

VETERINARY SERVICES FOR HOUSEHOLD PETS

Appendix K: Limited Service Providers

15 October 2025

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The Competition and Markets Authority has excluded from this published version of the final report information which the inquiry group considers should be excluded having regard to the three considerations set out in section 244 of the Enterprise Act 2002 (specified information: considerations relevant to disclosure). The omissions are indicated by [X]. Some numbers have been replaced by a range. These are shown in square brackets. Non-sensitive wording is also indicated in square brackets.

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1. Limited Service Providers (LSPs) and 24/7 coverage of emergency care

Introduction

1.1 In this section we set out:

- (a) our provisional assessment of how the regulation of Limited Service Providers (**LSPs**) can affect competition in the market; and
- (b) options for the RCVS to consider regarding its supporting Guidance (the **Guidance**) on LSPs.¹

Provisional assessment

The legal requirements

- 1.2 There is an overarching requirement for vets 'in practice' to 'take steps' to provide 24-hour emergency first aid and pain relief to animals under their care according to their skills and the specific situation.²
- 1.3 'In practice' means offering clinical services directly to the public or to other vets. This includes but is not limited to vets working in the more traditional settings such as FOPs and referral practices as well as more atypical business models such as LSPs.³ LSPs are those which offer no more than one service to its clients and includes, but is not limited to, vaccination clinics or neutering clinics.⁴
- 1.4 'Take steps' does not mean that vets must personally provide the service but, where they are unable to do so, they are required to ensure that clients are directed to another appropriate service and that this handover is recorded in writing. The Guidance states that vets are encouraged to co-operate with each other in the provision of 24/7 emergency care for example in shared arrangements between local practices or using a dedicated emergency service clinic.⁵

Amendments to the Guidance for LSPs

- 1.5 Recent changes to the Guidance have resulted in LSPs only having to provide 24/7 coverage in proportion to the services they offer. This means that the vets

¹ We have included these here, rather than in Part B, section 10 because we recognise that, while the issues we identify relate to competition in the relevant market, they also raise clinical, animal welfare and public health considerations that require the focus of the RCVS and government. They are therefore separate from the set of remedies we propose in Part B, section 10 that go more directly and exclusively to our provisional AEC findings.

² [RCVS Code of Conduct \(Code\)](#), paragraph 1.4

³ Supporting Guidance, [Professional and legal responsibilities](#), paragraph 3.2.

⁴ [RCVS, Advice & Guidance, Under Care guidance](#) (accessed 5 September 2025)

⁵ Supporting Guidance, [Professional and legal responsibilities](#), paragraph 3.5

working for LSPs should ensure (either by providing this themselves or engaging other professionals to do so on their behalf) that the 24-hour emergency cover provision covers any adverse reaction or complication that could be related to procedures or examinations the LSP has carried out, or the medicines it has prescribed and used.⁶ Given the nature of services provided at LSPs, this means the level of coverage required of LSPs is of a lower intensity than that required at a traditional bricks and mortar practices where a broader range of treatments is offered.

1.6 The changes to the Guidance were in response to:

- (a) The RCVS Standards Committee considering that it was unfair to expect LSPs to provide 24/7 emergency cover that went beyond what was proportionate for the services they provided.⁷ The RCVS's Standards Committee determined that, given the length of time these businesses have been operating, that increased requirement in respect of out-of-hours provision might fall foul of competition law requirements, especially because there was no evidence of a negative impact on welfare and no objective justification.⁸
- (b) Submissions to the RCVS that the existence of LSPs was beneficial to animal welfare because the services were more accessible in terms of cost and this might be the only veterinary input those who use LSPs would otherwise seek.⁹

1.7 Despite this relaxation of the Guidance, some LSPs consider that they are still unduly constrained in their ability to challenge the prevailing business model of bricks and mortar practices. This is largely due to the requirement for them to offer no more than one service (for example, neutering or vaccination). There are businesses in the market who would like to offer both neutering and flea/worming treatments but are unable to do so.¹⁰ They argue this undermines consumer choice and competition.¹¹ The RCVS's Under Care Consultation Report also includes responses arguing that LSPs can provide more than one service.¹²

1.8 An additional concern held by LSPs is that, as explained in paragraph above, the current Guidance merely 'encourages' other vets to provide coverage for other practitioners, including LSPs. LSPs and other atypical service providers argue that

⁶ Supporting Guidance, [Limited service providers](#), paragraph 3.50. This means that veterinary surgeons working for Limited Service Providers should ensure that the 24-hour emergency cover provision covers any adverse reaction or complication that could be related to procedures or examinations carried out, or medicines prescribed or used.

