complex and individualised to be boiled down to a price comparison in a few clicks. This could have adverse implications not only for clinical care but also for the overall viability of veterinary businesses, animal welfare and morale across the profession.
- The concept of providing a composite price measure (particularly the “extended basket”) compounds the issues CVS has identified in respect of the individual treatment prices in Proposed Remedy 1 above, in particular the potential to create expectations on treatments (protocols, regularity etc.) that could adversely influence clinical decision-making and/or mislead customers. [CVS considers that enhanced transparency around pet care plans \(as per Proposed Remedy 3 with CVS’ suggested amendments described below\) would be more effective in this regard.](#)
- This will be highly complex and costly to set up and maintain. As the CMA rightly notes, creating a central platform or providing information to third-party websites will place a significant administrative burden on FOPs and referral providers. This includes ensuring that existing practice management systems are capable of integrating with the new portal/platform, and that all information stays accurate and up to date.¹¹ The CMA’s proposal suggests the functionality of filtering all information by pet characteristics (species, age and weight) which will require very significant datasets (covering at least 200 prices, multiplied across all FOPs) to be collated, submitted and maintained by businesses. For LVGs and independents alike, this will likely require infrastructure changes which will come at a cost. CVS recognises that this administrative burden is likely to be more significant for smaller or independent FOPs with limited resources. However, exempting such practices from the scope of a comparison website would clearly be unworkable as this would only be capable of enabling better consumer choice if it is implemented across the entire industry. Balancing these two considerations is likely to present challenges for the practical implementation of this remedy.
- Further, as noted in CVS’ general observations above on page 4, price comparison websites were considered as a remedy in several other market studies / investigations,¹² but were ultimately disregarded in favour of less burdensome remedies, which demonstrates the difficulties associated with implementing them in practice. While the Private Healthcare Information Network has now been set up, it has taken over five years to achieve the “bronze” milestone of delivering the system architecture, and the roll out is still in progress, despite the fact that this only covers a very limited set of prices (for example, initial and follow-up consultation fees for consultants).

¹¹ In this regard, CVS notes that the “web scraping” approach, while potentially less burdensome for some FOPs/referral centres (depending on their website specification), would not achieve the CMA’s desired outcome given one of the stated aims of any comparison website is to “assist pet owners to access information digitally for FOPs and referral providers which do not have their own websites”. If the data collection process relied on web scraping then this would not clearly provide such transparency.

¹² This includes the funeral markets investigation, the legal services market study and the care homes market study.

- CVS has also identified other practical difficulties, including potential issues regarding the sharing of sensitive data between FOPs and third parties (particularly where this includes personal details to verify customer reviews) and how FOPs could comply with certain requirements to raise awareness (e.g. how a FOP would know when a customer is moving house) and the appropriateness of drawing a customer's attention to the website when a complaint is raised as opposed to when it has been resolved.
- CVS also has a more general concern with publishing individualised customer feedback as this may be too subjective to one consumer's experience and theoretically open the door to potential abuse. [As an alternative, CVS would accept a requirement to publish NPS scores by all practices through a standardised process.](#)

For completeness, if the CMA were to consider it proportionate to implement a comparison website, CVS considers it more appropriate for the RCVS, as an independent third party, to be responsible for its operation. However, in this regard CVS notes the RCVS' resource constraints and the fact that the Find a Vet platform – whilst a helpful resource for consumers – is not yet complete. This proposal will require substantial funding which would need to be borne proportionally by the industry (although CVS also notes that many vets in smaller independent practices may be responsible for their own RCVS fees – which can be particularly burdensome for part-time vets (who still pay the full fees) and new graduates – and substantially increasing these fees could further impact morale in the profession). The alternative approach – enabling access to collated data for third parties to use in their own comparison websites – presents different concerns. The most immediate of which is how revenue would be generated from such sites (e.g. through the sale of advertising or through charging fees for placement) which could distort the presentation of options and inappropriately influence customer choice.¹³ CVS makes further comments on the use of a comparison website for medicine prices in response to Remedies 1 and 8.

In light of the above CVS does not consider the implementation of a comparison website to be proportionate. [Rather, effective price transparency enabling meaningful consumer choice can be achieved without incurring such costs for the industry. Namely, through the publication of short-form, appropriately scoped price lists, as per CVS' comments in respect of Proposed Remedy 1 above.](#)

¹³ As noted by the CMA in the Remedies WP, paragraph 3.70.

Proposed Remedy 3: Require FOPs to publish information about pet care plans and minimise friction to cancel or switch**CVS comments**

CVS supports the broad principle that more information about pet care plans should be given to pet owners to help them make better comparisons and as a result, better informed choices. As the CMA is aware, the benefits and components of CVS' Healthy Pet Club plans are already clearly set out for customers, alongside costings based on the species, age and weight of their pet. In any event, CVS would support enhanced industry-wide transparency measures that require the publication of: (i) clear pricing for the overall plan; (ii) benefits of the plan, including ease of switching; (iii) prices of pet care plan treatments and medicines/products on a standalone basis and as part of the plan; and (iv) the average annual savings achieved, provided on an appropriate basis (taking account of inherent variance by species etc.). However, as described above in response to Remedy 1 regarding flea, tick and worming treatments, CVS has concerns that stating cost savings (which would need to be calculated by reference to a particular dose/duration/regularity) may lead to an expectation that those treatment plans are recommended for every pet. This could clearly undermine any bespoke antiparasitic treatment protection approach, based on the vet's clinical judgement and pet and owner circumstances.

CVS also supports measures proposed by the CMA to minimise friction to cancel or switch plans for pet owners. CVS customers can already halt HPC at any time without penalties or a notice period, and they are refunded for any options that are not used (although naturally, customers are responsible for any difference between the cost of used services and payments already made).

