

Competition and Markets Authority investigation into veterinary services for household pets: joint response to the CMA commissioned consumer research

1. The British Veterinary Association (BVA) is the national representative body for the veterinary profession in the United Kingdom. Our mission is to represent, support and champion the whole UK veterinary profession. We are a professional body, and our members are individual veterinary surgeons. We take a keen interest in all issues affecting the profession, including animal health and welfare, public health, regulatory issues, and employment matters.
2. We welcome the opportunity to respond to the findings of the CMA commissioned consumer research, which involved 70 customers of veterinary practices who had previously taken part in the CMA's Vet Users Survey in late 2024. Prior to the publication of the Vet Users Survey we raised concerns that in several cases the wording or structure of questions may influence the answers given by respondents and may inadvertently encourage negative responses. We recommended ensuring that questions were phrased in a neutral manner and that respondents were provided with a wider range of options, including open-ended responses as this approach would help to capture a more balanced and authentic set of views, thereby reducing the risk of response bias. As such, we consider this additional qualitative approach a useful addition to the process of developing the final set of remedies, although we also recognise that the insights offer a directional view rather than a statistically representative one.
3. Our response has been compiled jointly with four of our specialist divisions and affiliate organisations, for which the investigation has the most relevance:
 - The British Small Animal Veterinary Association (BSAVA) which has a membership of 11,000 individuals mainly comprised of veterinary surgeons working in small animal practices treating household pets but also includes registered veterinary nurses (RVNs) and student veterinary surgeons and nurses. Its mission is to enable the community of small animal veterinary professionals to develop their knowledge and skills through leading-edge education, scientific research, and collaboration. It works closely with BVA to represent and support the profession in specific areas of relevance to small animal practitioners.
 - The Society of Practising Veterinary Surgeons (SPVS) whose mission is to provide a supportive membership community offering representation and industry-leading guidance for leaders in veterinary practice.
 - The Veterinary Management Group (VMG), who are the UK's leading representative body for veterinary professionals working in leadership and management roles.
 - The British Veterinary Nursing Association (BVNA) is the independent membership organisation providing services to and representing the veterinary nursing community with 6,500 members. We have a strategic alliance, and their mission is to empower veterinary nurses to develop as individuals and increase their impact on the profession and animal welfare.
4. Although the remedy information included in the report has some difference in detail from that published in the Provisional Decision Report (PDR), and the research is not designed to predict

the precise impact or effectiveness of the concepts under discussion, we consider that there are some useful insights which give additional weight to some of the concerns we have already raised in our response to the PDR. These are set out below.

Satisfaction survey

5. In our response to the PDR, we expressed significant reservations as to the real value of survey results which display independents as a cohort, and LVG practices at a group level. Although we understand the aim of providing pet owners with trusted, independent insights into customer experience, covering aspects such as service quality, satisfaction, and perceived value, we remain unconvinced that the proposed approach will yield meaningful results, or deliver effectively on the stated aim. We have suggested that linking RCVS Find-a-vet to net promoter scores, allowing pet owners to compare these, alongside other practice characteristics, for specific individual practices in their area, would be more beneficial and much less costly.
6. We note that the consumer research shows overall interest and support for the idea of a customer satisfaction survey was limited. While some saw value in comparing large groups' overall feedback, many suggested the results would not influence how they chose their veterinary practice given the lack of granularity offered by group-level data. Only a minority saw themselves using it and most preferred practice-level reviews that reflect personal, individual experiences at a specific practice. We also note that several respondents were sceptical that the survey would be conducted fairly and could be open to manipulation with only those customers likely to give a good rating being asked to participate. There was also recognition that reviews could be skewed by minor complaints, and that scores might lack context or nuance.
7. We continue to hold the view that the proposed consumer survey is highly unlikely to be effective in addressing the problem the CMA have identified. Whilst linking to net promoter scores and/or Google reviews is also imperfect and will also inevitably be skewed by individual complaints where context is lacking or has been misrepresented, it is likely that consumers' familiarity with this approach to informing purchasing decisions will mean that refining the remedy in this way will deliver value, within the limitations of online reviews, at no additional cost.

