

CMA Consultation – Oct-Nov 2025

PDSA Response to provisional findings

Introduction to PDSA

As the UK's largest veterinary charity, PDSA is dedicated to supporting people and their pets during difficult times. We believe that every pet deserves a happy and healthy life. By providing free and low-cost vet care through our 43 Pet Hospitals across the UK we prevent suffering, help to relieve poverty and keep people together with their much-loved pets. Every year, we provide over 2 million veterinary treatments, and support over 6 million people with our expert pet care advice. We receive no Government funding, relying entirely on generous public support to fund our vital services.

Response

PDSA has read the CMA provisional findings with interest and would suggest that, despite repeated assurance that PDSA and its delivery of first opinion level charitable services is not a target of the investigation, in their current form and the way the findings and recommendations are described, there will be significant impact upon PDSA.

PDSA is broadly supportive of any initiative aimed at improving the transparency of veterinary services and improving the choice for pet owners when it comes to the costs and treatment options that may be available for the care of their pets. Indeed, such initiatives may lead to fewer pet owners feeling that they are in a position where they have no choice but to seek charitable help. If the findings and remedies lead to these outcomes then they may complement our charitable purpose, provided they do not concurrently constrain our ability to deliver the service.

A number of the findings and recommendations of the CMA investigation into veterinary services for household pets will impose significant administrative burden and costs on to PDSA with little benefit to the wider pet owning public who will not be able to access our services unless they meet our charitable eligibility criteria. These criteria are in place to ensure PDSA targets its charitable benefit to the most needy pet owners. Indeed, compliance with the recommendations is likely to have the potential to constrain PDSA's ability to deliver at its current levels through the additional workload and costs that will result.

During round tables and interviews CMA appeared to be of the understanding that delivery of veterinary care with charitable aims has different over-arching goals and is structured very differently from a governance perspective i.e. the treatment of as many pets as possible to deliver a good welfare outcome and charitable benefit to the pet owner whilst utilising charitable resources as effectively as possible, versus the commercial environment which also wishes to deliver treatment of as many pets as possible to deliver a good welfare outcome but with a need to fully cover costs and generate profit through income generation.

Unfortunately, that understanding of the different service delivery contexts does not appear to have been reflected in the recommendations, which will inevitably impact upon our charitable veterinary services and commercial veterinary services alike.

Additional costs imposed on practices and/or commercial organisations as a result of the recommendations being implemented will inevitably be passed on to the customers, as that is the mechanism by which commercial practices must respond to rising costs. Such additional costs imposed in the charitable environment will need to be covered through additional fundraising; this is not a simple answer in an external environment where there is already a cost of living crisis affecting peoples propensity to give, and is especially a challenge when the crisis itself means that PDSA is already fundraising to cover the additional cost to treat each animal, which has risen by 19% in just the past four years.

The term First Opinion Practice (FOP) is defined in the issues statement ([Issues Statement.pdf](#)) as *“first opinion practice (‘FOP’): the term used in this document, and in the sector, for general veterinary practices.”* this term is used throughout the subsequent investigations and consultations.

PDSA is delivering First Opinion Practice (FOP) level care and would like to continue to be described as doing so, as it helps to define our place in relation to levels of care available in the veterinary sector and to manage expectations, however, PDSA would suggest that the definition of a FOP should be further refined for the purposes of this investigation and the application of recommendations.

PDSA suggests that the definition of a FOP could be further refined as follows:

1. Commercial First opinion practice - delivery of veterinary care on a commercial basis
2. Charitable First opinion practice - delivery of veterinary care as a charitable benefit by a registered charity

PDSA would suggest that Charitable first opinion practices are absolutely operating in the same sphere as the commercial first opinion practices, but (by virtue of the charitable purpose and eligibility gateways) are not operating in the same commercial free ‘market’ which is the subject of the investigation, in fact their operations help to support the broader market, therefore implementation of the remedies should be voluntary.

PDSA did respond to the consultation on proposed remedies as published on 1 May 2025 ([PDSA.pdf](#)) and would suggest that many of the concerns raised regarding the impact on delivery of charitable care in that response remain valid, and of great concern to PDSA.

