

VETERINARY SERVICES FOR HOUSEHOLD PETS MARKET INVESTIGATION

Summary of the Competition and Markets Authority (CMA) hearing with Independent Vetcare Limited (IVC) held on 28 November 2025

Introduction

1. IVC noted its appreciation for the opportunity to meet with the Group and for the commitment to work collaboratively throughout the process.
2. IVC explained its intention to approach the hearing from an industry-wide perspective, focusing on proposals that could suit large veterinary groups and independent practices.
3. IVC stated that its presentation covered the remedies that IVC supported, those which IVC broadly supported with refinements, and those for which IVC had fundamental challenges and alternatives proposed.

Transparency and common ownership

4. IVC stated it supported the requirement to clearly display common ownership as drafted in the Provisional Decision Report (**PDR**) and did not think further discussion was necessary.

Standardised price lists

5. IVC explained that it supported standardised, comparable price lists and welcomed the changes made in the PDR. It requested several technical refinements to maximise clarity and comparability:
 - (a) Terminology: avoid “specialist” (a term with a defined professional meaning). IVC suggested “advanced treatments” to prevent confusion.
 - (b) Ultrasound entries: separate echocardiography (ultrasound-based) from ECG (electrical measurement) to prevent confusion.
 - (c) Point-of-care ultrasound: often an emergency tool with time-of-day cost variability; IVC queried its suitability for a standardised list.

- (d) Lateral condylar fracture surgery: extremely infrequent with wide case-by-case variation; IVC suggested deprioritising this line in favour of more common, comparable items.
 - (e) Cremations: practices may offer up to c. 80 combinations (add-ons, urns, mementos). IVC supported transparency but recommended that the standardised list remain concise and linked to fuller, itemised options provided separately (eg on a practice webpage or leaflet) to stay meaningful rather than overwhelming.
6. Regarding price lists for parasiticides, IVC cautioned that a preferred product list could be very large. IVC suggested listing a “top 10” or most used items rather than the full range, with deviations handled by transparency rules elsewhere. IVC also:
- (a) flagged advertising restrictions managed by the Veterinary Medicines Directorate and asked the CMA to ensure alignment with medicines regulations;
 - (b) supported clear disclaimers (eg prescription-only status, need to consult a vet); and
 - (c) noted ongoing work on environmental impacts of parasiticides and risk-based prescribing.
7. On concerns around over-prescription and pet care plans where parasiticides were included, IVC said that it followed current evidence and guidelines for pet care plans and parasiticides, and that uptake of pet care plans varied and many clients, especially those who might not need parasiticides, did not enrol.

Pet Care Plans

8. IVC said that it supported full transparency in pet care plans. IVC disagreed with using a two-consultation cap to calculate savings and instead proposed showing actual average usage for each plan type based on real data, enabling more informative comparisons. IVC noted:
- (a) averages differed by plan (eg a higher-tier plan saw more consultations on average, reflecting older or higher-needs pets);
 - (b) practices, regardless of size, should be able to access basic usage data via their practice management systems (**PMS**), even if producing polished statements required more advanced tooling; and

- (c) calculators that predicted future usage were less reliable for individual pets and risked creating a “race to the bottom” on advertised pricing or oversimplifying personalised care.
9. Considering how comparison resources could be used to assist new pet owners choose a veterinary practice, IVC suggested that practices could publish plan level average usage and savings transparently to aid comparisons, while statements generated at renewal would help clients assess ongoing value and consider plan switching where appropriate.

Find a Vet

10. IVC stated that it supported a single, accessible source that helped clients review details about different practice sites. IVC proposed that Find a Vet should include basic practice and service information, ownership transparency, simple accessible pricing with a prominent link to the full practice price link, and quality indicators that were meaningful to pet owners such as Royal College of Veterinary Surgeons (**RCVS**) Practice Standards Scheme (**PSS**) accreditation and results of a clinic-level client survey.
11. IVC cautioned against commercial incentives for third parties and against reducing price transparency to a few headline figures on the central site, because that could distort comparisons.
12. Regarding the use of PSS metrics given criticisms that the current scheme might be burdensome for some practices, especially smaller independent practices, and not sufficiently outcomes focused, IVC suggested that existing accreditation status was valuable to pet owners and would stimulate quality improvement. IVC clarified that it was not calling for mandatory accreditation.
13. IVC argued that 12 months was a more realistic timeframe for developing an enhanced Find a Vet service, noting the likelihood of resource demands on the RCVS during this time and suggested the benefit of a working-group approach.

Written estimates and written policies

14. IVC stated that it supported these remedies (requirement to provide pet owners with written estimates and itemised bills, and a requirement to have written policies in place to ensure veterinary professionals were able to act in accordance with their professional codes of conduct) as drafted in the PDR, and no further discussion was required.

