From: [redacted]
Date: 13/11/2025
To: Competition and Markets Authority
Subject: Response to the CMA's Provisional Decision Report and Proposed Remedies

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Introduction

We welcome the CMA's ongoing investigation into the UK veterinary sector and broadly support the overarching goals of improved transparency, informed consumer choice, and fair competition. However, we believe that in seeking to address issues of market concentration and opacity, several of the proposed remedies risk creating disproportionate administrative burdens for independent practices, while leaving the structural advantages of large veterinary groups (LVGs) largely untouched. We also refute the concept that the 'waterbed effect' will not need to take effect for our practice.

Our comments below address each of the 17 remedies in turn.

Group 1: Helping Pet Owners Make Better Choices (Remedies 1–4)

Remedy 1 – Ownership Transparency

We strongly support measures that improve ownership transparency. However, the remedy does not go far enough to ensure that pet owners are unequivocally aware of who owns and controls their veterinary practice.

- The **corporate (LVG) brand should be the primary brand**, not a secondary or obscured identity.
- The wording **"owned and controlled by"** should be used rather than euphemisms such as "part of a group" or "family of practices."
- Historically, practice ownership was clear to the public — with owners' names displayed on the premises — and we believe similar clarity should be reintroduced.

Remedy 2a – Publish Basic Service Information

We support the principle of transparency. Publishing clear details on **out-of-hours provision**, staff qualifications, and facilities helps pet owners make better-informed decisions. We would certainly support clear communication of whether practices provide their own out of hours care, and if not that it's clear that they don't and where it is provided and how far away this is from the practice in question.
However, we request clarification from the CMA on **safeguarding issues** where it may be inappropriate to display certain team members' names publicly.

Remedy 2b – Publish Standard Price Lists

We support transparency in pricing but have several concerns:

- There is a real risk of **price list gamification**, with large groups using loss-leader tactics that smaller practices cannot match. One historical example would be Vets 4 Pets where a £99 vaccination for life lured clients in only to find clinical treatments were more expensive. This scenario needs to be avoided.
- The CMA's confidence that this will not occur appears **overly optimistic**.
- The **nuance of individual cases** cannot be captured in simple lists, and explanatory context will be lost on comparison websites.
- Implementation will require **significant administrative time** and depends on the capability of **practice management systems (PMS)** to automate data publication.

Remedy 2c – Publish Parasiticide Prices

Again, while we support transparency, publishing full parasiticide price lists will be **administratively burdensome** without automation via PMS systems or APIs. Manual updates are not sustainable for smaller practices.

Remedy 2d – Publish Pet Care Plan Information

We support greater clarity about what is included in pet care plans.
However, we note that comparisons of "value" may be distorted by **limitations in how many consultations are included** in some plans.
As with other data remedies, automation is essential to avoid unmanageable administrative demands.

Remedy 3 – RCVS "Find a Vet" Data Publication

We support a single, trusted platform for pet owners to find reliable information.
However, it is **not acceptable** for practices to be required to manually upload data to portals. This information **must be transmitted automatically** from PMS systems. Manual processes would impose unsustainable costs on small and independent practices.

Remedy 4 – Pet Owner Satisfaction Survey

We support the principle of transparency and comparison. However, **independent practices are diverse**, and any sample of them may not fairly represent their performance relative to large groups. Careful design is required to ensure representativeness and validity.

Group 2: Helping Pet Owners Choose Treatments (Remedies 5–6)

Remedy 5a – Written Estimates for High-Cost Treatments

We support transparency but seek clarification regarding **responsibility for estimates** provided by referral practices — particularly where the referring practice does not control or deliver the service.

Remedy 5b – Itemised Billing

We support this measure and ask that PMS providers be required to improve itemisation functionality to make compliance feasible and efficient.

Remedy 6 – Ensuring Clinical Independence

We fully support this remedy. Written policies protecting clinical autonomy are essential to maintain professional trust and ethical standards.

Group 3: Opening the Medicines Market (Remedies 7–11)

Remedy 7 – Information About Prescriptions and Online Pharmacies

We support clear information and signage, but the proposed requirements go too far:

- Adding 114 extra characters to every SMS is costly and disproportionate.
- Requiring clinicians to inform every client in every consultation is **micro-management** of the clinical relationship and **erodes trust** between vet and client.
- There should not be a provision to have to inform clients medicines may be **'significantly cheaper'.** This erodes the client to practice trust and on many occasions may not be true. The obligation should only be to clearly display that clients can obtain medicines from pharmacies.
- The CMA's logic is inconsistent: if LVGs ("supermarkets") are driving higher prices and profits, requiring independent "corner shops" to direct clients to corporate-owned online pharmacies will **increase consolidation**, not competition.