Those ongoing concerns are addressed below and refer to the relevant sections extracted from the published summary document ([Summary](#)) for ease of reference:

Choosing a FOP

71. We propose to make it much easier for pet owners to choose a veterinary practice that meets their needs by requiring veterinary businesses to provide pet owners with information on who owns the practice and its prices for a standard list of services.

As a charity with our charitable branding on all our locations, collateral and resources, ownership is always already clear, PDSA already complies with the first part of this recommendation and should not be required to do anything further.

The publishing of a PDSA price list would not benefit pet owners generally in making their choice of practice in the CMA target market.

PDSA would suggest that the decision and ability to access PDSA veterinary care is primarily driven by our eligibility criteria; however, we are considering how we may achieve greater pricing awareness amongst our client base as part of our client communications and managing expectations - this work is already underway.

The proposed price list remains far too open to interpretation and PDSA remains concerned that it will have limited value in helping clients to make informed choices other than a few of the base indicator prices such as consultations.

72. This information would be collated on a comparison website that would make it easy for a new pet owner, a pet owner moving into a new area or someone unhappy with their current practice to make comparisons between practices in their locality. This would initially be part of the RCVS's Find a Vet website, but we would make the data available to approved third parties who would like to provide comparison services to pet owners (subject to certain limitations, such as businesses not being able to pay to influence ranking). We expect there to be considerable interest in this data and that pricing outliers, including those businesses which cannot justify higher prices (by demonstrating better quality, for example), would be highlighted, for example by the media or by consumer groups.

PDSA would have concerns at publishing our prices on a publicly available price comparison website; as stated previously our prices are zero or very low cost and without further detailed explanation regarding our eligibility criteria it would drive many enquiries and potential dissatisfaction at not being able to access the service amongst ineligible pet owners. Even in the event that our eligibility criteria could be published, it may drive pet owners to access our services without even considering the affordability of other veterinary services and place additional pressure on a service already under considerable demand.

73. While it is difficult for pet owners to fully judge the clinical quality of a FOP, they are able to assess the customer experience and observe the outcomes for their pets. Assessing and sharing widespread consumer experience can be a powerful tool in encouraging businesses to improve quality.

PDSA already surveys clients that have accessed our service. So far over 15,000 clients have responded this year and our satisfaction ratings (over 90%) and NPS rating (over 83%) are considered very good. PDSA carries out this exercise anyway as a result of our need to manage and demonstrate the value and impact of our charitable activities and does not believe that we should be required to do anything further in this area.

74. As noted above, our pet owners survey indicated material differences in customer satisfaction between individual LVGs and between LVGs and independents as a

group, with satisfaction on costs being relatively low for all veterinary businesses but varying significantly between them.

As stated above PDSA already surveys our clients and our client survey results for the question “The fee I paid was good value for the service I received (asked of our paying clients only)” was 86%. We consider that a score of this level, asked of a demographic that have had to prove that they have financial constraints to access the service in the first place is excellent, particularly when compared to the CMA reported “Net satisfaction scores for the cost of service was 26% at LVGs, compared to 47% at independents”.

These results show that PDSA already considers its price point and value of service through its own internal processes and should not be required to do anything further in this area.

75. It can be difficult for pet owners to get reliable and comprehensive information on the experience of others at different FOPs. We are, therefore, proposing to require that a similar survey be repeated at regular intervals to give pet owners an indication of how other pet owners perceive service levels and costs at different LVGs, and how these compare to independents as a whole. One of the CMA’s remedies in the market investigation into retail banking was to introduce a survey of customer satisfaction and require banks to publish the results in their branches.

It would appear that only the LVG’s will be required to run and fund this survey – clarification as to the expectation on PDSA as a non-LVG would be welcomed and as stated above, we believe that a requirement to be included would not be appropriate given that we already survey our clients extensively and refine our services accordingly where appropriate.

