



Competition & Markets Authority
CMA
London

Ref: CMA "Vets Provisional Decision"

4th November 2025

Dear Sirs,

Please find my personal response to the summary of your "Vets Provisional Decision". I have tried to deal with items in the order they appeared in your summary.

I found the presentation of your papers on the .gov website confusing and could not easily access the full conclusions. Therefore, some of my comments may relate to your summary – rather than the full papers.

I have also included some "Key Points" which I hope may be of some assistance in achieving a fair resolution to this issue.

Despite having spent a fair few hours in compiling this response, I regret to say that I am not convinced that it will be actually read or considered. I would be delighted to be assured and/or convinced otherwise.

I look forward to hearing from you

Best wishes

Yours Sincerely,



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RCVS Specialist in Veterinary Dentistry
EBVS European Specialist in Veterinary Dentistry



Key Points

- A. The fundamental assumption of a saving of £300 per pet per annum by using on-line pharmacies (& therefore the headlined £250million annual saving) appears not to be based on valid evidence.**
- B. The level of client satisfaction with “service” and “care” are higher than many other markets.**
- C. These two factors (A & B) bring into question the necessity for the CMA’s investigation.**
- D. There appears to be a statistically significant difference between the clients’ satisfaction with the costs of LVG and the cost of Independent veterinary services. The CMA own figures are that LVG costs have risen significantly greater than those of Independents**
- E. However, the CMA’s remedies apply across the board – rather than concentrating on the sector that is causing the problems. Surely the CMA’s remedies should apply *only* to the sector of the market that is causing the identified problems.**
- F. The CMA’s own figures demonstrate that the perception of the “financially constrained” group of clients is different to the rest of the population; regarding their feeling as to whether the vet considers their personal circumstances when offering Tx options. To use the figure of 35% as evidence of vets not endeavouring to assist clients is not justified.**
- G. The CMA claims its measures “may prompt owners to compare referral centres... lead[ing] to better outcomes... on the things they value ... like availability & price”. Whilst I would support clients comparing referral centres – the most important factors are quality of care and the proven expertise of the clinicians.**
- H. Ownership of the practice should be made clear to clients. However, this is not simplistic. A standardised phrase should be used. “This practice is owned by (or under significant control of) A company which is commonly known as [LVG name]” would be a suggestion.**
- I. The CMA should consider the unintended consequence of loss of Out-of-Hours providers in an area, if the relevant OOH supplier has no certainty over income streams.**
- J. The CMA’s proposed two yearly client surveys must be performed by a fully independent organisation (albeit the costs of the surveys funded by the LVGs – as CMA proposed). Independent FOPs must be included at a proportionate level in the survey. The full results should be made available.**
- K. Written estimates are to be encouraged – “Immediate post procedure care” should be included – rather than the vague, limitless “all aftercare”.**
- L. “it would be unusual for a business to be asked to tell customers they could buy more cheaply from a competitor. We considered this, ...the distinct role.. as trusted adviser & ...seller....justifies this obligation”.**
 - a. This is not justified. Opticians are in a similar role and are not required to advise their clients in this manner.**