However, CVS is concerned that certain features of the CMA's proposal are too burdensome and are unlikely to meaningfully assist pet owners in comparing pet care plans. In particular:

- **Annual statement on plan usage:** The administrative burden this places on vet businesses (especially on smaller or independent practices with limited resources) is excessive. CVS is particularly concerned about the resources required to list the cost of pay-as-you-go treatments on annual statements (which will vary depending on each animal).
- **Statistics on take-up:** Monitoring and collating statistics on take-up of plan benefits would similarly impose a very significant administrative burden on FOPs. CVS considers that publishing statistics on the take-up of plan benefits is unlikely to meaningfully assist pet owners as usage of plan components also depends on species, age and breed specifics and could undermine a bespoke antiparasitic treatment protection approach (as the take-up of every treatment may not be in an individual pet's best interests). This proposal is particularly concerning given the focus of pet care plans is on preventative healthcare. CVS notes that an unintended consequence of publishing statistics may be businesses simply removing benefits with low usage rates from pet care plans, to the detriment of pet owners.

Proposed Remedy 4: Provide FOP vets with information relating to referral providers**CVS comments**

CVS is generally supportive of FOP vets having better access to information regarding available referral providers. However, the CMA's focus on the price of referral services and treatments raises substantial practical challenges in terms of how this information is ultimately delivered to customers, and whether it would actually enable better informed referral choices. In particular, CVS notes:

- The nature of referral services is very open-ended as most cases require further investigation, which makes referral services difficult to 'package up' into treatments which could be easily priced on a comparison website or other register. In addition, similar to many of the items proposed in Appendix A, the scope for variance in treatments (due to intensity of treatment required, species, animal's medical history and presentation etc.) means it will be very difficult to provide meaningful price estimates. In this regard, CVS notes that FOP vets often refer an animal to a specialist where they are unable to confirm a diagnosis themselves – this would make it practically impossible for the FOP vet to provide reliable cost information in many cases, even where a price list was available, as there will be inherent uncertainty as to the appropriate course of treatment before the animal has been seen by the referral specialist.
- Where this information is made accessible to FOP vets, this gives rise to a number of potential unintended consequences. First, the potential for undue focus on price to undermine a vet's clinical freedom to recommend the most appropriate treatment for an animal in accordance with a contextualised care approach. Second, the likely impact this would have on consultation length where FOP vets are effectively required to compare multiple different referral providers (which often involves calling the referral centre to check availability etc.) rather than making a recommendation based on their clinical judgement.
- CVS notes that the RCVS Code of Conduct already requires vets to make referrals appropriate to each case. In making this decision, vets are required to consider all relevant factors, including experience of the referral surgeon, location, urgency of treatment and the circumstances of the pet owner (including limitations of insurance).¹⁴ CVS considers that this requirement is sufficient to address the CMA's concerns without infringing on vets' clinical freedom to decide where to refer pet owners.
- Where this information is provided directly to pet owners, there is a clear risk that undue focus on price, without the ability to appropriately balance other relevant factors like a qualified vet can, such as reputation and prior experience etc., could lead to poorer outcomes for animal welfare. Any such register/comparison website would also need to reflect the very large number of options, from advanced practitioner-led referral practices which are regularly opening, through to specialist-led multidisciplinary veterinary hospitals. Having myriad options (potentially into the hundreds) that are not easily comparable by non-vets coupled with the price-centric nature of comparison websites is unlikely to drive good decision-making by pet owners for specialist services, where quality of the services provided is a key consideration for most customers, alongside price.

¹⁴ RCVS Code of Professional Conduct for Veterinary Surgeons, Supporting Guidance, 1.

- There are also various practical issues with implementing a form of centralised system – such as practice management system integration which might be necessary to enable vets to record referral pricing, for example.
- Of course, these challenges need to be weighed against the potential benefits to consumers of further transparency of referral services. However in this regard, it is important to consider that the use of referral services is not a frequent occurrence for all pet owners, who commonly require referral services once or twice over their pet's lifetime. Further, services carried out by referral providers are typically covered by insurance which means that, although prices of referral services is a relevant factor, other factors such as quality, location and urgency of treatment (which cannot be easily conveyed on a register or website) are likely to be much more important to some consumers. In CVS' experience, pet owners generally prefer to rely on the overall assessment of their FOP vets, who would consider all these characteristics (in line with the RCVS Code of Conduct) and make an appropriate recommendation.

As an alternative, CVS would support better referral transparency in the form of an RCVS managed register of practices that accept referrals, including the qualifications of their clinical staff, their specialisms, facilities, equipment and capacity as well as location and opening times. CVS considers that it may be possible for referral centres to publish some prices, on certain common packages such as a cruciate surgery, but for the reasons outlined above, CVS questions whether this would be particularly meaningful for consumers given the limited scope of any such price list, the fact that referral services are not regularly accessed by a typical pet owner and because owners typically value other attributes of a referral centre as much as if not more than price. As noted above, CVS also fully supports transparency regarding intra-group links with referral providers. By way of context, CVS also notes that less than half of referral cases leaving CVS FOPs are seen at CVS referral centres.¹⁵

¹⁵ See CVS' response to Question 26 of RFI 17 for further detail.

Proposed Remedy 5: Provision of clear and accurate information about different treatments, services and referral options in advance and in writing**CVS comments**

As noted above, CVS is fully supportive of the provision of clear and accurate information to pet owners. This is a core element of a vet's role, in accordance with their professional and ethical standards, and fundamentally underpins the contextualised care approach. Under the RCVS Code of Conduct and Supporting Guidance, vets are already required to obtain 'informed consent' from owners, and setting out potential options and pricing is a key part of that. CVS FOPs already provide written estimates for agreed treatment plans as part of their consent forms under the RCVS Code of Conduct.¹⁶ However, the CMA's proposal in this regard is disproportionately burdensome and impractical.