⁷ RCVS response to RF11, Q12. [X]

⁸ [RCVS Council Papers](#), 16 January 2023, p53.

⁹ RCVS response to RF11, Q12. [X]

¹⁰ [Jollyes Response to the Consultation](#), paragraph 2.6.

¹¹ [Jollyes Response to the Consultation](#), paragraph 2.6.

¹² 19% of the respondents who left additional comments: [RCVS Council Papers](#), 16 January 2023, Review of 'under care' and 24/7 emergency cover, Consultation report, p45.

this should go further than encouragement as the withholding (whether intentional or out of necessity) of this coverage for LSPs renders it practically difficult if not impossible for them to provide the required level of coverage.¹³

- 1.9 There appears to be some support for the recognition of other services LSPs could provide, such as gait analysis, fertility clinics and mobile or telemedicine provision.¹⁴ The PDSA¹⁵ has historically suggested that the definition of LSP could relate to service category (for example, preventative clinic providing vaccination and neutering) rather than the procedure they perform.¹⁶
- 1.10 On the other hand, several concerns have been raised about the role of LSPs in the veterinary services market as it is today, and about risks that would arise if the number of services they could provide were to be expanded. These concerns include that:
- (a) Allowing LSPs to provide a lower level of 24/7 emergency cover allows them to 'cherry pick' which services they will cover and can leave animals without access to emergency care.¹⁷
 - (b) The role of LSPs could lead to owners electing to 'pick and mix' among providers which leads to a lack of oversight of household pets over time.¹⁸
 - (c) Because LSPs are able to 'cherry-pick' some of the less onerous and more lucrative work, this is detrimental to bricks and mortar practices who must cover the costs associated with providing equipment and increased staffing to facilitate a fuller range of services.¹⁹
 - (d) The pressure to provide 24/7 emergency coverage to LSPs is felt even more keenly for practices in rural areas who already experience acute staffing issues.²⁰

¹³ [Jollyes Response to the Consultation](#), paragraph 4.2, and Vets-AI Response to the Consultation. The provision of out-of-hours coverage is noted as a challenge in the veterinary services market, particularly within the context of staff shortages. For example: [RCVS Council Papers](#), 16 January 2023, pp 40 and 51.

¹⁴ [RCVS Council Papers](#), 16 January 2023, p46. The current RCVS position is that the current drafting is "the most effective way of achieving consistency, clarity and appropriate care without resulting in a system of bespoke rules for different types of LSPs which would be difficult to manage and enforce: [RCVS Council Papers](#), 16 January 2023, p54

¹⁵ People's Dispensary for Sick Animals, a veterinary charity.

¹⁶ RCVS response to RFI1 Q12, annex to a Standards Committee agenda for a meeting held 24 October 2022 which cites the response from the PDSA to the RCVS consultation under care survey.

¹⁷ RCVS response to RFI 1, Question 12. [§]

¹⁸ [RAND Europe, RCVS Under Care and 24/7 Emergency Care Review](#), 7 July 2002. Page 79

¹⁹ [RCVS, Review of 'under care' and 24/7 emergency cover, consultation report](#), 20 January 2023, page 45

²⁰ RCVS, response to RFI1, Q12. [§] in [§] and [§] in who also warn that an increase in LSPs would make the costs of accessing OOH care insurmountable for animal owners in rural areas as it would be invoiced as a discrete service rather than being part of a social contract which exists within rural communities.