Choosing treatments and referrals

77. When a pet owner is at the veterinary practice, they may be faced with having to make significant choices that affect their finances and health outcomes for their pet. We are proposing that when a treatment either at the FOP or outside the FOP is being recommended and considered, and it is reasonably foreseeable that it will cost £500 or more, the veterinary business would be obliged (other than when immediate treatment is required) to offer a written estimate of the cost, including any aftercare. This would help the pet owner assess whether the option is best for them and their pet, and to support them in planning and budgeting for the expense. We are also proposing that veterinary businesses would be obliged to provide an itemised bill so that pet owners can understand what they have been charged for and compare it with any previous estimates or prices for similar services (either that friends or family have used or that are listed on FOPs’ websites) and identify any errors. This would enable pet owners to make more informed choices and be able to budget for any similar future purchases.

PDSA is already compliant with this requirement, given the demographic that our eligibility criteria selects for, we already generate an estimate for the majority of procedures.

With regard to the provision of an itemised bill, PDSA is already compliant with this requirement for both our free (in order to encourage donations) and reduced-price clients (so that they can assess the value).

78. We have provisionally found that the lack of regulation of veterinary businesses means there is the potential for their commercial incentives, and their policies and practices, to conflict with vets' and vet nurses' regulatory obligations to provide appropriate and timely information about treatment and referral options and to recommend the option which best meets the circumstances of the pet and its owner. Therefore, we are proposing that veterinary businesses must have in place written policies and processes in their FOPs to ensure that vets and vet nurses are able to act in accordance with those parts of the RCVS codes of professional conduct and supporting guidance that relate to providing pet owners with independent and impartial advice and appropriate and timely information about treatment options and prices.

PDSA already has these procedures in place.

Purchasing veterinary medicines

79. We are proposing to make significant changes to support pet owners in choosing cheaper options for veterinary medicines, when it is appropriate for them to purchase medicines online, thus creating stronger competition from online pharmacies. In our proposed remedy, all pet owners with animals with an on-going need for medication must be given a written prescription to enable them to buy the medicine (usually at a much lower cost) online unless they have actively chosen to receive their repeat medications from the FOP. We are also proposing that pet owners must be explicitly informed at certain moments (such as when booking an appointment or when a vet prescribes a medicine) that they can obtain a written prescription and that medicines are usually cheaper online.

PDSA has already raised concerns regarding the impact this remedy could have on our operations and costs, and has questioned the relevance of this requirement to PDSA services, given that the majority (approx. 75%) of our supply of medications is free, and the remainder is at much reduced prices (see response to Question 41 in our response to the remedies working paper "*PDSA is entirely opposed to the mandating of prescription writing, the introduction of a blanket approach which will mean the creation of a prescription whether a client wants one or not would represent a significant amount of wasted time and effort.....*").

In accordance with current requirements (T&C's, poster) PDSA already does offer the option of prescriptions if requested and, as would be expected of a free or low cost service, we receive a low volume of requests for prescriptions which number in the thousands per year from a patient base of over 400,000 pets and over 2 million dispenses taking place. Even with the requirement being restricted to ongoing medications this remedy would have a significant impact upon PDSA operations, with the high number of chronic conditions we attend likely raising that number into the hundreds of thousands.

PDSA would strongly protest this remedy being applied to the charitable service.

80. Pet owners need to be aware of the significant savings they might make on the

purchase of medicines so they can choose between the benefits of purchasing from their veterinary practice and of purchasing online. Some vets told us that it would be unusual for a business to be asked to tell customers that they could buy products more cheaply from a competitor. We considered this carefully and have come to the provisional conclusion that the distinct role of veterinary businesses as both trusted adviser and commercial seller of services in competition with other sellers justifies this additional obligation.

PDSA does not feel that the distinct role of any business should be to direct their commercial customers to other commercial business, in most circumstances the onus is on a business which feels it has additional value to offer to effectively market to, and engage with, their target market in order to realise the potential they may represent.

Pet care plans

81. Practices offering a pet care plan would have to set out the prices of the individual components of the plan as well as the total plan price, so pet owners can judge whether the plan offers good value for money for them.

PDSA does not currently offer a pet care plan.

Cremations

82. All FOPs' would be required to offer the option of a communal cremation – as we understand the majority already do – and to set out the full range of options available to pet owners and to clearly set out the prices of (more expensive) individual cremations and any optional add-ons, so pet owners can make an informed choice at this particularly distressing time. All pet owners would also be allowed time to reflect before making a choice, something which is already best practice in many FOPs.