- b.** The proposed numerous iterations of being obliged to inform clients poses a significant and unjustified burden on FOPs. The additional costs of this will be passed onto clients creating additional financial burdens to pet owners.
 - c.** A single clear mention on a FOP's website and in the T&C's for the practice, possibly with in-reception signage, is sufficient notification (should any be required). Clients do have to accept some responsibility to inform themselves.
- M.** Clients requiring a prescription should have to notify the practice in advance of the consultation if they wish to collect a prescription (written or electronic) the same day.
- N.** Written prescriptions must be made more fraud proof if they are to be generally encouraged.
 - a.** There are numerous instances of client fraud where multiple prescriptions (perhaps with dates changed) are submitted to numerous pharmacies.
- O.** If electronic prescriptions are to be issued the client must notify the FOP in advance of the consultation – detailing which on-line store they wish to use (these have to be selected from VMD's approved list). The FOP will send the Px direct to the on-line-pharmacy. This will limit fraud.
- P.** The cost of providing a prescription should be £16 + VAT; PER ITEM prescribed. This more accurately reflects the time and administration involved in prescribing.
- Q.** Price List & Price Comparison website – as long as a sensible, robust price list is created this is not an issue – however the administration will increase overall costs to clients.
- R.** It is likely that the CMA's proposed remedies will distort the market. The likeliest beneficiaries are the LVG's. Ironically it is the actions of the LVG's that CMA sites as being the reason for the CMA enquiry. Their actions in inflating prices to hike profit levels – leads to them being rewarded by the CMA. Is this really the CMA's intention?
- S.** The consequences of clients buying more on-line are far greater than simply a loss of an income stream for FOPs. I have detailed some of these in Para 34 below.
- T.** CMA must require the LVG's to divest any ownership of on-line pharmacies if their remedies are implemented. Otherwise there are further rewards to LVG's from the excessive profits that led to the CMA enquiry.
- U.** CMA must require the LVG's to divest any ownership of buying groups (and prevent ownership of wholesalers) if their remedies are implemented. Otherwise there are further rewards to LVG's from the excessive profits that led to the CMA enquiry.
- V.** The CMA must publicise the fact that increased overall prices for pet care are a likely consequence of their remedies – this is surely part of the “openness” that CMA encourages.



Background

1. Much is made of clients being worse off by £1Bn over 4 years due to lack of competition. However, I can't really see the justification for this £250m per annum additional costs. There was a figure of £300 per pet per annum saving if on-line pharmacy used. However, that would imply a cost figure of at least £600 per annum per pet for annual medication costs. This appears to be an excessively high estimate of the average flea & worm control (most commonly used long term medications). A typical "Nexgard Spectra Extra Large Dog 30-60Kg" would cost £120 per annum per pet. This is the cost for a VERY LARGE dog, costs for smaller dogs and cats would be less. To have an "average" cost £480 greater than this figure appears bizarre.

The fundamental assumption of a saving of £300 per pet per annum by using on-line pharmacies (& therefore the headlined £250million annual saving) appears not to be based on valid evidence.

- a. CMA states the "estimate [£300 saving] is based on the profits of the LVGs... that are ...excessive for return on capital"

The CMA has extrapolated the "£300 saving" by using the profitability of the LVG's 60% of the market to the remaining 40%. However, the CMA has not considered the poor profitability of most independents. Therefore, extrapolating the figures for LVG clients to the total client base is flawed statistically.

2. LVG's charge 16.6% more than "independents"
3. Prices in LVG's rose by 9% more than would have been expected in independents over the last 4 years. Insurance claims rose by 5% more than expected.
4. Net satisfaction over costs – 26% in LVG's, 47% in indies. Net satisfaction over quality of service – 76% LVG, 83% indies. Net Satisfaction over care given – 68% LVG, 78% indies.
 - a. The figures for quality & care seem quite high – how do other business types compare? If these figures are high – then not too surprising that costs are generally more.

The average "all-sector average satisfaction score" for UK businesses is 76% [Retail Times – January 2025].

69% of patients rated their experience of UK Dentists as positive [GP Patient Survey 2024]

75% of patients rated their experience of UK GP's as positive [GP Patient Survey 2025]

The satisfaction of clients in Independent vet practices exceeds the satisfaction for the provision of care by UK GP's & Dentists. Even LVG satisfaction may be statistically within these figures.

Patients do not pay for GP & many NHS Dental Services – therefore a level of "dissatisfaction" with costs of veterinary services is to be expected. Despite this, the client satisfaction with overall service and care is very high, higher than the majority of UK businesses.



Given the CMA's own figures for client satisfaction – it is surprising that the CMA investigation was warranted.

There appears to be a statistically significant difference between the clients' satisfaction with the costs of LVG and Independent veterinary services.

However, the CMA's remedies apply across the board – rather than concentrating on the sector that is causing the problems.