In particular, CVS notes the following practical concerns:

- A standard CVS consultation runs for 15 minutes – in this time, the vet needs to examine the animal, consider the most appropriate options for treatment, decide on a recommended approach, relay their thought-process to the customer and answer any questions the latter might have. In some cases, the vet might also need to run some diagnostic tests (such as taking a blood sample). There simply isn't enough time to describe and price multiple different treatment options in writing. This could also conceivably lead to owners expecting FOP vets to justify differences in pricing, which they might not be well-placed to do (e.g. comparing the pricing of different third-party referral providers). As a result, requiring vets to provide such detailed written information for numerous options will clearly lead to significantly longer consultation times for pet owners and much greater workloads for vets. In turn, this will result in increased prices for consultations. As CVS has described previously, this could have unintended consequences, including pet owners deciding to see their vet less frequently, which can be detrimental to animal welfare and may ultimately result in higher costs to the consumer overall where issues are not treated as early as they otherwise might have been.
- What a customer requires to "understand" the choices available to them is highly individual: while there may be a limited subset of customers who would find information provided as the CMA envisages in this proposal helpful, others will not. It is critical that vets retain the ability to use their professional judgement in how to best discharge their duty to ensure they gain "informed consent" for all procedures and treatments.
- Providing too much information may lead to pet owners being overwhelmed by the options presented to them. In addition, CVS has already explained the inherent difficulties in estimating total treatment costs in advance given the number of variables; having to do this for multiple options increases the risk of customers feeling misled in the event those estimates are exceeded, particularly where the presentation of options is made so price-centric, as the CMA proposes. In short, this approach places too much weight on price estimates that are often too uncertain to be a meaningful basis for a decision in and of themselves. The relationship of trust between pet owners and their vets is of paramount importance. A rigid requirement to set out and price each potential option could erode that trust, as customers should feel comfortable relying on the skill of the veterinary professional and their clinical judgement, taking into account all relevant circumstances including the

¹⁶ RCVS Code of Conduct for Veterinary Surgeons, 10.2(a) and 11.2(d).

customer's financial standing. This proposal could also undermine a vet's ability to take due account of other relevant factors such as an owner's ability to access options (via transport links etc.).

- As noted by the CMA, due to the complexity of defining 'clear and accurate information', monitoring and enforcing this requirement is likely to present significant challenges.¹⁷ What is 'clear' and 'accurate' will depend on the circumstances of each animal's case, and will also vary based on the clinical judgement of each vet (for example, how many options is appropriate based on 'professional discretion'). Further, the examples of information to be provided (as outlined in paragraphs 3.93 and 3.95 of the Remedies WP) contain elements which are difficult to determine, including estimates of the number of visits needed and 'reasonable amount of time' to be given in each case to consider treatment options. Some elements may not be practicable, for example a strict requirement to give details of non-affiliated referral providers (which may not be appropriate depending on the required specialism, location etc.).
- While CVS recognises that the CMA has considered exceptions for this requirement, this again presents challenges in defining the scope of such exceptions, such as what will be set as the threshold value for 'lower value treatments' and who will set and monitor this threshold (and how).

As an alternative, in order to better enable vets to provide customers with greater transparency of treatment options, CVS supports an annual training requirement on customer engagement and consultation skills. This would help ensure that vets consistently deliver effective information that enables customers to make better informed decisions. CVS also supports a requirement that consent forms include a check box for the customer to confirm that the vet has communicated appropriate options to them – this is an effective (and more easily auditable) way of empowering customers to ask for more detail in the event that options have not been clearly presented. On price specifically, CVS supports a requirement to inform customers as soon as practicable where actual costs exceed an initial estimate by 25% or more. As noted above, CVS also supports better transparency on intra-group links to external providers such as referral centres, when options are being explained to customers.

¹⁷ Remedies WP, paragraphs 3.98-3.99.

Proposed Remedy 6: Prohibition of business practices which limit or constrain the choices offered to pet owners**CVS comments**

CVS supports this remedy, including the annual attestation of compliance. As the CMA is aware, CVS does not have any incentives in place which would inhibit or influence vets' clinical freedom to provide or recommend a choice of treatment. In particular, CVS does not have any financial incentives for its vets to incentivise intra-group referrals or "upsell" in-house diagnostics or treatments. While CVS notes that the RCVS Code of Conduct already requires vets to provide independent and impartial advice and advise customers of any conflict of interest, CVS is supportive of this express prohibition. Of course, any such prohibition would not preclude general 'profit share' type bonuses (which are common to many companies, not only in the veterinary sector) provided they are not productivity linked (i.e. they do not encourage upselling) in order to appropriately incentivise FOPs to run their businesses efficiently and grow their offerings and quality.

Proposed Remedy 7: Changes to how consumers are informed about and offered prescriptions

CVS comments

The CMA's current thinking is that prescriptions should be mandatory in all cases subject to limited exceptions. CVS has grave concerns with this approach. In particular:

- CVS notes that only 38% of consumers surveyed by the CMA were unaware that they could request a written prescription. Requiring mandatory prescriptions in almost every case is grossly disproportionate to address this (relatively limited) lack of awareness. CVS has previously provided evidence that its customers are not only *aware* of other channels (because its vets proactively inform them) but actually *use* them in practice.¹⁸ The CMA's own qualitative research also notes that many vets discuss the option of written prescriptions, particularly where a pet suffers with a chronic condition, which indicates this is common practice across the market.¹⁹
- Issuing written prescriptions in nearly every case is therefore excessive, particularly as it is likely to lead to increased costs, for example: (a) through potentially longer consultation times, especially where a combination of medicines are prescribed (which may negate any savings a pet owner could make by finding cheaper alternatives); (b) where immediate dispensing of medicines is appropriate and/or is the customer's preference, in which case owners will incur an unnecessary prescription fee; and (c) where system improvements are required in order to better facilitate the issuance of prescriptions.
- It would significantly increase the risk of prescription fraud²⁰ (i.e. prescriptions being copied and used multiple times). This has very clear adverse implications for animal welfare. In this regard, CVS notes that a number of its FOPs have already taken to emailing prescriptions directly to pharmacies in order to prevent this type of behaviour, showing this is a real-world risk. Facilitating the electronic transfer of prescriptions to the customer's choice of pharmacy at scale, for every almost every prescription, would be very challenging to implement – both for CVS but also particularly for smaller independent practices.²¹ However clearly, for customers to ensure they have equality of choice, any requirement for mandatory written prescriptions would need to apply across the entire industry.
- CVS has legitimate concerns about where a customer may take their written prescription to be filled – specifically the risk that POM-Vs could be dispensed by a human pharmacy “off-cascade”, which could have very significant implications for animal welfare where prescription medications are prescribed inappropriately (for example, where human versions are not vegan or contain additives that are toxic to pets).
- A lack of clarity around which medicines should be exempted from this requirement (noting this is still being considered by the CMA²²), and how this might take account of the