PDSA is already compliant with this remedy.

Barriers to purchasing veterinary medicines online

83. In order to purchase veterinary medicines online, a pet owner needs to get a written prescription from their vet. Current charges for this service range from around £12 to £36, with the top 10% of the market charging above £30. We propose to set a maximum price for providing a written prescription 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.

PDSA does levy a prescription charge on the relatively low number of occasions they are requested; our charge is already below the proposed maximum.

85. Vets told us that they sometimes prepared written prescriptions at the end of the day, and that pet owners needed to return to the practice to collect them. This could be a disincentive for requesting a written prescription. We propose to require

veterinary businesses to provide a written prescription before the pet owner leaves the practice, or to provide an emailed version on the same day.

PDSA vets are very aware that for our client demographic a trip to the Pet Hospital can be a significant undertaking and cost (many utilising public transport), so we believe that in the majority of circumstances most of our vets provide prescriptions at the time anyway - it's a print out from the practice management system that is done at the time of the consultation.

Difficulties in complaining

87. We propose that FOPs would be required to have an in-house complaints system which meets certain criteria, including informing pet owners of how to complain, and what to expect from the process. FOPs would also be required to engage in mediation if the pet owner wished, if the complaint could not be resolved in house.

PDSA is already compliant as we have a robust complaints process in place, and the complaints procedure is published on our website.

Barriers faced by FOPs who want to switch OOH providers

88. We propose that OOH providers would be prohibited from imposing unreasonably long termination periods (which can result in high early termination fees) in their contracts with FOPs. This would make it easier for FOPs to end such contracts if they believe they can get a better service for their customers elsewhere.

PDSA would refer to their response to the remedies working paper:

"PDSA would suggest that the availability of multiple OOH providers in many areas is restricted and that whilst the ability to switch in a friction-free manner is important, it is also important to recognise that there can also be a significant impact of termination by an OOH provider where there are limited other options for user practices. The veterinary profession has been changed significantly by the emergence of OOH providers and many veterinary surgeons and practice teams do not want to provide out of hours services themselves nowadays, if an OOH provider terminates in an area where there are no alternatives (as CMA have found, this is common) then the choices for a practice are to provide it themselves or close if they cannot do so (the RCVS Codes of Professional Conduct preclude practicing veterinary surgery without a 24/7 means of cover). To consult and change contracts, or recruit in to provide 24/7 cover themselves for most practices would not be a quick undertaking, PDSA would suggest that termination notice periods need to be balanced to protect both parties sufficiently.

PDSA would suggest that an increase in OOH provider options in many areas would be a better remedy and would provide the competition necessary to normalise the contractual relationships, and pricing, and would provide end-user practices with better negotiating power".

The role of the RCVS

91. We have provisionally decided that additional costs incurred by the RCVS to

undertake monitoring and certain other activities (such as collating information for Find a Vet and improving its functionality) would be funded by a levy on veterinary businesses in proportion to their size. Our best current estimate of these costs suggests that it could be around £330 per FOP per year for the monitoring role, if they were comparable to the costs of running the current PSS, though we anticipate that they could be lower than this. We consider that it would not be a significant cost per FOP to improve the functionality of the Find a Vet service. There would also be some lower ongoing costs. We provisionally estimate that it might cost around £150 per LVG FOP to carry out the two-yearly survey of pet owners.

As stated above, clarification is required as to whether it is just size that determines levy application, or type of practice – PDSA would argue that charitable services should not be subject to the levy.

Decisions for Government

92. Even if the RCVS were to undertake additional activities to support our remedies, there are limitations on its statutory powers which is why a new Veterinary Surgeons Act is urgently needed. This would give the regulator a duty to oversee veterinary businesses as well as individual vets and nurses and give it powers to set and enforce requirements and standards for such businesses. We propose that the new act should specifically impose a duty on the regulator to protect competition and consumers (that is, pet owners) as well as its principal obligations in relation to animal welfare and public health. This would be an explicit recognition that effective competition drives the affordability and choice of services which is important to pet owners and without which animal welfare will suffer.