We urge the CMA to reconsider both the **proportionality and rationality** of this remedy.

Remedy 8 – Faster Written Prescriptions

We are happy to issue prescriptions promptly but note the following:

- **Current PMS systems** cannot generate prescriptions through single-entry automation.
- **Fraud** in prescription handling is a genuine concern; many practices now only send prescriptions directly to pharmacies.
- The **£16 cap** on prescription fees is **not proportionate** to the time and administrative effort required for multiple medicines.

- These additional costs will likely lead to **increased consultation or out-of-hours fees** — meaning **clients will not ultimately be better off**.
  The CMA's assumption that this remedy will not cause "waterbed effects" is flawed.

Remedy 9 – Own-Brand Medication Clarity

We support this measure — it is **long overdue** and will improve clarity around active ingredients and pricing.

Remedy 10 – Default Choice for Repeat Prescriptions

Supportive in principle, but as with other remedies, **PMS automation is essential** to prevent excessive administrative workload.

Remedy 11 – Prescription Fee Cap

While we understand the intention, the £16 cap is **not proportionate** to the real time and compliance burden.

- Practices' costs for checking and issuing prescriptions vary significantly.
- Combined with reduced medicine margins, these pressures will cause **price inflation elsewhere**, particularly in OOH and consultation fees.
- The CMA's profitability analysis of independents appears **insufficiently robust**.

Group 4: Enabling Practice Switching and Choice (Remedies 12–13)

Remedy 12 – Out-of-Hours Contract Notice Periods

We **strongly support** this remedy. It will enable fairer competition among OOH providers.

Remedy 13 – Cremation Transparency and Options

We support this remedy and already follow these practices.
However, rigid enforcement around when and how charges are discussed may undermine **client trust at emotionally sensitive moments**. Flexibility and clinical discretion must be retained.

Group 5: Improving Complaints and Redress (Remedies 14–16)

Remedy 14 – Standardised In-House Complaints Process

We support consistent, fair client redress. We encourage the CMA and RCVS to align with existing best practice and to ensure **automation** of data submission wherever possible.

Remedy 15 – Mandatory Mediation Participation

While supportive in principle, we have concerns:

- Experiences with mediation (particularly via VCMS) have been inconsistent.
- There is a perception that cases are often resolved simply through **"money off" outcomes**.
- Practices may face opportunistic complaints if mediation becomes a default expectation.
- Costs for mediation services should be **usage-based**, not business-size based, given independents typically resolve issues earlier and locally.

Remedy 16a – RCVS Decision Tree for Redress

Supportive — this will simplify and clarify routes to resolution for clients.

Remedy 16b – RCVS Complaints Data Publication

Supportive, but any data collection must be **automated** to prevent additional manual reporting burdens.

Group 6: Long-Term Regulatory Reform (Remedy 17)

Remedy 17 – Recommendation for a New Statutory Regime

We support the creation of modern, fit-for-purpose legislation, but **the details matter**.