5. CMA assessed the profitability of the 6 LVG's and found them to be too high
 - a. I could not find any assessment of the UK's total Independent Vets' profitability. The only comment in the summary was "some indies have significantly higher margins". This is hardly scientific or statistically robust on which to base recommendations.
6. Prices for "routine dentistry" – OK, you'd expect me to have a bitch about this – but "routine dentistry" does not exist.
 - a. A "Scale & Polish" can be dramatically different cases from small amounts of calculus deposits – to extensive periodontal disease.
 - b. It is an embarrassment (and reflective of the generally dismissive attitude to one of the most common problems affecting our pets) that the term "routine dentistry" has been used.
7. 35% of "financially constrained" did not feel vet considers their personal circumstances when offering Tx options.
 - a. Really – are we supposed to xray the client's wallet before offering Tx?
 - i. This actually goes against RCVS guidance – where we should be acting in pets' best interests.
 - ii. Can you imagine the feedback from our first question being "are you financially constrained, living comfortably or doing alright?"
 - iii. The client has the range of options – they can make choices based on their circumstances.
 - b. The "did not consider finances" figures for the "living comfortably" were 19% and "doing alright" were 18%
8. Given the difference between 35% and 18.5% between the client financial groups and the fact that the vet would have little idea of the client's finances (until told) and would have given much the same advice to all clients – it would appear that the difference relates to the different perceptions of client groups based on their financial situation.
 - a. This only matters in that the 35% figure is used repeatedly to bash vets for not caring about clients' situation.
 - b. Specifically the 35% figure is used in the "detriment to clients....in limitations of choice.,,., etc" in the preamble to the remedies (para 66) – without reference to the fact that it was only the "financially constrained" group that felt this.

The emphasis on 35% of "financially constrained" did not feel vet considers their personal circumstances when offering Tx options – is not justified.



CMA's own figures demonstrate that there is a difference between clients who are financially constrained and those better off financially in the client perceptions of the vet's behaviour.

9. Only 30% of clients were given options of different referral centres
 - a. No mention of drive within LVG to “internally” refer

I understand that a number of the LVGs drive their FOP practices to refer cases to practices that are owned by the same LVG. The RCVS has already introduced guidance in the professional Code of Conduct to ensure that vets only consider the patients best interests.
10. The CMA claims its measures “may prompt owners to compare referral centres... lead to better outcomes... on the things they value ... like availability & price”
 - a. My experience is that the most important thing that clients value in a referral situation is the level of care their pet might receive.
 - b. The CMA makes no mention of level of expertise of the referral centre, the equipment, the level of staffing, the FOP's previous experience of clinical outcomes from that referral centre.....
 - c. I think clients would really like to know the level of Tx they will get – not just the price!
11. CMA analysis shows medicines purchased on-line are 50-60% cheaper than when supplied by FOP
 - a. **However, does the FOP price include the Px charge? This would make a significant difference to the perceived “markup”**
 - i. **Was this checked by CMA – or challenged by SPVS/BVA etc?**
12. Cremations – “high markup”
 - a. Is this due to including the consultation fees at time of euthanasia
 - b. Including any consult time on collection of ashes
 - c. Administrative burden of ensuring ashes are returned, owner notified, storage (sometimes prolonged prior to collection) etc
13. OOH – CMA desire to reduce contract arrangements between FOP and OOH Supplier
 - a. But recognises that OOH supplier requires some certainty in order to provide the service
 - b. Recognises higher cost in providing OOH
 - c. **The CMA has given no consideration to the “unintended consequence” that without a contractual certainty – the OOH provider may simply say “no thanks” and remove the service. Leaving FOP & clients with no OOH cover except for very long distance.**
14. The CMA state that the “Complaint System is ineffective”
 - a. Any MRCVS who has had the “pleasure” of undergoing a PIC or DC process would disagree. The system is certainly faulty – time taken to bring cases to a conclusion etc – but “ineffective” implies that the system does not instil fear. It does.



