

A market investigation into the supply of veterinary services for household pets

We have now published our provisional decision report. This sets out our provisional findings with respect to our competition assessment and our proposed remedies.

15 October 2025: The CMA has published its provisional decision in its market investigation into veterinary services for household pets in the UK. We have provisionally found competition concerns in these markets.

give reasons why these provisional findings and the proposed remedies should not become final or should be varied.

Response from Amwell Veterinary Practice , 52 Amwell Street, London, EC1R 1XS- [REDACTED]

Initially it must be said that I view your review as a flawed process and therefore your decisions about our businesses and remedies proposed are not a valid outcome.

Flawed process – analysis – As it turned out you had responses from 37 practices that you used in your analysis of 667 vet businesses or 4.5%. instead of the initial 10% planned. Even 10% was a low bar for reviewing the 666 businesses as I think you would find that there were very few similarities between them except the emphasis on the care and welfare of the pets in their care.

It is also interesting how much you relied on the advice from the LVGs in your understanding and methodology for analysis of independent vet Practice. I am not sure what experience the lawyers and accountants advising LVG have of independent Practices apart from their view of how they can be absorbed into the corporate entity.

(a) The scope of our analysis would be independent first opinion practices (FOPs) providing veterinary services to household pets;

(b) Independent vet businesses (ie those other than the six LVGs) made up approximately 40% of the market and we estimated that there are 667 vet businesses, comprising 999 clinics;

Given the limited publicly available data and the fragmented nature of this portion of the market it was not feasible to assess the profitability of every independent vet. Therefore we would take the following approach:

Adopt a sampling approach for the remaining independent vets (which we call 'small' firms for the rest of this working paper). This approach would comprise drawing a random sample of 70 small firms, to aim for a total of 50 eligible responses having taken into account non-responses and out-of-scope responses.

As scientists with training in framing studies and the review and analysis of data "a random sample" of such a diverse group of businesses is hardly a representative sample. There is

probably very little similarity in business models, location, size etc. in the remaining 37 of the 70 practices whose data was used. And yet you are using the data from these Practice to form your recommendations/REMEDIES?

What are the competition concerns and what are the remedies?

Profitability as measure of competition concerns – I am not sure how the profitability of a Practice shows evidence of competition concerns.

In 27 years I have funded my Practice from my own resources with my own home on the line throughout while building a business. Although I now make enough to live on, I still owe £250000 as my landlord, the local authority, decided to sell my leased property to a property developer in 2007 which would have significantly increased my rent and my fees. Through public support and outcry we were able to thwart their plans and buy the building. I now have a mortgage until I am 73 years.

Profitability, making our fortune, for many independents is not an issue. We do what we do for the welfare of animals and to support our clients and communities and make a living. If one Practice charges more than another for a service to the dissatisfaction of the client the client has the opportunity to move on if there are adequate alternatives – competition. My experience is that clients do not necessarily move on due to the cost of the service but the service itself – the perceived quality and relationship with the Practice and clinicians.

Reputational damage to the veterinary Profession by the CMA investigation.

This is a final protest about the reputational damage being done to the veterinary Profession by the CMA investigation. Several group surveys have expressed concerns about the provisional findings and remedies. The CMA reaction has been to dismiss the concerns because the CMA findings say otherwise.

The client vet relationship is one of trust – not blind faith, but trust - informed by communication and a belief that the vet is doing the best he can for the pet. This is based on discussion and consultation with the client to obtain informed consent, not just of price and estimates but what their expectations are and what is in the best interest of their pet .

Unfortunately, the CMA investigation has destroyed this forever by sowing distrust and dissatisfaction in areas where there was none. There will always be people who are unhappy and complain but often that is who they are. There are usually circumstances around these individual episodes that can be managed either by the practice or the individual but that is no longer possible because our clients have been imbued with the idea that we can no longer be trusted. The remedies, many of which most practices already comply with, will not change this but only confirm the distrust.

The profession – The vocational nature for most veterinary professionals is not typical of most professional roles. Being a veterinary surgeon, like a doctor, is something that is indefinable and unfathomable to someone who is not. It is a way of life and thought based on years of training and practice that cannot be imagined or understood . This is what people get everyday, without realising it, from their vet. Someone who is committed to the life and death of their pet. It is not a matter of numbers and sums but humanity, empathy and compassion in the provision of care for their pet and often the client.

