

# CMA Response – Vets Provisional Decision

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Pet People Vets, London

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## Summary

Pet People Vets welcomes the CMA's continued interest in promoting transparency and client choice within the veterinary sector. However, we are concerned that the proposed remedies, in their current form, are disproportionate, poorly timed, and risk unintended consequences that will damage access to care, animal welfare, and the sustainability of independent practices.

While the aims of transparency, competition, and consumer empowerment are laudable, the current proposals would, in practice:

- Overburden veterinary consultations with administrative requirements,
  - Destabilise fee structures without sufficient transition time,
  - Advantage large veterinary groups (LVGs) that own online pharmacies,
  - Undermine small and independent practices,
  - Negatively impact animal welfare, and
  - Increase overall costs to consumers through the loss of cross-subsidisation and higher clinical fees.
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- We advocate a phased, evidence-based implementation, starting with large veterinary groups (LVGs), supported by proper IT infrastructure and realistic timelines.

## Key Concerns

Our key concerns and recommendations are summarised below:

### **Proportionality and Practicality**

- The proposals impose heavy new administrative demands during consultations, adding cost and time pressure without meaningful public benefit.
- Implementation within a short timescale is unrealistic. Independent practices such as Pet People lack the IT and administrative resources of LVGs.
- Reform must be phased over 24–36 months, supported by modern prescribing technology and clear communication to clients.

### **Market Fairness**

- The CMA's proposals inadvertently strengthen LVGs that already dominate both practice ownership and online pharmacy sales.
- Independent practices will lose significant income from medicine sales, yet still have the same cost base, so be forced to raise clinical fees, reducing affordability and client access.
- The £16 prescription fee cap contradicts market principles and disproportionately harms high-cost urban or hospital settings.

### **Animal Welfare and Client Impact**

- Mandatory written prescriptions and discussions about online prices will delay treatment, fragment care, and undermine the trust essential to the vet–client relationship.

- Cold-chain and storage standards cannot be guaranteed for online deliveries during hot weather, creating real welfare risks.
- Elderly and digitally-excluded clients may struggle with online systems, limiting their access to safe medication.

## General Position

The veterinary sector is not a commodity business. Clinical decisions are complex, time-sensitive, and often emotionally charged. Price transparency is important, but it must not come at the expense of quality, trust, or welfare.

The CMA's proposed approach treats veterinary care as a set of disconnected transactional elements (consults, drugs, procedures), rather than an integrated professional service where each part supports the other. This model has worked successfully for decades, ensuring affordable veterinary care and broad access. And where successful practices thrive when they meet the needs of the local population and their pets.

To reform such a system responsibly requires time, investment, and sensitivity—not blanket mandates that risk harming the very clients and animals they are meant to protect.

## 1. Publication of Comprehensive Price Lists and Ownership Disclosure

Intended Benefit: Greater transparency for consumers and clearer market understanding.

Concerns:

- Full price lists are difficult to present meaningfully given the variability in clinical cases and the bespoke nature of veterinary care.
- There is a risk of oversimplification, leading clients to make decisions based on headline prices rather than quality, safety, or outcomes.
- In a race to the bottom, published prices become loss leaders, resulting in an imbalance of fees for other services.
- Publishing ownership structures is positive in principle, but must be clearly defined. For LVGs, the linkage between practice and pharmacy ownership should be made explicit to avoid misleading clients about where profits flow.

Proportionate Alternative:

- Require publication of “representative pricing ranges” for basic procedures (consults, vaccinations, neutering) rather than exhaustive lists.
- Mandate LVGs to disclose corporate ownership, and pharmacy, laboratory or crematoria links prominently on their websites and invoices.

## 2. Making it Easier for Pet Owners to Access Cheaper Medicines Online

Proposal includes:

- Mandatory written prescriptions for repeat medicines,
- Obligation to tell clients about potential online savings,
- Cap on prescription fees at £16.

Concerns:

- These measures burden independent practices, which must cover the administrative and legal costs of prescribing safely.
- Consultations will become cluttered with pricing discussions that detract from clinical care.
- For many clients (especially elderly or vulnerable), online ordering is confusing or impractical.
- The £16 cap is arbitrary and inconsistent with market principles. Urban practices with higher cost bases will be unfairly penalised.
- Vertical integration means that LVGs owning pharmacies will recapture lost margins through online sales, distorting competition further.