¹⁸ CVS response to CMA Working Papers published 6 February 2025 (**WP response**), page 21.

¹⁹ Qualitative research with veterinary professionals by Revealing Reality, section 8.2.3; WP Response, page 22.

²⁰ As noted by the CMA, Remedies WP, paragraph 4.46(c).

²¹ In this regard, CVS notes that the CMA is considering an e-Prescription portal (Remedies WP, paragraphs 4.132-4.145). Notwithstanding CVS' concerns with mandatory prescriptions as outlined here, while in principle CVS would support the development of such a portal (particularly in respect of reducing the fraud risk), there are clear practical issues – in particular the costs and resources required to set up and manage such a system (which only compound the implications of mandatory prescriptions on consultation costs etc.).

²² Remedies WP, paragraph 4.37.

impracticalities of requiring mandatory written prescriptions for – for example – injectables administered by the vet during a consultation.

- CVS is also concerned as to how the ‘average savings’ information (which the WP suggests will be determined by reference to research undertaken by the CMA²³) will be kept updated, given the potential for this to result in consumer complaints where it is inaccurate.

Overall, in CVS’ view, the CMA has not shown evidence of consumer harm that could justify the adoption of mandatory written prescriptions. In light of the challenges outlined above, it is a wholly disproportionate approach to address a simple lack of awareness in around 1 in 3 customers.

As an alternative, CVS supports the following measures which, in its view, are a more proportionate way of addressing consumer awareness: (a) price transparency on fees associated with prescription and dispensing of veterinary medicines (as outlined in response to Proposed Remedy 1 above); (b) a requirement to include a clear statement on invoices that customers may be able to purchase medicines more cheaply elsewhere (including online); (c) measures to reinforce the existing RCVS PSS requirement (for participating practices) to inform customers of their ability to request written prescriptions, including (i) an annual attestation that this is complied with; (ii) the prominent display of a “customer charter” (both in-practice and online) which makes clear that customers can request a written prescription that can be fulfilled at their pharmacy of choice; (iii) the standard charge for issuing a prescription to be filled elsewhere; and (iv) a recommendation that the customer use a website accredited by the VMD Accredited Internet Retailer Scheme if ordering from an internet retailer.

²³ Remedies WP, paragraph 4.33(c).



Proposed Remedy 8: Transparency of medicine prices so pet owners can compare between FOPs and other suppliers

CVS comments

CVS strongly disagrees with CMA's highly interventionist suggestion that prescriptions include a comparison price from an alternative channel. Not only is this requirement completely impractical to administer (in terms of how "comparison price" would be determined) but it is not proportionate to address the identified lack of consumer awareness of where prescriptions can be fulfilled. This would be an extreme intervention, tantamount to advertising a competitor on what is primarily a clinical record. This proposal goes far beyond what is necessary to improve consumers' understanding of potential alternatives.

More specifically:

- The calculation of the "comparison price" gives rise to multiple challenges, including how to calculate it (lowest or average), which datasets to use (i.e. which online pharmacies will be used as comparators and how often is this reviewed), how often the average price should be updated, how the prices can be verified etc.
- Practical difficulties associated with a comparator website (as outlined in response to Proposed Remedy 2 above), including the administrative burden of collating, maintaining and submitting price information for each medicine (by formulation, pack size etc.). This is potentially even more burdensome than for treatment pricing given the granularity of pricing, greater regularity of new products coming onto the market, and potential fluctuations in prices (for example in response to wholesale cost increases). This would likely require significant changes to practice management systems to enable interoperability with any comparison site, which would come at considerable cost.
- In addition, there are practical difficulties for customers in terms of accessing the comparator site in-FOP, as in reality this remedy would require all customers to have a smart phone and all FOPs to have internet access.
- It is unclear how prices provided to the comparator website will be monitored, which could lead to abuse.

As an alternative, as CVS has already stated, it would support a requirement to make clear on its invoices that customers may be able to purchase certain veterinary medicines more cheaply elsewhere. This is a far more proportionate means of addressing the lack of customer awareness.

Proposed Remedy 9: Requirement for generic prescribing (with limited exceptions) to increase inter brand competition for medicine sales**CVS comments**

In principle, CVS is supportive of the proposal that consumers should be given more information about alternatives to prescribed veterinary medicines, provided this is done in a proportionate way.

CVS understands that this remedy is primarily aimed at enabling better choice where an own-brand medicine is being prescribed, as this may limit the options available to the customer, even where there are clinically equivalent, third-party branded medicines available. CVS – which has an own-brand (MiPet) range of medicines – recognises the CMA's concern around consumer awareness and is supportive, in principle, of a requirement to include the active ingredient on prescriptions for MiPet products (together with other required information such as the formulation etc.). This would enable the dispensing vet to select appropriate alternatives. This is acceptable from a liability standpoint, because CVS has certainty over the clinical equivalency of products as compared to its own MiPet range.