Key message: The proposed survey suggested in the PDR is unlikely to be effective. Requiring links to NPS and/or Google reviews via RCVS Find-a-vet could be more meaningful for consumers.

Mandatory pricing information

8. Throughout the investigation we have been clear that publishing a price list for the more routine services can help to build client trust and act as a starting point to prompt and facilitate open conversations about contextualised care, as well as help support the wider veterinary team to discuss costs with clients. In our response to the CMA's Potential Remedies Working Paper, we outlined significant concerns that the approach proposed was too complex and would not bring increased clarity for clients. The PDR showed that careful consideration had subsequently been given to the feasibility of different elements of the remedy, which we welcomed. However, we remained concerned that some of the procedures listed were likely to involve a significant number of variables, which would make it extremely challenging, and potentially misleading, to indicate a set price. In other cases, the number of component parts and scope for significant variation in cost was such that we recommended exclusion from the list as inclusion would require a level of detail which would be meaningless to the vast majority of owners. There were also some procedures listed which simply misrepresented how owners purchase veterinary services.
9. We note that, unsurprisingly, the consumer research shows that participant reaction to the proposal to require veterinary practices to provide price information for common veterinary

services on their websites was strongly positive. Respondents welcomed the idea of clearer, upfront pricing as a means of improving transparency, reducing the potential for anxiety or awkwardness around requesting pricing information, and empowering pet owners to make informed decisions. We also note that some concerns were raised that price lists could be inaccurate for complex treatments, and several respondents suggested it would be hard to calculate costs for treatments which combined multiple services.

10. We consider that these findings support the outstanding concerns we detailed in our response to the PDR and during our recent formal hearing, and that further refinement to the proposal is essential to ensure that the final remedy will be both proportionate and effective, delivering meaningful information to consumers which increases clarity rather than obfuscates. Following the hearing we wrote welcoming the CMA's clear indication of willingness to further review the detail of the proposal, and we look forward to engaging further on plans to progress a focus group to refine the remedy.

Key message: The proposals relating to standardised price lists need further refinement in order to bring clarity for consumers and facilitate like-with-like comparisons.

Comparison website

11. In our response to the PDR, we expressed support for the requirement for FOPs and referral centres to submit key practice information to the RCVS for publication on Find-a-Vet. Having previously been clear that we would not support an open data solution for third parties to access, we retain some reservations regarding the intention to allow approved organisations to access and use the data to develop comparison tools and guidance.
12. The consumer research identified broad interest in the proposal to develop a comparison website, presented to the focus groups as potentially being hosted by RCVS. However, a majority considered quality metrics (eg reviews or performance ratings) to be the most important information when making a decision about veterinary care. Suggestions in the report that a comparison site is less well suited to veterinary services than other sectors where decisions are predominantly price-driven, such as energy or insurance, very closely align with concerns we raised early in the investigation in response to the CMA's Issues Statement. It is interesting to note that many respondents considered continuity of care essential for their pet, which aligns with our previously expressed view. It is understandable that pet owners would consider changing vets on a frequent basis or 'shopping around' as unrealistic.
13. We have been clear throughout that a 'one-size-fits-all' approach in the shape of a comparison tool for pricing and quality information risks diminishing the value of veterinary care and fails to take into account the critical importance of contextualised care, including animal factors and human factors, all of which must be balanced with the skills and equipment that are available within a practice as well as potential referral options. We maintain this view.
14. In light of the consumer suggestions that inclusion of customer reviews, service ratings, and accreditation details alongside pricing would represent improvements to the proposal, and the consumer support for RCVS hosting as an indication of legitimacy (noting that some well-known comparison sites include disclaimers indicating that the results displayed may prioritise businesses offering the highest commission payments), we consider that comparison via an enhanced Find-a-vet, hosted by RCVS, remains the most proportionate and effective solution.

