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CMA “It is crucial that people pay a fair price and can choose treatments that best suit their (and their pet’s) circumstances. Prices rose by 63% between 2016 and 2023 (considerably faster than general inflation).”

INTRODUCTION

I qualified from a UK veterinary school in 1983 and have worked in 6 different veterinary practices across England as an assistant vet, partner and currently a company director. Briar Vets Ltd is an Independent, 4 vet, 65% companion animal practice, in rural North England. It was established in 2017 and has a 4.9* rating of online reviews.

We would welcome the CMA investigation into the provision of veterinary services by the wide variety of veterinary businesses, if it can be shown that the investigation has understood the complexities of the market investigated and can demonstrate with evidence of benefits likely to result from implementation of CMA proposed remedies.

The CMA have often said that the provision of veterinary services is perceived by the CMA as a very complex market. Unfortunately some of the proposed remedies are suitable for a simple market, but when applied to a complex market in my opinion will have severe unintended consequences that may well result in a deterioration in the customer experience both in service provision and costs.

Implementation of market style interventions will not affect the price of medicines from online pharmacies which are already competitive based on the main websites having significant market share enabling bulk buying leading to cost savings when buying direct from manufacturers. The interventions, in my opinion should concentrate on awareness of the consumer, rather than market interventions that risk unintended consequences.

For FOP, controls on shop window prices and the introduction of a legally determined fixed price service that does not cover costs (a loss making activity of prescription writing), and loss of some medicine sales, will require considerable increase in other fees charged to clients. Providing estimates may allow informed choice, but does not lower costs in itself. I expect clients to be paying more for treatments when a patient is requiring urgent or complex care. My concern with the overall CMA enquiry is the lack of certain, absolutely required, investigations that should have been done early in the enquiry, and also the complete absence of any prediction of consequences of implementation of the remedies. To be able to implement remedies in confidence, needs some figures to support claims of the CMA and show some benefit to customers. With no predictions of benefits, supporting evidence, both financial and in terms of quality of service, to the various parts of the market, why should anyone support implementation?

The proposed remedies will do little to change the veterinary market place with regards services provided by referral centres or out of hours clinics. No information is provided as to what proportion of the 63% inflation rate area of concern is from out of hours or referral cost changes and therefore the priority that should be attached to address these parts of the veterinary sector.

Clients with complaints will benefit from knowing how to proceed, and practices need to respond appropriately.

I concur there needs to be better regulation of veterinary practices as ownership structures have altered without enough reflection of this in regulation. Care needs to be taken not to overburden smaller businesses with those changes.

BACKGROUND AND MARKET DEFINITION

The quoted 63% veterinary price increases appears to me to be likely a to be mis-calculated and possibly false figure.

It is said to be the average transaction paid by clients receiving services at separate dates. This figure is said to be verified by comparing to average insurance claim totals from 2016 and 2023. In these 7 years considerable advances were made in the provision of treatments. This includes many developments in new treatments and investigations. Ultrasound, digital x-rays, pcr testing, CT, MRI & increased blood testing panels, etc. all developed considerably over this period. Treatment costs reflect the professions ability to do more for patients. Client expectation has also considerable altered over this period.

What should have been calculated was the cost of varied but identical baskets of veterinary treatments, at the start and finish of this period, not average transaction costs.

Otherwise the 63% figure is subject to too many variables to be a worthwhile. Different treatments and investigations lead by both increased client expectations and also more advanced methods employed by the veterinary clinic, which adds to costs. This appears not to have been calculated.

Average national inflation over the declared period should also be deducted from the 63% figure.

Veterinary specific costs inflation should also be calculated and declared. These should include: wholesale pharmacy and consumable costs, veterinary specific employment costs, additional services costs such as equipment maintenance, cremation costs, licencing and membership costs. These should all be compared to the national inflation figure and used to adjust the declared figure.

The remaining price inflation to clients can then be properly assessed. This can be used to determine the extent of the problem being investigated. **Currently the whole investigation is subject to either exaggerated or underestimate of the problem attributed to the veterinary businesses by using a figure of little value.**

Unfortunately the whole basis of the investigation has been based on this unreliable figure. This has to be exceedingly disappointing and a measure legitimacy of the CMA investigation process. It could render the whole investigation as completely floored with the CMA conclusions and remedies undermined.