- b. The CMA states “when things go wrong ... difficulties... in redress”
 - i. This makes the assumption that all complaints were valid and client would be entitled to some redress,
- c. CMA wish to make it easier to complain
 - i. We already suffer from google, Facebook, Instagram etc. It is pretty easy for clients to complain already!
There are recorded cases of vet committing suicide due to the pressures created by client complaints on “social” media.

15. Information on “Who owns the Practice”

- a. OK – easy for CVS – as it is listed, or MARS but what about the private equity, venture capitalists. Will Mrs Blogs know that “Arabian Wealth Fund” or whatever means “X” LVG ? What about when an LVG has multiple financial backers:- 25% A, 12% B, 5% C, 13% D etc etc
- b. Need to have a defined term “Is owned by an LVG commonly known as...”**
- c. “Persons of Significant Control” needs to be considered.**
- d. For Joint Ventures – the FOP is often a separate small Ltd Company – but with big corp having a major shareholding (including the golden share)**
- e. For “Indies” can be complicated by spouses, others etc as shareholders.**
 - i. Also should note how may other vet businesses they are in control of:-**
 - 1. May not make the LVG threshold – but could still be “Large” in common parlance**

16. Price Lists

- a. Seems simple – but is a “dog vaccine” just a D, DHL, DHLP, DHLP Pi, KC.....
- b. “Routine Dentistry” already moaned about
- c. Px charge will be fixed – but “medicine determination fee” ?
- d. Is Neutering – a midline exlap, laparoscopic, pyo, cryporchid.....
- e. Diagnostic tests.... Finn’s price list is 30 pages or so long!

17. Price Comparison Website – RCVS’s Find-a-Vet”

- a. “but [CMA] would make the data available to approved 3rd parties....”
 - i. Why – if RCVS already shows price comparisons?
- b. Costs in updating the price comparisons would be significant.
 - i. RCVS’ record in IT is not exactly gold standard.

18. Pet Owner’s Survey

- a. “noted material differences in satisfaction between individual LVGs and between LVG’s and Indies”
 - i. But satisfaction with service and care were of the order of 76% & 83% and 68% & 78%
 - 1. These are actually quite high – *vide supra*
 - ii. Figures on satisfaction regarding costs were lower 26% & 47% - but the phrase “expensive – but worth it” comes to mind.

b. CMA proposes future “regular surveys” – 2 yearly – vide infra.



- i. Comparison service levels & costs between individual LVG's and Indies.
 - 1. Publication of the full data ? Currently CMA does not *seem* to show comparison of individual LVG's figures.**
 - 2. Funding of this whole survey is later said to be responsibility of VMG's (para 102)**
 - a. Assurances of independence?**
 - b. Which Independents will be surveyed?**

19. Written Estimates

- a. **"including *any* aftercare" – really ? This is too vague. "immediate post-operative care" might make more sense.**

20. Itemised bills

- a. Isn't this pretty commonplace already?
My own practices have done this since 1990 – I can't think of any other practice I have encountered recently that does not provide these.

21. "Businesses must have in place...policies... that MRCVS & RVN act in accordance with RCVS CPC..."

- a. Really ? Does CMA think that the business protocol would instil more fear of God than RCVS Preliminary Investigations?

22. "thus creating stronger competition from online"

- a. Isn't it counterintuitive for the CMA to actively promote one form of business over another?

23. "owners must be explicitly informed... they can obtain a written prescription... and medicines are usually cheaper online"

- a. This needs to be defined.
 - i. Does having reference to link on website suffice
 - ii. Do we have to get signed copy of notification stored on our systems?
- b. Has the time taken to do this been quantified ?
 - i. This will be a significant issue for many practices. It should not be forgotten when also considering the actual time to write any Px etc etc

24. "it would be unusual for a business to be asked to tell customers they could buy more cheaply from a competitor. We considered this, ...the distinct role.. as trusted adviser & ...seller....justifies this obligation"

- a. This *has* to be challenged.**
 - i. Opticians are in pretty much the same boat. They are required to provide a Px – but most buy glasses from them. But certainly, don't have to say "go on-line or to Specsavers"**
- b. Does a website note suffice as "telling the client"?**
 - i. Do we have to keep copy of signed notifications ?**



25. Cremations

- a. If the remedies are “already best practice in many FOPs” does it really need CMA involvement?
CMA does not need to be involved in the majority of FOPs are already doing this.