Key message: Comparison via an enhanced Find-a-vet, hosted by RCVS, remains the most proportionate and effective solution for consumers.

Maximum prescription charge

15. In our response to the PDR, we were clear that we cannot support a cap on prescription fees which is significantly lower than the recognised market median, nor can we support the cap being applied per consultation, regardless of the number of products prescribed.
16. The 'key takeaway' in the consumer research states a strongly positive reaction to the proposal to impose a maximum prescription charge, presented to the focus groups as being potentially towards the lower end of a price range of between £10 and £30. This reaction is entirely understandable but must be set against the clear lack of understanding amongst respondents of what is required to write a prescription – described in the report as “*a basic veterinary service that does not incur much labour and, as such, should not carry a high cost*”. As we have previously explained, this is simply not the case. When a client requests a prescription, the vet is required to take the time to check the animal is under their care, review the clinical notes, assess the clinical need for ongoing medication, check the dose, and only then if the vet is satisfied that medication is required can they issue the prescription. The RCVS consider veterinary certification, of which a prescription is a form, to be one of the highest levels of professional responsibility and should not be taken lightly or undervalued.
17. We also note that a few of the respondents did recognise that it is fair that vets make money from their expertise and were concerned that businesses might suffer as a result of the proposal. A couple also suggested that vet practices may increase prices for other services (such as consultations) instead, if they are required to charge less for issuing prescriptions. This reflects our concern that a cap on prescription fees, particularly if set lower than the market median, will likely lead to costs being offset elsewhere, with the cost of accessing veterinary care increasing so any perceived benefit to clients will likely be lost. It is clear that whilst consumers would almost certainly warmly welcome a prescription fee cap, this reaction is not necessarily based on a complete understanding of likely impact, and once implemented could lead to negative impacts, particularly for those who do not have pets on long-term medication.
18. Following the hearing we wrote welcoming the CMA's clear indication of willingness to look again at the data informing the proposed cap on prescription fees of £16 (inc VAT). We have previously provided evidence from the SPVS fees survey which found the average prescription fee to be around £18 + VAT in 2023. The SPVS fees survey 2024 shows a median of £18.75 + VAT, and the emerging findings from the SPVS fees survey 2025 show a median of £19.25 + VAT. We would also like to see the remedy design account for the professional time required to prescribe multiple products per consultation, with a percentage increase of the agreed cap permitted for each additional product prescribed.

Key message: Any cap on prescription fees must fairly reflect the professional work and responsibility in writing a prescription. A cap below the market median is likely to result in increased costs elsewhere, and inadvertently have a negative impact on access to veterinary care

Prescription defaults

19. In our response to the PDR, we agreed that pet owners should be given a chance to choose whether their default for repeat prescriptions is a written prescription or medication dispensed in-clinic. However, we were not convinced that requiring all veterinary businesses operating FOPs to contact their registered customers at specified times and ask them to choose their default option for repeat prescriptions represented a proportionate or effective remedy. In particular we expressed concern that the proposal could introduce an administrative burden in practice which was largely ignored or misunderstood by pet owners.

20. We note that the consumer research indicated limited resonance among participants – with only a few perceiving usefulness of this remedy. Participants more commonly emphasised the importance of offering pet owners a choice of prescription type each time a prescription is issued, rather than it being assigned automatically. This supports our view that effective implementation of Remedy 7 could negate the need for Remedy 10 in the PDR.
21. It is notable that most respondents also agreed that asking veterinary practices to indicate when medicines are ‘significantly more expensive’ in-practice fell beyond their remit. This aligns with our strong objection to the proposed requirement for veterinary practices to proactively promote competitors including online pharmacies to the detriment of their own business or attest to savings or potential savings elsewhere.

Key message: The proposal for a default prescription preference is likely to be misunderstood or cause confusion for consumers. Offering choice each time a prescription is issued will be more effective in delivering informed consumer choice.

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