The CMAs investigation has disproportionately represented the concerns of a group who will always complain. Many of the complaints relate to the clients inadequate financial provision for the elective role of pet ownership. In their opinion, this is not their fault. In the eyes of these clients it is the responsibility of others. The vet, in this case, to ensure they can afford treatment for their pet..

High quality and effective provision of veterinary care requires significant investment in equipment and investigative tools which are expected by clients but the fee/cost that reflect this may be resented. The supply of contextualised care is an art and a science. The balance between the two is the true veterinary skill and impossible to quantify or cost accurately.

Corporate practices and ownership

On the day that your report was published, I received yet another [REDACTED] about buying our Practice. This time a glossy leaflet rather than endless phone calls and anonymous letters. Perhaps they felt with the release of the report even more independent Practices would realise their time was over. The time was right for another push as independent Practices would feel that there is no way to continue providing the service to clients and pets as they have been doing for decades and take the easy way out. Will they succumb to the offer from the venture capitalists?

Competition - I have always felt that competition is good as long it makes each practice try harder to provide the best service possible to their client . My practice was established in 1997 with friendly "competition" with other local Practices - new and old. I wrote to the owners of these Practice when I opened introducing myself and the Practice. These have all since been sold to Medivet. We no longer take on new clients and turn away 3 to 4 new clients every day because we cannot provide the service our clients value if we expand our client base.

There is still very little choice in our area. Two young independent practices that set up in the area in the last few years are now being squeezed by a new venture capital start up. It is opening up satellite branches across the road from them to feed their central clinic, [REDACTED]

[REDACTED] This is yet another model of Practice ownership and corporate money overshadowing choice/competition.

REMEDIES - The remedies cover many aspects of veterinary practice and I do not believe they will make the veterinary experience better for clients, clinicians or business owners.

Unfortunately, due to time constraints, I will only be able cover those that I feel are most detrimental to daily activities of these three groups.

PRICE LISTS

Price lists – How can we compare individually negotiated care from practice to practice. Contextualised care is not formulaic and caters to the requirement to supply care that is acceptable and ensures the welfare of the animal. It is a process of extension and negotiation adapted to individual cases.

Comparative price list information – One only has to look at any Price comparison websites to see that the only comparison is on the Price. Often what that amount represents is extremely difficult to discern without reading extensively to review the documents the price relates to.

Even if you appear to be comparing like with like There are many other ways the data can be manipulated including add ons It certainly does not give manipulation of data - comparison of prices for services - the fee in no way reflects the level of service provided to or received by the client

Price per treatment - one practice charges a consultation fee every time you go back to the vet for a re examination/ monitoring visit to assess the response to the treatment. Another charges an initial fee that includes follow up consultations so that they can ensure the clients return for assessment without fear of cost. This may be the same fee in both cases.

Prices for routine services may be reduced below local competitors but then there are the add ons that one practice may make and another just has a set fair basic price .

HEALTH CARE PLANS

Health Care Plans – are formulaic and inhibit the supply of contextualised care. They are not an acceptable model for this independent practice. This is not a model we have ever used as I feel clients should be free to choose where they take their pets without being tied into my Practice.

How will the price comparison data reflect the discounts given to members of a health care plan on drugs and services in comparison to Practices that do not use Health Care Plans

PRESCRIPTIONS AT THE TIME OF CONSULTATION

Prescription at the time of consult.

There are many arguments against this REMEDY. Unfortunately it is already out there and the damage is done. It is possibly the principal weapon sowing distrust in the minds of clients. Ours is a profession where trust is everything - not blind trust but a reasonable belief that we are doing the very best that we can for their pet.

The access to and supply of a range of immediately available therapeutic options within a practice is essential for the supply of care and animal welfare.

My main concern about this remedy is the welfare of animals. Even if a client is given a prescription before they leave the building, how long will it be before they get the medication to treat the condition? On-line pharmacies take several days to get medications to clients. With the introduction of this remedy, I imagine this processing time will increase significantly

Most clients value the advice that accompanies in house supply of medicines, demonstration of administration and accurate emphasis of regimes by the vet and repeated by other members of the team ensure better compliance compared with the supply of just a prescription.

We currently offer and supply prescriptions and prescription availability is advertised clearly in a prominent place in the waiting room. They represent a small part of the drugs prescribed for patients

If the cost of an adequate range of options is not supported by sales, cost of drug wastage as a result of expiration of drugs having to be disposed of will necessitate increased costs to clients

Headline consultation costs are where costs will have to increase to cover the loss of expired drugs. E.g a private GP in London costs about £90 per consultation. That is nearly twice as much as veterinary fees. On line pharmacies supply loss leader medications at costs less than wholesalers charge practices. Hardly fair competition.

