

VETERINARY SERVICES FOR HOUSEHOLD PETS MARKET INVESTIGATION

Summary of the Competition and Markets Authority (CMA) hearing with Linnaeus held on Monday 1 December 2025

Introductory remarks

1. Linnaeus supported many of the proposed measures to improve transparency and regulatory reform but remained concerned about the feasibility of implementing some of the proposed remedies and unintended consequences.
2. Linnaeus said there was no doubt that other veterinary businesses would be in the same position. It further stated that measures encouraging online medicine purchases could shift revenues towards online pharmacies, including those owned by some large veterinary groups (LVGs), handing those organisations a structural advantage in the market.
3. Linnaeus said that the CMA's findings that certain LVGs made excessive profits did not mean that the rest of the market could take on significant additional costs or lose revenues without impacting the prices for pet owners. It said that it was crucial that this was taken into account when considering proportionality.
4. Linnaeus said that it was not surprised that the CMA's provisional findings found that there was no evidence that the average prices at Linnaeus' practices increased faster following their acquisition, and that its profits had not exceeded a reasonable level over the past five years.
5. Linnaeus was concerned that aspects of the remedies relating to price lists, Find a Vet and comparison sites, and the RCVS survey would lead to poorer outcomes for pet owners.
6. Linnaeus stated that competition occurred at a local level and that it competed heavily for clinicians.

Transparency on price and quality

7. Linnaeus was supportive of increased price transparency for key treatments and services where it is possible to clearly define the treatments or services. Linnaeus said it was important that a price and quality comparison was meaningful and it supported helping owners making informed choices when selecting vet practices. However, Linnaeus was concerned that aspects of the current proposals could distort competition and mislead consumers. It also considered that it was important not to introduce an administrative burden on practices.

Price lists for standard services (Remedy 2(b))

8. Linnaeus considered that some of the complex procedures on the standardised price list could mislead pet owners unless inclusions and exclusions were clarified and standardised, enabling meaningful like-for-like comparisons. Linnaeus suggested that the CMA worked with the Royal College of Veterinary Surgeons (RCVS) to develop guidance and definitions for complex items.
9. Linnaeus said it was concerned about the description of certain items on the price list, for example, some x-rays did not include sedation. Linnaeus indicated that the standardisation of services on the price list was achievable if definitions focussed on elements that mattered to owners (e.g., whether consultations, post-operative care, or analgesia were included in the price) without reducing clinical quality. Linnaeus considered that an RCVS-led, collaborative process that brought together veterinary organisations (BVA, BSAVA etc), large groups and independents would be a credible route to secure consensus.

Price comparison platforms (Remedy 3)

10. Linnaeus said that veterinary services were not a commodity. They involved complex, individualised treatment plans that required continuity of care, clinical standards and trust in the veterinary team. Linnaeus warned

that a disproportionate emphasis on price could encourage decisions based solely on cost. It said that it was therefore crucial that any comparison platform displayed quality indicators alongside price – for example, RCVS Practice Standards Scheme accreditation and a standardised net promoter score (NPS) at practice level. Linnaeus also considered, for example, cat and dog friendly schemes as indicators of standards within its practices.

11. Linnaeus disagreed with data being made available to commercial third parties, noting risks of monetisation and misaligned incentives, and indicated that an RCVS-hosted platform would be trusted by the profession.
12. Linnaeus was concerned about an unintended negative impact on pet owners if disproportionate prominence were given to costs as this could lead to cost cutting measures which could result in reduced service quality, investment and access to diagnostic procedures and treatments.

Pet owner survey (Remedy 4)

13. Linnaeus considered that the proposed biennial RCVS-commissioned survey, which would publish results for large veterinary groups and for independents as an aggregated group, would distort consumer perceptions on the quality of practices. It believed that aggregated results would not reflect variability among different independent local practices and potentially within the same LVG which would give owners limited insight into the specific quality of practices in their local area which would be most important to them.
14. Linnaeus stated that the proposed survey would cause confusion and might reduce pet owners' reliance on more relevant quality indicators such as reviews, recommendations from family and friends, testimonials from other pet owners who had visited the practice and clinical quality accreditations of local practices. It said that the survey would also perpetuate the sentiment that LVG practices were a homogenous group

- which was inaccurate and misleading. In addition, questions referencing ownership could bias responses and do a disservice to practice teams.
15. As an alternative, Linnaeus suggested publishing standardised NPS scores collected by practices, with RCVS oversight through monitoring or spot checks. It said that this would give pet owners access to straightforward, consistent and relevant metrics to compare customer satisfaction levels for their own local practices.
 16. Linnaeus stated that it had not considered the exact costs or quantification of this alternative survey but noted that it would need to invest in its Practice Management System (PMS) across its estate. Linnaeus said that it asked NPS questions on a scale of 0–10 after visits, sometimes with optional follow-ups to contextualise scores.