WELL FUNCTIONING MARKET AND CONSOLIDATION, CONCENTRATION AND COMMERCIALISATION

[“Many of the concerns raised with us relate to the six large veterinary groups” CMA](#)

If this is the case, it should be appreciated the effect of the lobbying power by the LVGs on the investigation. The evidence provided by the CMA show a prevalence of the data and opinions sought to have been provided by the LVGs. It is unsurprising that the remedies proposed appear to fail to tackle the problems created by the dominance of the market of the LVGs. The opinion provided in responses to the proposed remedies, suggest the proposed remedies will indeed strengthen the dominance of LVGs in the market place, to the detriment of the consumer. This appears to be the opposite of the CMS's remit with no explanation or evidence from the CMA of why this should be the aim of the proposed remedies.

Many of the proposed remedies seem to be displaying a lack of understanding of the veterinary market and its' complexities and will have unintended consequences that will undermine clinical standards, increase administrative burden, reduce appointment availability, and further disadvantage practices, notably independently run FOP practices. Unintended consequences of the proposals look likely to result in the total reverse of the intended aims of the proposed remedies resulting in widespread professional concern leading from practical insight from those delivering frontline veterinary care. The market is likely to function worse if implemented as proposed.

VETERINARY MEDICINES, PRESCRIPTION PRICE CONTROLS AND MEDICINE PRICE CONTROLS

Online Pharmacy Ownership and Market Fairness The CMA's recommendations do not sufficiently address the distorted competition created by corporate ownership of online pharmacies. It is widely known that IVC evidensia own PetDrugsOnline, CVS own Animed Direct and VetPartners own VetUK. Viovet is owned by a multinational insurance company which will directly benefits from lower veterinary treatment costs as this would reduce required payouts to claimants. These aspect of vertical integration seem completely omitted from their report on findings which fails therefore to propose any remedies that benefit this aspect of concern.

Many LVGs now own or are affiliated with online pharmacies, allowing them to profit twice: first through the practice, and second through their own retail pharmacy arm. A major reason for high LVG FOP medicine mark-ups is the lack of jeopardy when a customer of an LVG opts for purchase online. There a significant chance of this not being a lost sale, but picked up as a secondary online pharmacy sale. No statistical analysis of this is included in the CMA investigation. This shows a further lack of the CMA adequate investigation of the market place. Data has been presented of higher prescription fees in LVGs, but not of medicine prices, as compared to Independents

Online pharmacies can purchase medicines at significantly lower prices than independent practices. They negotiate directly with the manufacturers being offered bulk discounts that Independent practices, even as members of buying groups, cannot match. Non-LVGs are only permitted to purchase through wholesalers, and as a result are purchasing medicines at a higher price than customers can purchase the same medicine for via online pharmacies. Buying groups do enable bulk buying discounts, but serve a wide variety of customers. The purchase of a preferred medicine (manufacturer) of a product through a buying group limits choice. Limiting of choice may be achieved within a LVG, but is not in the interest of Independent practices or the clients of them. If the goal is genuine fairness, a level wholesale pricing structure must be enforced before mandating reduced prescription fees or expecting immediate prescription issue to the client regardless of clinical need.

Prescription Timelines, Cost Recovery, and Security Mandating of same-day prescriptions is impractical and risks compromising both clinical safety and service capacity. A 48-hour prescription turnaround remains a clinically safe and operationally realistic timeframe for the majority of practices. Prescriptions require time and accuracy checks, and clients often need to confirm the quantity, repeats, or chosen pharmacy. This cannot always be achieved same-day. If same-day prescriptions are enforced, the associated work represents approximately 15 minutes of professional time. This will cost clinics much more than the proposed maximum fee proposed.