Animal Welfare Implications:

- Delays and supply-chain risks, including cold-chain breaches during heatwaves, pose real welfare threats.

- Reduced practice margins will lead to higher consultation and other professional fees, discouraging early presentation and preventive care.

#### Proportionate Alternatives:

- Pilot automatic prescription and price-capping within LVGs first, where the largest potential conflicts of interest exist.
- Introduce changes gradually over 24–36 months, allowing fee models and client behaviour to adapt.
- Invest in a national secure e-prescription platform integrated with practice software to prevent fraud and streamline workflow.
- Allow practices to set their own prescription fees according to local costs and competition, rather than imposing a national cap.

### 3. Written Price Information for Treatments Over £500 and Itemised Bills

Intended Benefit: Greater clarity for pet owners choosing between treatment options.

Concerns:

- In principle this is fair and reasonable, and many practices (including ours) already provide this.
- However, the CMA must recognise that veterinary care is iterative—costs can evolve as cases develop.
- Mandating detailed estimates mid-consult may be impractical in emergencies or when diagnostic outcomes are uncertain.

Proportionate Alternative:

- Require written estimates for planned elective procedures over £500, not for emergency care.
- Encourage clear communication standards via RCVS guidance rather than legal compulsion.

#### 4. Enhancing the RCVS “Find a Vet” Website to Include Price Data

Intended Benefit: Allowing consumers to compare practice prices nationally.

Concerns:

- Raw price data does not reflect quality, standards, or accreditation and may mislead the public.
- Practices offering advanced services (CT, laparoscopy, ophthalmology) will appear “expensive” without context.
- Risk of race-to-the-bottom pricing, undermining investment in staff, facilities, and training.

Proportionate Alternative:

- Pair price data with RCVS Practice Standards Scheme tiering (e.g., Core, GP, Hospital) to give clients meaningful context.
- Allow practices to include quality indicators and service scope alongside prices.

## 5. Price Transparency for Cremation Services

Position:

We support this measure. It is compassionate and proportionate. Clear options and written costs for cremations are already standard at Pet People and should be universally applied.

## 6. Pricing Breakdown for Pet Care Plans

Intended Benefit: Helps clients judge the value of health plans.

Concerns:

- Some care plans such as ours are, bundle services (consultations and administrative fees) with preventive products and services. Full itemisation risks confusing clients and discouraging preventive care uptake.
- Many plans already offer significant discounts on parasiticides and vaccines; revealing cross-subsidy structure may reduce participation and undermine preventive healthcare and general access to veterinary care.

Proportionate Alternative:

- Permit flexibility for practices to present plans in ways that suit their clinical and pricing model.

## 7. Recommendation to Reform the Veterinary Surgeons Act

Position:

We fully support modernising regulation to cover veterinary businesses as well as individuals.

However, any new regulatory powers should be designed to support good governance and quality improvement, not merely to enforce price transparency or consumer law compliance. The RCVS must remain a professional regulator, not a price regulator.

## Conclusion and Recommendations

Pet People Vets strongly supports the principles of openness and fairness, but the CMA's proposals require refinement to avoid disproportionate harm. We recommend that the CMA:

1. Recognises the integrated economic model of veterinary care, where medicine sales support clinical services and accessibility.
2. Implements changes gradually, over at least 24–36 months, allowing for IT development, public communication, and fee recalibration.
3. Pilots remedies within LVGs first, to assess real-world impact and prevent market distortion.
4. Mandates ownership transparency for LVG-owned pharmacies, laboratories, crematoria and associated referral chains.
5. Abandons the prescription fee cap, allowing local market competition to operate. (Which should be the cornerstone of effective competition)
6. Supports the creation of a national e-prescription platform to enable secure, efficient prescribing.
7. Ensures that price data published via RCVS portals is contextualised by quality metrics, not presented in isolation.

If implemented with sensitivity and realism, these measures could improve transparency without sacrificing welfare, trust, or harm the sustainability of Britain's independent veterinary practices.