

VETERINARY SERVICES FOR HOUSEHOLD PETS MARKET INVESTIGATION

Summary of the Competition and Markets Authority (CMA) hearing with Medivet held on 2 December 2025

Introduction

1. Medivet stated that its goal was to provide responsible, constructive, and evidence-focused input, aligned with pet owners' interests and with transparency as a core theme.
2. Medivet said it agreed with the CMA's overall objective and believed the investigation had already exerted a positive impact on the veterinary sector.
3. Medivet said continuity of the vet–client–patient relationship (described as “stickiness”) was important and said that continuity supported consistency and quality of care rather than hindering competition. Medivet said that certain proposed remedies risked weakening that continuity.
4. Medivet also said public commentary and media headlines had had an effect on clinical practice, arguing that publicising certain data (citing the CMA's econometric analysis) could shape perceptions of clinicians and contribute to tension in consulting rooms if, in Medivet's view, the data underpinning those figures were not sufficiently robust.

Medivet's position on the sector and the CMA's provisional decision report

5. Medivet said it felt the results from the CMA's pet owners survey indicated that there was a high degree of choice of vet clinic and understanding about the options to buy medications online.
6. Medivet stated that veterinary services shared characteristics with (human) healthcare, such as regulated professionals, medical diagnostics, surgical facilities, preventative care, continuity of care, and outcomes focused models. It asked that remedies and comparators reflect these characteristics.

7. Medivet stated it had concerns about the CMA's inflation analysis. It said that comparing veterinary price trends to general services inflation was inappropriate, and that veterinary services resembled healthcare more than general services. Medivet asked the CMA to consider comparators which reflected healthcare sectors.
8. Medivet also said that the CMA's analysis attributing a 16.6% differential to acquisitions by large veterinary groups was based on insufficiently granular insurance claims data and non-like-for-like comparisons. It referred to invoicing practices in hub-and-spoke models (for example, attributing hospital or out of hours work to first opinion practices) and said that independent vets might submit two claims where large veterinary groups might submit one, thereby affecting comparability.

Remedies

9. Medivet stated that the UK veterinary services market was competitive and did not display structural competition problems. In Medivet's view, the appropriate focus of remedies was to empower pet owner decision making rather than to encourage switching between practices.
10. Medivet supported ownership transparency and targeted price transparency as the primary tools to strengthen competition. It felt that enforcing strong transparency measures would make other proposed remedies unnecessary.
11. Medivet said there were wider sector dynamics, including declining pet ownership and the need for practices to compete for loyalty through quality care, fair competition, and clear information. Medivet said that, when designing remedies, consideration should be given to clinical realities (for example, the difficulty of setting fixed headline prices for complex procedures) and to the importance of continuity of care.
12. Medivet said that rather than an extensive package of many remedies, a smaller number of high impact, specific measures would likely be more effective and feasible to implement.

Remedy 1: Ownership transparency

13. Medivet said it supported the measures for ownership transparency. However, it stated that the proposals set out in the Provisional Decision Report were too general and at risk of being "worked around". It asked for prescriptive, enforceable rules that clearly indicated common ownership or control across sites, referral links (including to online pharmacies), and related services such as crematoria.

14. Medivet stated that clarity should be mandated across signage, websites, and in-practice materials so that pet owners could readily identify whether a first opinion practice was independent or part of a large veterinary group.

Remedy 2b: Standardised Price List

15. Medivet said it supported price transparency where appropriate but that the proposed 48 item list was too broad. It favoured a core basket of common services that pet owners could compare and suggested the list should steer away from complex surgeries with variable paths and add-ons. Medivet offered to work with the CMA (including participation by clinicians) to refine the list and definitions.

Remedy 4: National pet owner survey

16. Medivet stated that national level averages were of limited use to pet owners who choose locally and therefore preferred “hyperlocal” indicators. Medivet suggested leveraging existing signals (such as online review platforms or Net Promoter Scores).
17. Medivet said there were risks of manipulation and therefore a need for rules or external oversight to ensure comparability and integrity.
18. Medivet supported the use and display of the RCVS Practice Standards Scheme accreditation as a reliable, standardised, at a glance indicator of quality, alongside transparency of ownership.

Remedy 7: Oral reminders on written prescriptions

19. Medivet said that enforcing a scripted reminder about written prescriptions in the consulting room would introduce administrative burdens and could divert clinical focus at a sensitive moment. Medivet accepted that vets often already have these conversations in context but said it was uncomfortable with mandating a specific oral reminder.
20. Medivet said it preferred written communications outside of the immediate consult (posters, notices, digital materials) to build awareness consistently.

Remedy 11: Prescription fee price cap

21. Medivet said that clinical judgement should determine the duration of prescriptions (“the maximum clinically suitable”) and said that rules that were too prescriptive could intrude on professional responsibilities.

22. Medivet also raised the possibility of “waterbed effects”. If prescriptions were capped or rightly restrained, Medivet said prices elsewhere might rise to maintain viability.

Closing remarks

23. Medivet said it agreed that regulatory reforms were needed and should be effected through legislation, but that that this should be left to the Royal College of Veterinary Surgeons (RCVS), Department for Environment, Food & Rural Affairs (Defra), and the British Veterinary Association (BVA).
24. Medivet reiterated its disagreement with the CMA’s provisional price differential analysis (16.6% difference between LVGs and independents) and requested that the CMA revisit this before the final report. It emphasised its points regarding ownership transparency. Medivet agreed to engage with the CMA in more focused, technical discussions about the proposed remedies.