26. Prescription Charges

- a. Limited to £16 (obviously this excludes VAT as it is not specified)
- b. £16 + VAT ***PER*** item – as each item requires “medication determination”

I understand that this has been clarified to £16 inc VAT & for *ALL* of the prescriptions from a single consultation.

Private prescriptions typically cost in excess of £25-30 for each item. Potentially six drugs could be prescribed for a patient. Manifestly this is unfair on the FOP to require this burden.

27. “Require... to provide a written prescription”

- a. **Before the owner leaves the practice – or emailed version the same day**
 - i. ***only* equitable if the client has to notify the FOP the working day prior to the consultation that they will require a Px**
 - ii. **Others have already commented upon how this clashes with the advice about safely using on-line pharmacies**
- b. **If the client decides to search on-line for prices BEFORE making that decision as to whether wishes to have Px or not – will be significant delay.**
- c. **Requirement for “all items” ?**
 - i. **Will pharmacies actually dispense 15 individual Clavaseptin tablets?**
- d. **We have to use “named” products –**
 - i. **So not our problem if client can’t get “Clavaseptin” – but only some other manufacturers formulation....**
 - ii. **Potentially a significant animal welfare issue of delayed (or non) treatment.**

28. Complaints

- a. Not really a problem with this – it does make RCVS’s Mediation system pretty much mandatory I guess.
- b. There is a comment that RCVS could have a role in monitoring complaints (para 89) – not sure we should have RCVS involved in client complaints re lost leads, prices etc. Mission creep is not unknown & would this slip towards PIC complaint????

29. RCVS Find-a-Vet

- a. **Price Comparison site – no costs are given for this. I think that the fees for this would be significant & would be charged by RCVS to individual FOPS.**
- b. **“Monitoring” costs (para 91) are separately estimated at £330 per FOP per annum. Comment made “in proportion to size” – what does this mean & how implemented?**



30. Two Yearly Survey of Pet Owners

- a. Costs said to be carried by LVG's (para 102) = £150 per LVG FOP.
- b. However, survey is supposedly going to include Indie clients as well.
- c. Management, independence etc – vide supra.

31. “administrative costs are proportionate to benefit”

- a. The large costs of time per consult will be huge.
- b. The remedies as suggested are not proportionate
- c. The CMA's figure of £300 per pet per annum is spurious (at the least). Given this – the “proportionate to benefit” comment is also highly questionable.

32. “do not distort the market.... Disproportionate burdens on some”

- a. The CMA's own evidence shows that the price hike is greatest in LVG
- b. LVG are best able to introduce systems to streamline admin to suit the remedies
- c. Therefore Indies (the ones least causing problems) are disproportionately burdened

33. “evidence on time it would take to comply”

- a. I have endeavoured to quantify the time taken to:-
 - i. tell clients at time of registration (5 mins)
 - ii. tell clients when booking a consult (1 minute – or 10 minutes if client queries or discusses)
 - iii. tell clients during the consult that “they can have a Px & cheaper to buy on-line) (3 minutes – 10 minutes if client discusses)
 - iv. the time to sort the actual Px (3 minutes)
 - v. time if client wants to check on-line prices and compare 5 different on-line sites) before getting a Px (upto 15 minutes)
 - vi. Discuss option of having a emailed Px now – or print out later (1 minute)
 - vii. Sending (or printing) the prescription (1 minute or 5 minutes if email address not recorded – need to have GDPR discussion too)
 - viii. The time involved in reception dispensing the Px when client calls back later (3 minutes)