On the other hand, CVS considers it is disproportionate to require the active ingredient to be specified for *all* prescriptions. This is because:

- Beyond alternatives to the MiPet range, CVS does not have sufficient certainty over the clinical equivalence of multiple different products to allow its vets to feel comfortable that a set list of alternatives will be suitable in every case. Even where the active ingredient is specified, this does not mean that the products are necessarily identical, and it may be that alternatives are not suitable for a particular animal. This creates a liability issue between the prescribing and dispensing vets, if an alternative medicine was dispensed and led to an adverse reaction (e.g. as a result of dietary allergies or particular toxic ingredients to certain animal types such as exotics). Specifically, the prescribing vet is generally responsible for any adverse events that occur as they have a duty of care to inform the owner of risks associated with the medicine. Where that vet is required to specify multiple medication options, they will only be comfortable assuming that responsibility where they are confident they fully understand the datasheets associated with each option, but that is practically impossible for all potential variants. Carve outs will be required for medicines for which brand prescription is appropriate because of different release profiles / instructions / biological differences, despite having the same active ingredient. But not all vets may be aware of these cases, and as such a general requirement to include alternatives could lead to significant adverse welfare outcomes.
- A strict requirement to list all alternatives (either that the vet is aware of, or by reference to equivalency categories) would clearly be inappropriate where there is a clinical justification, such as a previous reaction by the animal, which may encourage a vet to take a narrower approach to prescriptions in the future, so as to try to avoid inducing a similar reaction. This would also present an unrealistic requirement for individual veterinary surgeons to have up-to-date knowledge about all licensed products, even those that they do not stock or prescribe.
- This clearly adds a significant administrative burden to vets writing prescriptions, which will further add to consultation times. Where written prescriptions are made mandatory (on which, see CVS' response to Proposed Remedy 7 above), this burden is compounded. In order for vets to be able to prescribe all clinically effective equivalents, this would likely

require significant changes to practice management systems. There are also legitimate concerns as to how FOPs could maintain an up-to-date list.

- This type of measure could also conceivably delay the penetration of new veterinary medicine products coming onto the market (e.g. where they are not reflected in equivalency categories quickly and/or this is not picked up by FOPs). This could adversely affect R&D incentives by inadvertently foreclosing new entrants.
- Practically, it is hard to see how vets will be effectively monitored and assessed if they fail to list out every equivalent medicine they were aware of (notwithstanding the scope for significant variation between vets), or fail to adhere to the requirement to provide an adequate written justification for departing from listing all medicines in an equivalency category. Where this could result in sanctions for vets, this lack of clarity is very concerning.

CVS urges the CMA to seek detailed input from the Veterinary Medicines Directorate in order to ensure that any remedy that requires specification of alternatives does not compromise the current VMRs. For completeness, CVS also notes that within the veterinary profession, the term 'generic' has a specific meaning often relating to non-licensed (i.e. off-cascade) medications. It is not appropriate to recommend a generic version where a veterinary licensed version is available. Where the CMA does implement a requirement to include the active ingredient on prescriptions, this should be accompanied by a statement as to whether or not this should be a prescription-only veterinary medication, in order to ensure that it is fulfilled appropriately.

Proposed Remedy 10: Prescription price controls

CVS comments

CVS does not consider that the implementation of a price control on prescription fees is proportionate to the CMA's concern that around 1 in 3 consumers are not aware of their ability to purchase veterinary medicines from alternative sources.

In any event, CVS' key concerns with this proposed remedy are as follows:

- Setting the level of any price will be complicated – in order to ensure it allows for cost recovery, it would need to overcome the difficulties with disaggregating costs associated with prescription, which are inherently intertwined with other FOP costs. The cost of a prescription is not merely the time taken to write the physical script – it includes various other costs necessary to enable a FOP to both prescribe and dispense medicines, such as building a trusted relationship with the pet owner, ensuring appropriate levels of stock and ensuring safe storage.
- Where a price cap is set too low, there is a clear risk of unintended consequences, such as businesses trying to recoup those costs elsewhere (for example, in the consulting fee), or a decrease in the efficiency of the act of giving prescriptions. This is only exacerbated where written prescriptions are made mandatory (on which, see CVS' response to Proposed Remedy 7 above).

Instead, CVS considers that its proposals in respect of Proposed Remedies 7-9 above are sufficient to enhance consumer awareness of medicine alternatives, and which are more proportionate to the concern the CMA is seeking to address. In addition, CVS notes that RCVS Guidance already *"advises vets only to make reasonable charges for prescriptions, which affords the public protection against excessive or inappropriate costs"*.²⁴

²⁴ RCVS Code of Conduct for Veterinary Surgeons, 9.2.

Proposed Remedy 11: Interim medicines price controls**CVS comments**

There is no justification for imposing a price cap on medicines, which would be an extreme intervention that could have clear unintended consequences. While the CMA points to large mark-ups in relation to medicines, it does not have sufficient evidence or analysis to justify a price control.

In particular:

- As set out in CVS' economic response to the CMA's working paper on Financial and profitability analysis of 1 May 2025, when the appropriate sensitivities are taken into account to more reasonably estimate CVS' profits and asset values, there is no evidence that CVS made excessive profits on average over the last five-year period.
- There are multiple practical difficulties, including how to determine the parameters of such controls (for example, how the price level is set, how the top 100 medicines would be determined when there could be multiple variations of one drug depending on dose and form etc.) and how such controls would be monitored and enforced (including who will fund such activities).
- How the CMA could control for the risk that prescriptions move away from the top 100 medicines, whether for clinical or commercial reasons.
- If a price control were to be implemented, it would need to be industry-wide, given the CMA identified similar concerns in respect of medicine mark-ups by independent veterinary practices. However, such an interventionist measure is likely to impact independent FOPs more than LVGs who may be less able to recoup costs elsewhere. At its most extreme, such an interventionist measure could lead to smaller players being driven out of the market where they are unable to remain profitable, which would clearly lead to a far worse competitive outcome.
- If manufacturers can continue to amend their list prices during any price control enforcement period, the CMA is effectively committing FOPs to having their profits gradually eroded during this period, which may ultimately limit choice in-practice.