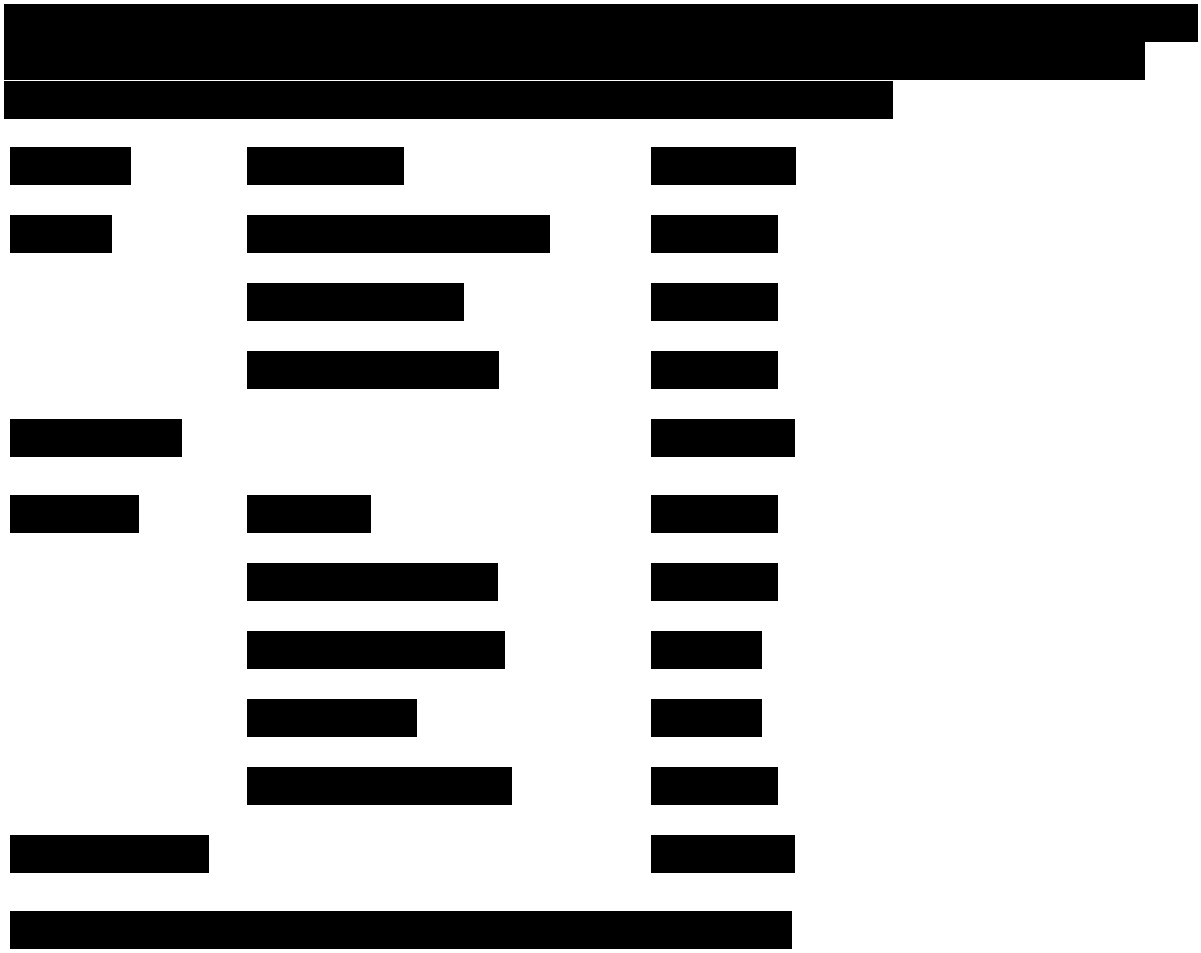
- The Practice Standards Scheme must be **outcomes-based**, not process-driven.
- We must avoid a regulatory culture that becomes punitive or bureaucratic, akin to Ofsted.
- Reforms must balance **professional autonomy, public confidence, and business viability**.

Conclusion

We are fully supportive of measures that enhance transparency and consumer understanding. However, many remedies as currently proposed would impose **disproportionate burdens on independent practices** and risk **accelerating market consolidation** rather than improving competition.

We are concerned that the remedies have implications not only clinical veterinary practices, but on the wider industry where providers of practice management IT and medicines for example will have to work in unison with clinical practice. We would like assurances that the CMA have understood this and that assurances can be given that communications have taken place within the wider industry to ensure remedies can be introduced.

We urge the CMA to ensure that implementation is **proportionate, technologically supported, and automation-ready**, and that the realities of independent practice are properly considered.



The financials listed demonstrate the emergency care costings for a larger rural practice providing our community with emergency care. Other corporates in our region have stopped emergency out of hours care and have diverted care to other practices within their group that are sometimes over an hour or more from the client base. This has lead to a compromise in care at time for rural areas such as ours.

As demonstrated the cost of providing this emergency care is more than the income generated. It is for our client base an essential service that is effectively cross subsidised by other income streams within our practice, of which medicines is one. If medicine income is reduced then it is inevitable that fee income will have to increase across all services, but especially consultations and emergency work, in order to maintain a viable business. With overall profitability of our small animal practice often being at or below 10%, for a 9 FTE vet veterinary practice, it is unavoidable that the 'waterbed effect' will take place.