34. Consequences of clients purchasing on-line (para 105) greater than simply loss of the income from that sale:

- a. Less turnover of products
 - i. More goes out of date – more wastage
 - ii. Less purchases – therefore wholesaler discount likely to fall
 - iii. Less purchases – likely to lead to less frequent deliveries
 - 1. May lead to delay in supplying less frequently used goods
 - iv. Less purchases – therefore decision to limit the pharmacy to *only* frequently used meds
 - 1. Delays in supplying drugs from onsite
 - v. Industry wide – decrease in FOP purchases
 - 1. Potential risk to wholesaler businesses



- a. **Decreased wholesaler competition**
- b. **Increased prices to FOPs**

All leading to a need to increase the prices for meds from FOPS – driving a vicious downward spiral

- b. **On-Line unlikely to supply same day (or next day) delivery for all items**
- c. **On-Line unlikely to supply “split packs”**
 - i. **Responsible use of medicines at possible risk**
- d. **On-line more likely to have fake products than regular wholesaler**
- e. **Greater chance of Px fraud with on-line**

35. Effects of boosting on-line business

- a. **Great for VLG’s that also own on-line pharmacies**
- b. **Potentially once the existing medicine supply by FOPs is killed off by on-line – then increase in prices & even greater profits for VLG – who (according to CMA’s own figures) are responsible for most of the high prices being charged to clients at the start of the process.**

36. Effects on FOPs

- a. **Vastly increased time and hassle in client interactions dealing with Px’s etc**
 - i. **More time per consult**
 - ii. **Fewer consults per day**
 - iii. **More complex discussions with clients regarding admin.**
 - iv. **Even more complaints about lack of availability**
 - v. **Greater stress on individual MRCVS & staff**
 - vi. **Potential increase in welfare issues and suicide**
- b. **Decreased income stream**
- c. **Increased other costs (RCVS Find-a-vet monitoring, price comparison site, etc etc)**
- d. **Have to increase consultation & professional fees to cover these increased**
 - i. **Increased costs to clients**
 - 1. **“savings” from on-line purchases unlikely to be sustained long term**
- e. **Potential closure of branches or FOPs**
- f. **Sales of practices to LVG encouraged to get out of the hassle**

37. Effects on clients

- a. **Increased overall fees**
 - i. **All of the admin burden and increased FOP costs will be passed to clients**
- b. **Increased hassle**
 - i. **Having to buy on-line (some FOP vets will give up on their own dispensaries – or hold very limited stock)**
- c. **Delay to patient treatment**
 - i. **Decreased success of treatment**

38. Effects on LVG

- a. **Those with on-line pharmacies – massive increased profits**



- b. Sale price of Indie practices to LVG will reduce (increased profits)
- c. Delighted financiers & shareholders = they created the problem by overcharging more than Indies – and LVG are now the ones to benefit most from the “remedies” proposed by CMA.

Surely if it was the LVG’s disproportionate increase in prices (as evidenced by CMA’s own figures) and the level of satisfaction with Independent’s prices, service and care is all higher than LVG’s and the CMA’s own evidence shows only “some” Independents have a high markup – then SURELY – a proportionate response if CMA felt that these remedies were required – would be to make the remedies *ONLY* apply to LVG practices.

39. Para 109 – “limited additional activities” – in fact the remedies CMA propose are ***MASSIVE*** additional activities.

40. Para 111 – “the needs of pet owners by innovating”. I’m just calling out the buzz word bingo of “innovation” – nothing in the CMA response is innovative. Indeed, some of the measures are already implemented in the RCVS GtoProf Con

41. Para 114 – LVG’s that own related businesses (crematoria, labs etc) have not sought to exclude other FOPs from using their services.... I’m sure that is true - ***BUT*** no mention of the drives within LVG to have their FOPs required to use the LVG’s own services, labs, referral centres, crematoria etc.

42. No mention of LVG’ actually owning on-line pharmacies.

- a. If these remedies are put in place – then LVG *must* divest the ownership of any on-line pharmacy etc**