In light of the above, CVS supports the CMA's preference to explore whether a price control could be avoided.²⁵

²⁵ Remedies WP, paragraph 4.108.



Proposed Remedy 12: Restrictions on certain clauses in contracts with third-party out of hours care providers

CVS comments

CVS is generally supportive of this remedy subject to appropriate scoping, in particular on notice periods to ensure that these are sufficient to allow OOH providers to adjust their offering accordingly. As noted in CVS' response to RFI 17, CVS does not impose early termination charges and therefore supports the removal of such charges.²⁶

CVS notes that all FOPs are required to have provision for OOH care and have the choice as to whether that is outsourced or provided in-house. This is often determined by work-life balance considerations depending on the size of the clinical team at the relevant FOP.

As explained previously, onboarding a new FOP or scaling down an existing OOH clinic can take a significant period of time (accounting for employees' rights, for example). The provision of OOH services is generally low margin – it requires a minimum amount of demand / caseload to make them viable given the associated costs, which means that short notice periods can impact the commercial viability of some OOH offerings. As the CMA is aware, CVS' OOH contracts have a typical FOP notice period of 12 months, although it has accepted significantly reduced depending on the circumstances.

²⁶ See CVS' response to Question 11 of RFI 17.

Proposed Remedy 13: Transparency on the differences between fees for communal and individual cremations

CVS comments

CVS is generally supportive of requirements for all vet practices to provide further information to pet owners regarding the price of communal and individual cremations. In fact, CVS already publishes these fees as a matter of course.

However, CVS considers that the proposed changes to the RCVS Code of Conduct go beyond what is necessary to assist pet owners in making informed choices in such a vulnerable situation. In particular:

- CVS is concerned that the proposed remedy runs the risk of being too prescriptive and may encroach on vets' ability to use their professional judgement, especially when framing options 'appropriately' is already a key consideration for all vets. This may lead to worse experiences or outcomes for pet owners, such as being overloaded with information during a stressful time.
- It is unclear how any such requirement could be effectively monitored, given it will be difficult to define how to frame options 'appropriately'. Rather, CVS considers that mandatory annual training on customer engagement and consultation skills could better enable vets to have appropriate conversations.
- CVS further notes that most independent crematoria service providers do not provide communal cremations, which is a contributing factor to limited choices faced by pet owners.

CVS agrees with the CMA's acknowledgement that this proposed remedy may have limited effect in circumstances where pet owners are in a vulnerable position.²⁷ As the CMA is aware, CVS has a process known as 'Direct Pet Cremation' which puts customers directly in contact with crematoria to make pet aftercare arrangements (rather than feeling pressured to make immediate decisions in the consulting room). This process helps to ensure that clients are not making rushed choices at stressful times and allows them adequate time to assess various services on offer, so that they are able to make informed decisions. CVS considers that this approach may be a viable alternative to the CMA's proposed remedies in relation to crematoria services.

²⁷ Remedies WP, paragraph 5.11.

Proposed Remedy 14: A price control on retail fees for cremations**CVS comments**

A price control on retail fees for cremations is an extremely interventionist remedy which is not grounded in any harm identified by the CMA. Rather, to the extent the CMA has concerns regarding the way in which cremation services are provided and priced (noting in particular the vulnerability of customers considering cremation), these are primarily related to *how* options are communicated to customers by FOPs. Such concerns can be adequately addressed with the transparency measures CVS proposes above, by ensuring customers fully understand the options available (and that these are framed appropriately to avoid them feeling pressured in a vulnerable situation). Clearly where this enhanced transparency results in changes in consumer behaviour, this could in time also address any residual concerns around price. Any price control remedy would therefore be wholly disproportionate in isolation, but even more so where the transparency measures considered above are introduced.

In any event, CVS has the following specific concerns with any price control on retail fees:

- As set out in CVS' economic response to the CMA's working paper on Financial and profitability analysis of 1 May 2025, when the appropriate sensitivities are taken into account to more reasonably estimate CVS' profits and asset values, there is no evidence that CVS made excessive profits on average over the relevant period in relation to its FOP services (including any revenues earned and costs incurred in relation to cremations). In relation to the fees charged by crematoria, these are not covered by the CMA's profitability analysis. However, CVS explained in response to RFI 7²⁸ that profitability at its crematoria reflected the highly capital-intensive nature of this activity, which is not fully reflected in the book value of its assets. Therefore, there is also no evidence of excessive profitability in relation to the activities of the crematoria themselves.
- It is extremely difficult to disaggregate a FOP's costs associated with supporting the provision of cremations to pet owners, and these are likely to vary greatly between FOPs.²⁹ As such, this would make it challenging to determine the appropriate level at which any "mark-up" could be set.
- It is also unclear how the CMA will determine which veterinary providers or indeed which other elements of the cremation services (such as vessels for collection of ashes) the price control mechanism would apply to, and how this could be effectively monitored and enforced (which the CMA itself notes would require a change to the role and remit of the RCVS).³⁰ In CVS' view, it is appropriate for any such price control to apply across the industry, as any assessment of mark-ups (to the extent even feasible) would only provide a "snapshot" of current fees which may not be indicative of future pricing, and it is critical from a consumer perspective that any cap applies across the board, so that the relevant comparators in any local area are subject to the same restrictions.
- As with the price controls on medicines and prescription fees discussed above, there is an inherent risk of FOPs looking to recoup the mark-up against other services, which ultimately means this is not effective for consumers.

²⁸ See CVS' response to Question 20 of RFI 7.

²⁹ See CVS' response to Question 40 of RFI 17.

³⁰ Remedies WP, paragraph 5.15.



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- Such an interventionist mechanism may also have the unintended consequence of reducing the quality of services being provided by FOPs, to the detriment of customers.