As stated in previous responses, PDSA is broadly supportive of a new Veterinary Surgeons Act and looks forward to working with the regulators to shape the new Act.

What our remedy proposals may mean for veterinary businesses, vets and the RCVS

96. It is important that the administrative costs are no higher than necessary to achieve the benefit we seek, are proportionate to the level of that benefit, and do not distort the market by imposing disproportionate burdens on some competitors compared to others.

PDSA would like to add that administrative costs do not significantly impact upon charitable fund utilisation that is used to deliver charitable veterinary services.

98. The RCVS would incur some additional costs if it were to commit to carry out monitoring and certain other activities. We consider that, in general, these additional costs should be covered by a levy on the veterinary businesses to which our CMA Order would apply, proportionate to the size of the business.

As stated above clarification is required as to whether it is just size that determines levy application, or type of practice – PDSA would argue that charitable services should not be subject to the levy.

103. We have given particular consideration to the position of the smaller independent FOPs. It is important to note that the problems we have found in the veterinary industry are not confined to the LVGs. High mark-ups on medicines and poor information on pricing, for example, occur across the industry. Where we are proposing measures that help pet owners compare vet practices, they would be most effective when all (or almost all) FOPs provide the relevant information.

As stated above – PDSA would argue that this logic may apply to commercial practices but not to charitable veterinary care.

In addition to commenting on those remedies that have been presented by CMA, PDSA would also like to express its disappointment that the CMA has not included any remedies to tackle reform of the Cascade system by which veterinary medicines are prescribed. The current system allows for no differentiation in process for veterinary prescribing to food producing animals vs companion animals; it does not allow veterinary prescribers to consider cost as a factor in choosing the most appropriate medicine for a pet; it does not allow the prescribing of generic medicines where there is a licenced branded version – even if the formulations of both medicines are identical.

PDSA believes that the imposition of the cascade has, on balance, had a greater negative impact on animal welfare than positive. The stipulation that cost cannot be a factor in choosing to utilise the cascade has implications for the treatment plans that may be recommended by veterinary surgeons and the care choices made by pet owners.

PDSA would suggest that across the profession many more animals have been redirected to seek charitable care, have been placed on sub-optimal treatment or have been euthanased through the cost impact of a Veterinary Licensed Product (VLP), than would have been harmed through judicious and responsible use of a familiar medical product (particularly when informed by shared user experience such as that documented in the BSAVA Formulary ([BSAVA Small Animal Formulary Part A: Canine and Feline | BSAVA Library](#))).

In recent years, as supply of VLP's has become less consistent, there have been many periods of VLP stock shortages e.g. prednisolone, the human equivalents have been used extensively and responsibly by the profession, as allowed by the cascade, with no significant issues.

The intended cascade regulations in Northern Ireland under the Veterinary Medicines internal Market scheme ([Veterinary Medicines Internal Market Scheme - GOV.UK](#)) will place the prescription of human medications above currently available VLP's from Great Britain, PDSA believes that as a principle baked into legislation this calls into question the entire animal welfare basis of argument for the existence of the cascade approach.

The restrictive nature of the Cascade and the burden it imposes has significant implications for the charity:

1. Cost burden - A comparison of just six VLP product lines currently purchased by PDSA (namely Phenobarbitone 60mg, Prednisolone 5mg and 1mg, Codeine/Paracetamol product, Amoxicillin 250mg and 500mg) demonstrates the regulatory cost to the charity. On those six product lines alone PDSA spends £370k more than it would if able to utilise the equivalent human product - this in itself has an impact on animal welfare through unnecessary expenditure; PDSA would be able to treat thousands more animals if this funding were to be freed.

2. Administrative - the drain on resource utilisation when cascade products are used diverts resource from delivery of charitable benefit, the need to repeatedly create and gain consent for use of these products in the current form is onerous and wasteful.

PDSA is concerned that individual vets or veterinary nurses can find themselves having to make decisions which **cannot** fulfil both their RCVS obligations, and the laws governing veterinary medicines, and this is an unacceptable situation.

In addition, these rules make it **impossible** for veterinary professionals to provide true contextualised care, because we cannot account for financial constraints in prescribing. The system must be updated, and the CMA has a key opportunity to call for this in its remedy papers.