How the continued restrictions on LSPs could be hindering competition by restricting innovation and new entry

- 1.11 Our provisional assessment is that the continued restriction on LSPs could have a negative impact on competition in the UK's veterinary sector. This is because the LSP business model is an alternative to the traditional multi-service practice structure that has long held an incumbent position in the market. This alternative also tends to come at a lower price to pet owners since LSPs often have lower start-up and operating costs (because they provide specific services with leaner resources). Improving access to core services via a greater supply of lower priced options which are integral for animal welfare (such as vaccinations and neutering) could also have a positive impact on pet wellbeing.
- 1.12 The nature of LSPs means they are often lightly staffed and therefore reliant on external emergency care coverage which is already in high demand.²¹ The Guidance states that vets may charge higher fees for unregistered clients²² and this additional cost may either have to be shouldered by the LSP seeking to rely on the coverage or by pet owners.
- 1.13 Taking the above points together, the current regulatory framework could be seen as over-protective of traditional business models at the expense of market opening measures which could foster new entry and innovation.
- 1.14 There are important animal welfare considerations which need to be taken into account when considering how non-conventional business models should be regulated within this sector. However, care needs to be taken that such considerations are limited to those required to protect animals and that they do not unnecessarily shield incumbent providers from having to compete with new and innovative entrants.

Stakeholder views

- 1.15 We invited views on this topic as part of the publication of our Regulation Working Paper and received several submissions including:
- (a) The FIVP submitted that the current regulatory requirements are overly protective of traditional business models and are therefore stifling innovation and competition. They also noted that independent practices, who want to offer these specialised services, are particularly affected.²³
 - (b) Vet-AI submitted that the concept of 'shared care' is discouraged by vets, primarily based on concerns over difficulties in transferring medical records -

²¹ As set out in fn 446 of CMA February Working Papers

²² Supporting Guidance, [The costs of providing the service](#), paragraph 3.54.

²³ FIVP response to February Working Papers

particularly to competitors. They told us that despite regulatory guidance aimed at facilitating these processes, their remains resistance which in practice leads to reduced consumer choice and reduced competition.²⁴

- (c) The BVA, BVSA, BVNA, SPVS and VMG told us that LSPs should not be considered as exempt from the responsibility to provide 24/7 emergency care which would place additional burdens on neighbouring practices, risk animal welfare and damage client trust.²⁵
- (d) Medivet told us that they firmly believe that loosening the requirements would risk reducing the service level of vets in the sector, as it would allow service providers to cherry-pick the most lucrative services.²⁶
- (e) A vet said that an increase in LSPs could cause a talent drain from FOPs to these providers which, in turn, would reduce the number of vets able to deliver the broad skill set required of general practitioners across the profession.²⁷
- (f) XLVets submitted they would be concerned about the impact any relaxation of the requirements would have on the availability and cost of provision of OOH care across the sector.²⁸
- (g) Another vet told us that although LSPs may have reduced one-off prices for pet owners, the overall costs associated with treating their pet throughout its life would be higher as they will require coverage from multiple providers.²⁹

Provisional points to consider

- 1.16 The CMA notes that, whereas the requirements of ‘under care’ are underpinned by legislation (the Veterinary Medicines Regulations), the RCVS has more freedom to review its Guidance around 24/7 emergency cover (as the RCVS has acknowledged).³⁰
- 1.17 Given the mixed views on the services LSPs should be able to provide, and that the issue raises clinical as well as competition considerations, we are minded to suggest to the RCVS that, as the expert regulator, it consider the following:
 - (a) Amending its Guidance to allow LSPs to provide more than one service. For example, neutering **and** vaccination.

²⁴ Vet-AI response to Remedies Working Paper, p1.

²⁵ The BVA, BVSA, BVNA, SPVS and VMG response to February Working Papers

²⁶ Medivet response to the February Working Papers. An independent vet (Respondent 1) also warned against LSPs being able to cherry pick routine costs, leaving full-service practices to handle more complex, urgent or costly cases.

²⁷ [X] response to CMA February Working Papers

²⁸ XLVets response to February Working Papers

²⁹ Respondent B response to Remedies Working paper

³⁰ RCVS response to RF11, Q12.

- (b) Amending its Guidance to allow LSPs to provide a number of services defined thematically rather than per procedure. For example, specialisms in preventative or geriatric care.
- (c) Formally recognising a greater number of providers as LSPs (beyond just neutering clinics and vaccination clinics) to bring clarity and confidence to the provision of services such as gait analysis and fertility clinics.
- (d) Engaging with the sector to further promote collaboration between LSPs and those providers which already have the resources in place for 24/7 emergency cover, including full-service FOPs. This could involve amending the current language in the Guidance which merely 'encourages' such action.