Proposed Remedy 15: Regulatory requirements on vet businesses**CVS comments**

CVS is fully supportive of the RCVS broadening its scope to have formal powers to regulate corporate veterinary entities and directors. Subject to the concerns raised above in respect of certain of the Proposed Remedies, in principle CVS supports any transparency and market-opening measures applying to veterinary businesses directly. CVS is keen to work with the CMA and the relevant regulatory body (such as the RCVS) to ensure effective and proportionate implementation. In this regard, it is important to note that the CMA's concerns relate primarily to customers' lack of awareness in terms of prices, quality, options and redress. This needs to be kept in mind in the context of potential reforms, to ensure they are scoped appropriately to mitigate those concerns, without adding undue burden and cost on the sector.

Of course, CVS recognises that there are practical considerations to such expansion of application, in particular the funding required to upscale the relevant body such that it can carry out additional monitoring and enforcement functions. It will clearly take some time to ensure that the body is appropriately resourced, and in CVS' view, the associated costs should be borne fairly across the industry (e.g. proportionately based on number of FTE clinical staff).

In relation to the other regulatory reforms being considered by the CMA (specifically, Proposed Remedies 15-19), CVS is equally mindful of the significant funding, time and resources required to design and implement such reforms.

Proposed Remedy 16: Developing new quality measures

CVS comments

CVS considers itself to be a high-quality service provider in direct response to consumer demand. If consumers did not value a high-quality offering, it would not be of sufficient benefit to CVS to continue making the investments required to provide these services. Quality is therefore an important factor both for customers and vets. CVS is pleased that the CMA recognises the importance of quality as a parameter of competition, and strongly supports the introduction of effective quality measures. CVS is therefore supportive of the development of new quality measures, especially where these are presented alongside price lists (on which see CVS' comments on Proposed Remedy 1) so that customers can better understand the overall value proposition.

CVS is keen to work with the relevant regulatory body (such as the RCVS) on effective implementation. The Remedies WP rightly notes that it is not for the CMA to '*comment on the appropriate clinical, animal welfare and public health elements of any scheme*'.³¹ Developing the appropriate quality metrics will require significant input from the industry.

At this stage, CVS would support the strengthening of the existing PSS (which it expects will be more achievable at pace than starting afresh with a new regime). All of CVS' FOPs already voluntarily comply with the PSS but CVS would support it becoming mandatory for all FOPs. CVS also considers that PSS awards (with some more focussed on client service) could evolve to become a more effective marker for quality, which would be relatively easy for consumers to understand.

Of course, this would present some challenges – in particular how the RCVS could manage the assessment process for the c.40% of FOPs that are not yet accredited,³² and the impact this resourcing challenge could have on accredited FOPs' ability to be assessed for awards in a timely fashion (which could put a FOP at a competitive disadvantage if there is a significant lag time to achieve a quality 'kitemark'). One potential interim solution could be a system of self-assessment, where appropriately qualified assessors within the larger groups use the same framework to carry out PSS assessments with a sufficient level of supervision from the RCVS. In addition, CVS notes there are some concerns within the industry regarding the consistency of PSS assessments, which would need to be addressed if this becomes a key marker of quality. Of course, for this to be effective, significant investment will need to be made to enhance consumer awareness of PSS accreditation and awards.

As noted above, implementation of any new quality measure will clearly require considerable investment in the relevant body (such as the RCVS). Given the aim of any such measure is to enable customers to make better informed choices, for this to be an effective remedy, it must apply across the industry so that customers can make effective comparisons. While CVS recognises the need to ensure this is not overly burdensome on smaller businesses, it is not clear how a more light-touch regulatory approach for smaller businesses could achieve the aim of this remedy. Implementing a 'two-tier' system could be challenging, in terms of the appropriate standards and thresholds to apply etc. CVS considers that any quality metric must be applied with sufficient consistency, otherwise this risks the perverse consequence of only larger FOP groups having a well-recognised quality accreditation, which could put smaller FOPs at a competitive disadvantage and actually restrict customer choice.

³¹ Remedies WP, paragraph 6.46.

³² CVS understands this proportion may be lower considering that c.69% of eligible practices have joined the PSS according to the CMA's WP on Regulatory Framework for Veterinary Professionals and Veterinary Services, paragraph 4.11.



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As a further alternative, CVS would support a requirement to publish NPS scores, provided that this is done uniformly across the profession and an independent body, such as the RCVS, is responsible for monitoring and enforcing any such requirement.

Proposed Remedy 17: A consumer and competition duty for a regulator**CVS comments**

In principle CVS supports a general proposal to reform the regulatory framework, to ensure it is fit for purpose and best serves both pet owners and the veterinary profession alike. CVS has no objection to a regulator having a duty to protect consumers and promote competition for regulatory services, and would welcome further guidance for the industry. It will be important to ensure that any such codes/guidance are developed in close collaboration with the veterinary profession, to ensure they are effective and proportionate. CVS would welcome further dialogue within the industry to consider whether the RCVS should be tasked with these duties. As noted above, any such expansion of regulatory functions will clearly have a cost implication, and CVS reiterates its view that such costs should be borne fairly by the industry as a whole.

Proposed Remedy 18: Effective and proportionate compliance monitoring**CVS comments**

CVS takes its regulatory compliance obligations very seriously, and is generally supportive of the CMA's proposal to design a reformed statutory framework to enhance compliance monitoring, including mechanisms for registration, self-auditing and declarations, complaints reporting etc. CVS has previously voiced its support for self-audits and annual reporting on compliance with the RCVS Code of Conduct. CVS is therefore open to working with the CMA and the RCVS on the effective implementation of such a remedy.