“at £16 which is below the current average (median) across the market – which is £20 – but roughly equal to the average price charged by independent FOPs.” CMA

At £16.00, presumably including VAT, is fee lower than the cost of providing of this service. The CMA describe this fee as the median fee of Independent FOPs. This is not in line with either the SPVS 2024 Fees survey or BBVet Fees survey 2025 of mainly Independent practices (TABLE 1). This is public data that the CMA fails to acknowledge, challenge or match in quality of research. No evidence is provided of research to confirm the CMA figures. This is fundamental to the proposed remedies and once again is based on false unsupported data.

TABLE 1: Written prescription fee for a small animal client for a single product £ including VAT, survey findings:

	Lower Quartile	Median	Upper Quartile
SPVS Survey 2024	£19.20	£22.50	£26.49
BBVet Survey 2025	£19.00	£20.00	£24.00

The proposed fee of £16 is 20% less than the lower quartile (average of both surveys to £19.01)

The proposed fee of £16 is 33% less than the median value (average of both surveys to £21.25)

CMA figures 2023 Ind.	£12.00	£15.00	£18.00
CMA figures 2023 LVG	£19.00	£24.00	£27.00

The chosen figures by the CMA are not in line with the available up to date data.

An accepted average profit range for Independent Veterinary Practice is 10 to 15%. At this level the proposed fee of £16.00 represents a loss making activity for all practices. In addition the CMA proposes that a client requiring multiple prescriptions should only have one fee for all that are required. This would mean that the fee may be halved or divided by 3 or 4 depending on the number of medicines required.

An independent FOP will therefore loss making of between £3.00 (single) to £35.00 (3 x prescriptions) per client per request. To quantify this, a practice doing 10 x two medicine prescriptions at a £20.00 loss per transaction for just the administration (**not including loss of profit on medicine sales**) with 6 days opening per week is **an estimated total loss of £62,500 per annum.** 10 (2 medicine) prescriptions per day equates to an expected number of a very small clinic of possibly 2 or 3 FTE vets and is the loss of income to pay one of those vets. There is no evidence of the CMA doing any calculations of the cost and effect of their proposed remedies. This again renders these proposals unfit for purpose until the work is done by the CMA. Implementation by guesswork is a shocking dereliction the remit set. If then the loss of medicine sales of possibly £10.00 per prescription (20 per day) equates to an additional

£62,500 per 2 to 3 working vets, **is likely to equate to a total loss of £125,000 per annum. This could completely wipe out all profits from a small to medium FOP independent practice.**

Has the CMA any figures to clarify the expected effect of their proposed remedies? I see no evidence of any. **This in my opinion is a complete derogation of their duty to carry out a full investigation and will create a dysfunctional market, completely opposite to the CMA's own declared aims. The CMA assertion that most (or in their words) "some investigated independent practices" can stand these losses without changing other prices is not backed up with figures and very dangerous to the profession.**

These losses can only be redeemed by increasing other fees, to the detriment of the client and **this represents a subsidy of online pharmacies (often LVGs) by independent FOPs. It is an unfair and probably illegal distortion of the market.** This enhances the ability of LVGs to trade in the market place at the expense of independent vets. Considering the CMA owner survey of trust to offer the fairest price were 22% less trusted than Independent Vet Practices (33% v 53%). Implementing of this remedy will undermine the type of practices, in the opinion of the CMA and surveyed owners, provides best value. **This CMA proposal will undermine the "well-functioning market" it has been given the remit to promote.** This represents FOP independent veterinary practices and even 3 of the LVGs subsidising the operation of online pharmacies and the 3 LVGs with integrated pharmacies. This must be regarded as an illegal imposition by the CMA of loss making on the FOPs without liked pharmacies.

Prescription Fraud, it has been acknowledged by experts in the field, will be promoted by the proposed remedies. There is no suggested safeguard to prevent multiple use (using different pharmacies) built into the CMA proposal. This again represents a failure of the CMA to understand the complexities of veterinary marketplace.