Prescriptions and prescription fees

Written prescriptions: timing and format (Remedy 8)

17. Linnaeus expressed concern about the CMA's proposals relating to written prescriptions and the prescription fee which it said was reflected across the wider industry. Linnaeus said the proposals risked significantly increasing the administrative burden on vets without delivering benefits to pet owners. It was concerned about the impact that these remedies would have on the profession and specifically the ability of vets to continue to deliver timely and safe care without being overburdened by administrative work.
18. Linnaeus distinguished between acute (urgent) and chronic (long-standing/repeat) cases. For acute cases, Linnaeus agreed with a requirement to issue prescriptions the same day. For chronic repeat prescriptions, Linnaeus said that a same-day requirement was not necessary and could introduce significant administrative burden on busy practitioners particularly if the consultation occurred towards the end of the day. It said that this requirement could have significant impact, requiring

vets to prioritise non urgent prescription paperwork over urgent clinical practice work. In most situations the health of pets requiring chronic or repeat prescriptions would not be impacted by a short delay and pet owners often had some remaining stock of the medicines at home. In Linnaeus' experience pet owners were typically content to receive their prescription digitally within a few working days.

19. Linnaeus considered that a requirement to provide digital copies of prescriptions for chronic conditions within three working days would be far more practical. This would balance operational realities with ensuring pet owners received prompt prescriptions.
20. Linnaeus noted that medicines dispensed on site were in effect a verbal prescription normally fulfilled by a suitably qualified person (SQP). The amount of detail contained in the label was therefore different to that required in a prescription for an online pharmacy.

Recording default preferences for repeat prescriptions (Remedy 10)

21. Linnaeus said it was concerned about the requirement to contact customers to record and annually refresh default preferences for repeat prescriptions. It considered this was unnecessary as many pet owners are already aware that they can obtain written prescriptions and there were regular touch points between the vet and pet owner. Vets already discussed options with pet owners when prescribing and at routine medication reviews (commonly at six-month intervals, subject to condition and medication). Linnaeus said that decisions taken outside the clinical context were less informed and that the remedy would impose a disproportionate administrative burden on vet practices without any obvious benefit to pet owners. Linnaeus also stated that the notion that the proposal was helpful for vets because it removed the need to introduce commercial aspects into the relationship was a false sentiment. It said that vets had an obligation to have the right conversation with pet owners at the right times.

Cap on written prescription fees (Remedy 11)

22. Linnaeus said that medicine margins should not be viewed in isolation because they contributed to the wider cost of delivering veterinary care and noted that it was not making excess profits.
23. Linnaeus said that its average written prescription fee was proportionate when compared with the average fee for a 15-minute consultation reflecting the expertise, professional time and responsibility required to prescribe safely. This was even more so if only a single fee could be charged, even when multiple drugs were prescribed. Linnaeus noted that where multiple drugs were prescribed, some practices charged an additional (lower) fee for subsequent prescriptions to reflect additional clinical time. It suggested that, if a cap was imposed, the CMA could consider allowing a capped “additional drug” fee within the price list.
24. Linnaeus said that there was deep concern across the profession about a possible shift of revenue away from vet practices and towards online pharmacies, including some owned by LVG competitors thereby creating a structural advantage. It said that practices that did not have an online presence could see a decline in revenue and might become unsustainable potentially reducing first opinion practice choice for the consumer.

Practicality and timing of implementation

Hard-copy requirements versus digital access

25. Linnaeus said that many of the remedies required hard copy materials to be displayed prominently or made available in practices. Linnaeus considered that the proposed volume of information to be provided was impractical, disproportionate, and potentially overwhelming for pet owners. It said the volume was disproportionate for several reasons. First, it was contrary to sustainability goals. Second, it could be a logistical challenge and administrative burden because practices did not always have the space to display the materials and it would be time consuming to regularly

update and print hard copy materials. Third, there appeared to be very limited benefit to the pet owner because they were generally not in the clinic when selecting, for example, their practice or out-of-hours services. Linnaeus believed that website links or a QR code would be more useful and provide easier access for clients.

Timing of implementation of remedies

26. Linnaeus said it was a misconception that as a large veterinary group Linnaeus would be able to implement remedies faster than other businesses. It was more complex to implement change across a large number of sites. Linnaeus said it would need to carefully consider the timing and sequencing of any change to minimise the impact to pet owners and its vet nursing and client teams.
27. Linnaeus said that a number of the remedies posed particular challenges for Linnaeus, for example:
 - (i) Remedy 10 (default prescription preferences) was dependent on upgrades which would take a minimum of 12 months;
 - (ii) Remedies 2(b)/2(c) (price lists, including parasiticides) – it would take up to six months for all practices to align price structures and standardise inclusions/exclusions;
 - (iii) Remedy 5(a) (written estimates) – it would take up to 12 months if detailed itemisation beyond broad categories was required; and
 - (iv) Remedy 5(b) (itemised bills) – it would take substantially more time if required to split out dispensing/administration/injection fees within medicine prices.
28. Linnaeus said that some of the proposed remedies would require a centralised view to enable Linnaeus to comply.

Concluding comments

29. Linnaeus said that care needed to be taken to ensure clients were still able to access veterinary care and an initial consultation. Linnaeus noted that not every consultation resulted in medication or in treatment, but it provided pet owners with the opportunity to have a conversation with a veterinary professional and decide further action if necessary.