Of course, any such framework will need to be proportionate. In particular, CVS notes that increased self-reporting to, and monitoring functions of, the RCVS would require considerable funding. There is also a cost to FOPs of undertaking regular self-audits, and this should be considered carefully alongside enhancements to the PSS scheme to ensure that the frameworks are not duplicative or otherwise overly burdensome. In this regard, CVS queries whether all of the measures contemplated by this proposed remedy would be necessary where FOPs' complaints procedures are improved (on which see CVS' comments on Proposed Remedies 20-25 below).

Proposed Remedy 19: Effective and proportionate enforcement

CVS comments

CVS recognises the importance of having appropriate enforcement mechanisms in place in order to ensure the regulatory framework is effective in practice. This helps ensure that pet owners continue to have trust in the veterinary profession, which is fundamental to the vet-owner relationship. CVS is therefore generally supportive of this remedy and will work with the CMA and the RCVS on effective implementation (for example, on enhanced inspection powers and information gathering rights). This remedy will clearly require significant input from the industry to ensure it is effective and proportionate.

That said, CVS has some particular concerns regarding the scope of any such enforcement powers:

- In CVS' view, the focus of these powers should be on veterinary professionals' fitness to practice rather than serious professional misconduct. This is because undue focus on 'misconduct' in isolated cases can have unintended consequences, such as vets engaging in defensive medicine in fear of potential repercussions. CVS considers it more appropriate for the RCVS (or similar regulator) to consider whether a vet is fit and proper to practice (akin to financial services regulation).
- CVS is also concerned that the potential to impose fines on regulated individuals could have a significant impact both on morale in the industry (and attractiveness of the profession for new graduates) and potentially on clinical decision-making where vets may again feel encouraged to engage in defensive medicine in order to avoid potential sanctions. This could conceivably lead to higher costs for owners. As a result, it is important that any such enforcement powers are scoped appropriately and used proportionately, in order to ensure the right incentives.
- Once again, there will be a considerable cost implication of any enhanced enforcement regime. As noted above, CVS considered it appropriate for such costs to be borne fairly across the industry.

Proposed Remedy 20: Requirements on vet businesses for effective in-house complaints handling

Proposed Remedy 21: Requirement for vet businesses to participate in VCMS

Proposed Remedy 22: Requirement for vet businesses to raise awareness of the VCMS

CVS comments

CVS considers that effective complaints processes are an important component to ensuring that consumer trust in the veterinary profession is maintained. As the CMA is aware, CVS already publishes its complaints handling process on the Vet Collection website and uses VCMS as part of its complaint resolution process. As noted in respect of Proposed Remedy 1 above, CVS would also willingly accept a requirement on FOPs and referral providers to solicit customer feedback, as it already routinely does.

Against this backdrop, CVS is also generally supportive of Proposed Remedies 20-22 and will work with the CMA and the relevant independent mediator (such as the VCMS) to ensure these are implemented effectively. However, CVS notes that this will require considerable input from the industry to ensure that the minimum requirements for complaints handling are practical and proportionate (particularly given the potential for this to require considerable investment by FOPs where the standards deviate substantially from existing procedures) and that a requirement to participate in mediation via an accredited ADR scheme is implemented appropriately. In particular, while CVS supports having a mandatory independent mediator, FOPs should maintain the ability to choose which scheme is used (which would of course include the VCMS) so that FOPs are not unduly restricted if there is a fall in service levels. It is also fundamentally important that customers are also required to participate in mediation, as this clearly needs to apply to both parties in order for the scheme to be effective. It would be wholly inappropriate for FOPs to be restricted to mediation but customers to be free to choose their preferred form of dispute resolution. Once again, it is important to recognise that mandatory use of ADR schemes could have significant cost implications, which may be particularly relevant to smaller practices.



Proposed Remedy 23: Use of complaints insights and data to improve standards

CVS comments

CVS is generally supportive of Proposed Remedy 23 and is willing to work with the CMA and the relevant regulatory body (such as the RCVS) on effective implementation. In this regard, CVS notes some practical issues that will need careful consideration, such as how potential customer data protection concerns can be managed, and how this data will actually be used in practice to drive improvements.

Proposed Remedy 24: Supplementing mediation with form of binding adjudication
Proposed Remedy 25: Establishment of a veterinary ombudsman

CVS comments

CVS considers that the existing systems for customer complaints and redress, particularly as supplemented by the changes proposed by the CMA through Proposed Remedies 20 – 23 (subject to CVS' comments above) are sufficient to address the concerns identified by the CMA – namely the lack of consumer awareness of complaints processes, the limited use made of complaints data to drive improvements in the sector and ineffectiveness where procedures are not binding.

In CVS' view, adding a further layer of dispute resolution – either through a binding third party adjudication or establishment of a new veterinary ombudsman – would be disproportionate to address the CMA's concerns. CVS' strong view is that it is inappropriate to add further complexity and cost in this way. *Instead, CVS is willing to engage constructively on reform to the regulatory framework for complaints and consumer redress (in particular in respect of Proposed Remedies 20-23), in particular improving use of and access to an independent mediator such as the VCMS and making those decisions binding (on both the vet and the pet owner).*

Proposed Remedy 26: Protection of the ‘veterinary nurse’ title
Proposed Remedy 27: Clarification of the existing framework
Proposed Remedy 28: Reform to expand the vet nurse role

CVS comments

CVS welcomes and fully supports Proposed Remedies 26-28, which align with CVS’ previous proposals to protect the RVN title and better define the role of the veterinary nurses through clearer, practical guidance to further support animal welfare and allow a broader range of options to be available to customers.

Of course, CVS notes that these proposals will require industry input to ensure they are implemented appropriately. For example, potential unintended consequences of expanding the vet nurse role could include: (a) losing the distinction between vets and RVNs (which is a deliberate career choice); (b) ensuring that the expanded role doesn’t inadvertently apply to other professions (such as farmers) where that is not clinically appropriate; (c) the risk of escalating costs where this requires further training/qualifications. CVS is keen to work with the RCVS and the wider industry in order to ensure this is properly scoped, to the benefit of RVNs and customers alike.