Pricing Transparency and Comparison Platforms Transparency will only be effective in promoting services that are routine and easily defined. Even routine services such as spays, castration, and dentals (before any teeth extraction) also vary widely in what is included. IV fluids, different pain management, anaesthetic monitoring by an anaesthetist, (with or without multi parameter measuring), assistance by RVN or lay person, post anaesthesia check frequency, are all differences that would not be visible to owners and affect practice costs. This cannot be clarified by a price list simple enough to be understood by the customer. Price comparison is to drive lower published costs and is **likely to lead to poorer clinical care and a reluctance to invest** if accompanying costs increase. This is in the same way low cost airlines reduced extras after online pricing and comparison sites became the method of purchase. Unfortunately this will affect animal welfare in the long term.

Whilst transparency in pricing seems to benefit clients, 'shopping around for lowest price' does not distinguish level of care, and 'shopping around' does not foster continuity of care or a strong veterinary-practice-client relationship with continuity of care. Allowing a line of description of the service in the price list will not allow clients with no medical background to understand the nuances of different levels of care.

Without more complex procedures included, which are as the CMA acknowledges are impossible to compare, no real reflection of the complete care costs of a particular clinic can be determined. A client will still be unable to choose the best value service overall. We therefore have a proposed system may reduce standard of care for routine services and increase costs of other treatments. The customer will not benefit from these proposals.

It has been admitted by the CMA “**we have not conducted a similar profitability assessment of independent vets (c.f. LVGs)**” Without carrying out an adequate investigation of 40% of the industry and no evidence of the expected effects on the market of the proposed remedies, **how can anyone have faith in the ability of the CMA to achieve the remit of bring better value to the veterinary market customers?**

Lowering prices of a section of the market prices may seem to be to the benefit of the consumer, but the disabling of, and possibly crippling the part of the market (independent FOP) which the CMA determine is currently giving best value and customer care, is likely to achieve the opposite of the intended remit. Medicine prices and the basic prices included in online lists may be controlled, **but will inevitably result in significant, possibly huge, increases in complex and critical care treatments.** This will have severe effects on welfare of pets putting more vitally needed treatments financially out of reach of more pet owners.

When the CMA says it understands a complex market and then introduces blunt remedies backed by poor research and ignoring advice from those working in the sector, do not expect a good outcome from these remedies for customers.

SUBSCRIPTION HEALTH PLANS

Some practices have been started with all-inclusive veterinary care packages. These packages can include the basic preventative care health plan, but for a higher fee, can include all medicine and surgical treatments. The highest level packages also include all required pharmaceuticals including long term prescriptions. These are paid by monthly instalments. **This model completely bypasses the proposed CMA remedies** and could be very attractive to veterinary practices if the CMA remedies are implemented. Medicines and treatments are not individually priced in this model. A monthly fee will only be afforded by more well off pet owners, and disadvantaging poorer owners. **This is another complexity that the CMA has not included in their proposals and is further evidence of the CMA not doing satisfactory research of the whole market.** Favouring this form of subscription type veterinary provision may be rare now, but is likely grow significantly under current proposed remedies. **No analysis by the CMA of this is included in any evidence provided. Why not? This is more evidence of the CMA taking too simplistic a view of their proposed remedies**

PROVIDING ESTIMATES

Complex and emergency cases often cannot be accurately priced in advance without diagnostics and further discussion of options. These cases often exceed £500. The proposed remedies fails to define which cases require the estimated total in advance. We are glad to see that there are exceptions made for emergency patients in the report but there will be significant problems deciding if the proposed requirement might apply. However, even critically ill patients, or even patients who present as ‘mildly unwell’ but deteriorate fast, who may not be an ‘emergency’ can have rapidly changing treatment needs: flexibility and understanding is needed here which is difficult to describe in legislation. Complex or urgent cases should have estimates generated, however consideration should be given to what happens when treatment plans change. An allowance of 20% variation in the case of most sick animals admitted for care will normally not be adhered to. Communication with the owner is required and should include costings, but written ongoing estimates is not a practical solution.

CHOICE OF REFERRALS

Requesting multiple estimates from specialist referral centres will substantially increase administrative workload for clinical teams. The current system of discussing with the owner of potential options can never include all options as there are often too many, and there may be options the in the opinion of the referring vet should be not included. Estimates of care costs should be provided by the referred care with the same limitations that apply to complex care in FOP. Many referral procedures lend themselves to fixed price estimates as it is assumed with such centres that gold standard care applies to all patients.