I do not think there will be a will in pharmacies to stock thousand of pounds worth of drugs. Independent choice of therapeutics will be compromised by the limited range stocked by pharmacies. Compromising one of the essential elements of contextualised independent veterinary care. Will they be any less expensive than buying them from the veterinary Practice?

Are they adequately stored and explained to client – e.g we had a Summer of constant airconditioning to keep our drugs below 25C.

SUPPLY OF PRESCRIPTION MEDICATIONS

Online Pharmacies –

The advertised price for many drugs from an online pharmacy is significantly cheaper than I can buy them for from my wholesaler. We cannot compete on price of many drugs. However we need to keep many of these products in Practice to be able to treat patients in a timely manner.

We appreciate the reason behind this cost difference. As with Amazon, if you buy in significantly large quantities, you can negotiate large discounts from manufacturers and sell in large quantities. Therefore small markups on volume sales still make you a billionaire.

I believe you said only 3 of the online pharmacies are owned by corporate veterinary groups.

It would be interesting to know who owns the other online pharmacies and what you envisage will happen with this sector if this remedy is implemented.

I cannot imagine that high street pharmacies would be interested in stocking the very wide range of medications that a Vet may prescribe or that they would be any cheaper through them. If it was an option for them they would be doing it already for the veterinary medications they are able to sell. When we do a prescription for a human drug to be used under the cascade, our clients usually have difficulty in finding these human medications in stock at local pharmacies.

I doubt that their fee would be any less than ours as they are in the same position as Veterinary Practices with their stock being supplied by wholesalers. Their human medications are underwritten by the government for NHS Prescriptions. Private prescriptions would reflect the actual fee paid to the wholesaler. I am not sure that many pharmacies would find this a viable income stream with the additional work involved in managing this new service.

The VMD appears to have a huge amount of work already regulating the existing online pharmacies to ensure that the products are not counterfeit and the pharmacies are following government regulations etc.

How does the VMD feel about the potential explosion of new businesses in this sector? I am sure there will be many entrepreneurs rising to the challenge of creating a new online pharmacy.

Treatment and welfare of animals

My biggest concern with regard to the provision of a prescription on the same day for medication is that the pet will not be receiving the medication required in a timely manner. The delay in treatment will make the work of veterinary surgeons more complex, treating more severe conditions and the treatment will be more expensive for clients.

If the client opts for immediate treatment from the Practice then they have the underlying thought that they are being overcharged for their medication.

Who is going to explain to the client that we are not able to treat their pets effectively for the welfare and benefit of both pet and client?

Fortunately most clients value and respect in house supply of medications from the Practice

BUYING GROUPS

You suggested we look into buying groups as a way of reducing of cost of drugs purchased. This shows how little understanding you have of buying groups and the wholesalers who supply our practices.

Until 2014 I was a member and director of a cooperative buying group for independent Practices. It was run for and by members. As independent Practices in the area sold to corporate practice in the preceding 10 years, it was no longer a viable option.

We had a competitive tender /bidding process for it to be purchased by another buying group. This was another example of not being able to compare apparently similar businesses – same ultimate aim but different business models. The group was eventually sold and proceeds distributed to members.

The group we sold to then sold our members on fairly quickly .

Over the 10 years we were with this buying group I received a maximum £200 per month on a £20,000 per month wholesaler bill. On some occasions I actually owed them at the end of the month as their management fee was more than my rebate.

The products that the buying groups negotiate discounts on are often products that do not sell well so the manufacturers are happy to try to move their product.

I am now with a buying group that has negotiated a good discount on our preferred flea and worming product. However the remaining discount is again insignificant compared to our wholesale monthly spend and would probably not be viable if we changed our preferred parasite treatment.

Buying groups are also in business to make profits for their shareholders.

CONCLUSIONS

The remedies will strengthen the corporate sector and not make veterinary services more accessible or more affordable for the clients and our patients

I cannot compete with or even understand much of your analysis of numbers and data. This area is your speciality. However, as a scientist, I am very aware of confirmation bias and the fact that even scientific "facts" can be made to fit many different scenarios. "Numbers do not lie" I am afraid they often do.

My concern is the impact that this flawed review of the independent sector will have a long term impact on the veterinary profession, clients and pets that it may not recover from. .