

# Consultation Response: CMA Provisional Decision on the Supply of Veterinary Services for Household Pets

Submitted by:

[REDACTED]

Position: [REDACTED] Dalehead Veterinary Group, [REDACTED]

Type of Practice: Independent Mixed Veterinary Practice

Location: Yorkshire Dales

Date: 10/11/25

## 1. Introduction

[REDACTED] I have worked as a veterinary surgeon for nearly 25 years, hold a Postgraduate Certificate in Small Animal Surgery, and am an RCVS Advanced Practitioner. Having worked across independent practice, the charity sector, and five years within a corporate group [REDACTED], I also hold a MBA – gained through a degree apprenticeship with [REDACTED] - which has given me a detailed understanding of corporate veterinary structures and centralised business models.

My practice currently generates [REDACTED]% of our Companion Animal turnover from medicine sales and [REDACTED]% from professional fees. Like many small independents, we use revenue from medicine sales to subsidise lower professional fees, ensuring care remains accessible to our community. Our practice provides a 24-hour emergency Out of Hours service for a rural community – we do not outsource this despite the convenience and cost-savings this would offer. Our Out-of-hours callout price (£185 inc VAT) is significantly lower than our corporate competitors. The CMA's own report recognises that independent practices charge lower fees and achieve higher client satisfaction (points 44 and 80). However, the CMA's provisional recommendation requiring vets to advise clients that medicines may be cheaper online and to issue written prescriptions unless clients opt out risks undermining this balance — to the detriment of both small practices and their clients.

## 2. Impact of the CMA's Proposal on Independent Practices

### 2.1. Market Distortion and Corporate Advantage (Points 27, 31, 50)

The CMA rightly observes that the UK veterinary market is now highly consolidated (point 27), with a small number of large veterinary groups (LVGs) owning a substantial share of practices, referral centres, diagnostic laboratories. I didn't see Online pharmacies mentioned in this part of the CMA report.....which seemed unusual given the context

The proposed prescription rule would further entrench corporate dominance. By compelling independent practices to inform clients about cheaper online pharmacy options — many of which pharmacies are owned by those same LVGs — the CMA would unintentionally redirect vital revenue from community independent practices to the corporate sector.

This outcome directly contradicts the CMA’s own goal of promoting competition and consumer choice.

Point 31 highlights that clients often do not understand the ownership structure of their veterinary practice. This confusion is exacerbated by misleading branding such as [REDACTED]. The RCVS currently restricts professional terms such as “specialist” and “veterinary nurse.” It could similarly restrict the use of “independent” to truly independent practices — a measure that would improve transparency without harming competition.

## 2.2. Profitability, Pricing, and Value for Money (Points 44, 80)

The CMA acknowledges that independent practices typically charge lower fees and deliver higher client satisfaction (points 44 and 80). This is possible because we balance our fee structure with moderate profits from medicine sales.

For example, in our local area:

- Independent practices charge between £38 and £41 for a 100ml bottle of meloxicam (oral arthritis medication for dogs).
- Corporate-owned practices charge approximately £78 for the same product — despite enjoying greater purchasing power and manufacturer rebates.

This sort of discrepancy shows that independent practices already provide better value and fairer pricing, despite smaller margins. The CMA should therefore focus on the excessive profits and price inflation within large veterinary groups, not on regulating independent practices that already deliver affordability and trust. If you insist that we direct clients online to purchase medicines then we will have to downsize our teams (we have invested in training non-clinical staff to SQP level to ensure we dispense medicines responsibly). Whilst we feel that we currently keep the corporates relatively honest in terms of medicine pricing CMA proposes to limit our capacity to dispense medication and this will inevitably lead to further profiteering from corporate LVGs.

A further example can be given in relation to referrals. I offer a surgical referral service for soft tissue surgery and orthopaedics. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]  
[REDACTED] The only logical answer is that the primary care clinicians aren't offering a sufficiently wide range of options for the clients to make an informed choice. [REDACTED]

[REDACTED] CMA must be aware of this sort of activity. So my question is – why is it ok for this to go on yet CMA are recommending that vets in independent practices are to tell their clients buy medication from local corporate competitors? I don't think a clearer case of double standards could be made. The cost savings clients could make by shopping around for referrals would be much higher than the amounts they would save by buying medication online. CMA must surely know this – so why have you ignored it?

### **2.3. Regulatory Proportionality and Unintended Consequences (Points 83, 88, 96)**

The CMA's recommendation that practices must advise clients of cheaper online options and issue written prescriptions unless clients opt out represents an unprecedented level of regulatory intervention for a small professional service.

As RCVS Senior Vice-President Linda Belton commented recently (Vet Record Podcast, Episode 11, 45 minute into recording) such requirements are “unusual” and typically reserved for large firms in dominant market positions, such as in the energy or financial sectors.

For independent practices, this proposal would:

- Remove an essential revenue stream that supports affordable fees.
- Channel business to corporate-owned online pharmacies, further consolidating market power.
- Impose additional administrative burdens, with no evidence of improved consumer outcomes.

If the CMA wishes to prevent anti-competitive behaviour, it should limit any mandatory prescription and price disclosure requirements to veterinary businesses that own or operate online pharmacies. This would prevent conflicts of interest and maintain a level playing field.

### **3. Concerns Regarding Corporate Influence and Consultation Process**

The CMA's investigation appears to have engaged more closely with corporate stakeholders than with small independent practices — those most vulnerable to the proposed reforms.

The timing of CVS Group's relaunch on the stock exchange shortly after the CMA announcement raises legitimate concerns about the influence of corporate interests and market sensitivity.

To restore confidence among independent practitioners, the CMA must demonstrate that its findings and recommendations are based on balanced consultation, not corporate lobbying.

#### 4. Constructive Recommendations

To achieve its stated aim of promoting competition and consumer choice, the CMA should:

- 1. Reconsider or remove the proposal for mandatory provision of written prescriptions and price caps for these. If this is not considered reasonable then I would argue that this requirement should be limited to LVG veterinary businesses who own or operate an online pharmacy (for whom the overall effect on turnover would be neutral)**
2. Focus regulatory attention on LVG pricing structures and the anti-competitive effects of vertical integration (practice ownership, “internal referrals”, and online pharmacies).
3. Support ownership transparency, including restricting the use of misleading terms such as “independent.”
4. Collaborate with the RCVS and representative bodies (BVA, SPVS) to design proportionate transparency measures that reflect the realities of small practice economics.
5. Engage directly with independent practices through further focus groups or regional consultations before finalising recommendations.

#### 5. Conclusion

Independent veterinary practices are vital to maintaining true competition, affordability, and continuity of care across the UK. The CMA’s current recommendations, though well-intentioned, risk accelerating corporate consolidation and undermining local access to affordable, high-quality veterinary care.

To promote genuine competition, the CMA must ensure a level regulatory framework that recognises the value of independent practices and protects consumer choice for the long term.

Submitted by:

[REDACTED]

RCVS Advanced Practitioner – General Small Animal Surgery

[REDACTED] Dalehead Veterinary Group

[REDACTED]

[REDACTED]

[REDACTED]