When I as a clinician know of a reduced cost option that I know may be associated with reduced quality of care, I will not offer this as an option to the client, but client research may undermine my favoured options. Two recent cases when the clients researched for reduced price treatments, neither received what I regarded as satisfactory care and the animals suffered as a result of my referring to particular referral options against my better judgement. The CMA proposals must not predetermine the choices offered to the client. Ultimately the choice must lie with the owner including whatever research the owner may have carried out.

CONCLUSION – EFFECTIVENESS AND PROPORTIONALITY OF THE PROPOSED REMEDIES AS A WHOLE

The CMA has no evaluation of what they expect to achieve by the proposed remedies. No predictive calculations are offered. There are pronouncements from the CMA as what is their expectation, but unfortunately not backed by any provided evidence.

As an independent clinic owner with four full time vets, my expectations are, if all remedies are introduced in their entirety, that grave changes to the quality of care and prices charged for clients. I expect quality of care to be undermined and prices for care out-with the published prices to increase severely.

I do not know the number of clients that will expect “at the time” prescriptions. The cost of providing these prescriptions exceeds the controlled price we would be allowed to charge. This is a subsidy of online pharmacies, as we are effectively doing work for them at our expense. 5 minutes per medicine prescribed eats into the 15 minutes allocated in our clinic for a consultation. To maintain quality of care the associated costs of extended appointments, reduced medicine sales and subsidising online pharmacies, has to be added to the consultation fee. No calculation of this is offered by the CMA but could be £25 per consultation. For proposals trying to improve the value of veterinary treatment, this is difficult to understand, as the cost at the pharmacies will remain unchanged.

Price comparison is either too simple for the client to compare the package of services or too complex for customers to understand. The importance of extras which a clinic may do routinely to improve care of treatment add costs that a customer may not be able to assess. Simplicity of prices in comparisons will tend to reduce quality as has done in other markets, such as budget airlines and basic hotels. The CMA proposals do not reflect the value of quality of care. Post introduction market research owner surveys are inadequate protection for the customer of the potential harm envisaged by the CMA’s proposals.

The CMA has admitted to not investigating the profitability of independent FOP as it is much more complex than Company House declarations used. 10 to 15% is the accepted average profitability. The LVGs profitability targets of over 50% profitability levels will not alter by the

CMA. Their pricing and offered services will alter to maintain targets. Their profitability targets are in line with most large corporations and will operate as such regardless of the CMA intentions. Much of the input of the CMA report is based on LVG investigations and submissions. It is not therefore surprising the proposals are favouring the business model of the LVG.

Vertical integration of wholesale supply, FOP, out of hours provision, referral centres, online pharmacies and add on additional services such as laboratories and crematoria is a completely different business model to the independent veterinary practice (FOP or referral).

No evaluation of the effect on the latter has been included in the CMA investigation or proposals. **This must be evaluated before implementation. The CMA seems to leave independent practices in a perilous position even though the aim of lower prices and greater customer satisfaction is better delivered by independent practices. This aspect of the proposals will undermine and outweigh any other market adjustments achieved elsewhere. The market is far too complex to expect the remedies to achieve benefits without unintended consequences. No evaluation of subscription models that include treatments and medicines, bypassing all the CMA price proposals. How this can be not included in a market investigation is difficult to understand. Not evaluating the financial position of independent practices before and predicting the financial effect of the proposed remedies on any practice types, renders the investigation and remedies as inadequately investigated guesswork. The proposed remedies are likely to have significantly increased administration and implementation costs. These costs have not been evaluated and will affect smaller practices disproportionately. A longer time to implement is welcome, but evaluation of costs should be done before implementation.**

The overall effect of full implementation of the remedies would be to enhance the market dominance of LVGs, increased consultation fees, increased costs of urgent and complex care, reduce quality of care, and promote consolidation of the market. These effects are totally counter to the remit of the CMA to enhance value and customer satisfaction. Simplistic market interventions are not substitutes for changes in regulation and market ownership structures, to put customer care ahead of profits.