

South Moor Vets

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Friday 14th November 2025

Competition and Markets Authority
Victoria House
Southampton Row
London
WC1B 4AD

Re: Consultation Response to the CMA's Provisional Decision Report and Remedies

Dear Sir/Madam,

Thank you for inviting feedback on the CMA's Provisional Decision Report and proposed remedies. As South Moor Vets, a traditional, independently owned, truly mixed, multi-centre practice serving our communities for decades, we welcome the opportunity to respond to this important consultation.

We pride ourselves on responsible, sustainable growth, deep-rooted community relationships, and a long-standing ethos of supporting and developing our staff while delivering high-quality veterinary care. Our response reflects the realities of independent practice, where continuity, trust, and close community connections are central.

While we support the CMA's overarching aims of transparency, fair competition, and improved client understanding, several proposed remedies raise concerns around proportionality, practicality, and potential unintended consequences — especially for independent practices like ours, which operate with very different structures and values compared with large veterinary groups (LVGs).

Below we outline our key points.

1. Ownership Transparency (Remedy 1)

We fully support greater ownership transparency. However, we do not believe the current proposal goes far enough. The LVG's brand should be prominent and primary, not secondary. Terms such as "part of a group" should be replaced with the clearer "owned and controlled by." Historically, ownership details were displayed at practice entrances; returning to this level of clarity would benefit clients.

2. Publishing Practice Information (Remedies 2a-2d)

We support transparency but have concerns:

- The administrative burden will be substantial.
- Current PMS systems cannot support the automation required.
- LVGs may manipulate published prices using loss-leader strategies.
- Price-comparison formats oversimplify clinical complexity and may mislead clients.

3. RCVS "Find a Vet" Data Publication (Remedy 3)

We support improved accessibility but emphasise that all data submission must be automated, not manually uploaded.

4. Pet Owner Satisfaction Survey (Remedy 4)

We support independent benchmarking but note that comparisons must reflect the wide variability across independent practices.

5. Estimates and Billing (Remedies 5a-5b)

We support clearer estimates and itemised billing, but request clarity on responsibility for referral-related estimates. PMS systems need development to deliver the required itemisation safely.

6. Clinical Independence (Remedy 6)

We strongly support this remedy. Clinical autonomy is essential to maintaining client trust.

7. Prescription Information Requirements (Remedy 7)

While we support transparency, we have several concerns:

- Mandatory price-related statements may mislead clients.
- Requiring verbal disclosure in every consultation is disproportionate.
- Extended SMS text incurs unnecessary cost.
- Mandatory direction to online pharmacies — many LVG-owned — risks accelerating market consolidation.

8. Faster Written Prescriptions (Remedy 8)

We support timely prescriptions but note:

- PMS systems cannot currently generate prescriptions efficiently.
- Increased prescription volume increases fraud risk.
- The £16 fee cap does not reflect the time needed for accurate checking, especially for multiple medicines.
- Additional workload will increase consultation time and client costs.
- Loss of medicines income will raise the cost of OOH provision.

The CMA's modelling does not fully recognise these "waterbed effects."

9. Own-Brand Medication Clarity (Remedy 9)

We fully support this remedy.

10. Default Prescription Choice (Remedy 10)

Reasonable in principle, but only workable with proper automation to avoid excessive administrative burden.

11. Prescription Fee Cap (Remedy 11)

While we understand the intention:

- PMS limitations increase workload.
- The £16 cap does not reflect the time required for prescription safety.
- Other fees, including consultations and OOH services, will inevitably increase.
- Clients are unlikely to see genuine savings.

12. OOH Contract Notice Periods (Remedy 12)

We strongly support this remedy.

13. Cremation Transparency (Remedy 13)

We already practise full transparency. However, enforcing price discussions at times of grief may undermine client trust. Clarification is needed regarding the definition of a “working day” for cooling-off periods.

14–16. Complaints and Mediation (Remedies 14–16)

We support improved redress pathways but note:

- VCMS performance is variable.
- Capacity and quality assurance must be addressed.
- Costs should be based on usage, not practice size.
- Automated data submission is essential.

17. New Statutory Regime (Remedy 17)

We support reform, with emphasis on:

- A proportionate, outcome-focused Practice Standards Scheme.
- Avoiding excessive administrative burden.
- Ensuring representation across all types of veterinary practice in future regulation.

Out-of-Hours Profitability

OOH work often operates at low or negative margins, historically supported by medicines income. Reductions in this income will inevitably increase OOH costs — something that must be recognised during remedy design.

Conclusion

South Moor Vets welcomes efforts to enhance transparency and client choice. However, several proposed remedies risk creating disproportionate administrative burdens for independent practices, increasing costs for clients, restricting clinical autonomy, and unintentionally strengthening LVG dominance. We are concerned about the impact on accessibility to veterinary care in the first instance, if service costs need to increase.

We encourage the CMA to ensure all remedies are proportionate, practical, and grounded in the realities of frontline veterinary practice.

We would be happy to discuss any aspect of this response further.

Yours faithfully,

The Directors

South Moor Vets