Written prescriptions

15. IVC expressed support for this remedy and requested clarity on definitions such as “end of day”.
16. IVC indicated a general preference for digital over written prescriptions to reduce prescription fraud.

Own-brand medicines

17. IVC stated its support for this remedy (providing owners with information about alternatives to own-brand medicines) as drafted.

Awareness of alternative channels for medicines

18. IVC agreed with the general objective of this remedy (informed choice for pet owners) as expressed in the PDR but proposed delivering this primarily through clear signage, standard literature, and onboarding/annual communications, rather than a standardised verbal script in every consultation.
19. IVC suggested that a mandatory, scripted exchange would be transactional, place time pressure on short consultations, and risk misunderstandings from clients. IVC suggested an alternative to secure the same outcome could be making the option highly visible and by recording client preferences.
20. IVC said that if default preferences were recorded and regularly reconfirmed, repeating the same conversation in every consultation would add burden without improving transparency.
21. IVC emphasised the professional relationship and local business context, expressing concern that explicitly directing clients to competitor channels during the consultation would be uncomfortable and could undermine trust.

Default for remedy prescriptions

22. IVC stated that it supported recording a default preference at registration and re-checking periodically, with clear mechanisms for clients to change the default at any time.
23. IVC suggested that, rather than vets needing to confirm choices in the context of each consultation, clarity could be achieved via defaults recorded in the PMS and regular reviews, without mandatory scripted dialogue at every visit.

Prescription fee cap

24. IVC opposed a cap of prescription fees. It submitted that:
 - (a) the evidence of harm from current fees was not substantiated;
 - (b) transparency could drive competition on prescription fees without price control;
 - (c) a cap risked anchoring prices (eg at the median), thereby dampening competition;
 - (d) practices might rebalance prices elsewhere, creating unintended consequences; and
 - (e) making prescriptions more transactional could reduce care quality in pressured consultations.
25. IVC said that that comprehensive price list transparency (consultations, diagnostics and prescription fees) would allow pet owners to assess the total cost environment of a practice.
26. If a cap were introduced, IVC asked that it be time limited and accompanied by transparency so normal competition could reestablish itself.
27. When considering whether the overall medicines package might benefit large groups and online pharmacies disproportionately, IVC said that the CMA had found that online competition was 'fierce', and that advantages should be assessed in terms of outcomes for consumers rather than outcomes for owners of pharmacies.

Enhanced quality measures and pet owner surveys

28. IVC stated strong support for quality transparency and proposed a practice-level client survey as an effective and proportionate approach. IVC suggested that short survey (eg five or six questions) should be sent immediately after visits, with survey results published on websites, in practices, and on Find a Vet. IVC suggested that many practices already used customer relationship management (**CRM**) tools and that integrating a small survey would be possible without wholesale PMS changes.
29. IVC submitted that a practice-level client survey would be more robust and provide more timely information than a national survey. It would drive stronger local quality improvement and enable more informed comparisons by pet owners making choices about practices in their area.

30. IVC suggested that a practice-level survey could be lightweight and affordable.
31. IVC submitted that a group level, national survey gave limited actionable insight, could blunt competition among independents by averaging local performances, and risked high performing practices being masked by lower performing peers and vice versa.

Binding independent redress

32. IVC cautioned against introducing an ombudsman, citing cost, proportionality, and the effectiveness of already present routes such as mediation, insurers, the professional regulator, and the courts. IVC suggested that the Veterinary Client Mediation Service (**VCMS**) was already effective for most disputes and that adding an ombudsman might delay pragmatic resolution.
33. IVC said strengthening sector wide standards and mandating engagement with the VCMS would address concerns more proportionately. IVC suggested that decisions about any ombudsman function could be considered within wider regulatory reform, given interactions with professional codes and the legal status of animals in civil claims.

Complaints handling

34. IVC stated support for sector wide standards in complaints handling and for mandatory use of VCMS as a consistent, trusted route to resolution. It proposed making in-house processes more visible and standardised and sharing relevant metrics (eg with the regulator) to reinforce consistent, timely resolution.

Cremations

35. IVC supported the remedy (offering communal cremations alongside making owners aware of all end-of-life options), though noted that the 'cooling-off period' for pet owners to consider their decision might not be necessary.

Reforms to the regulatory framework

36. IVC strongly supported modernising the Veterinary Surgeons Act 1966.
37. IVC suggested that there was confusion among the profession around the two distinct roles of a Royal College that regulates, and that clearer separation between the professional leadership and regulatory functions of the Royal College of Veterinary Surgeons could be useful for the sector. IVC suggested

that external oversight of the RCVS by a body similar to the Professional Standards Authority in human healthcare could be helpful.

38. IVC noted that future regulation should be principles based, future proofed for allied professional roles, and cost conscious for registrants

Vertical integration and online pharmacies

39. IVC stated that the existing transparency remedies would inform clients about online choices and that it might not be appropriate for vets, under their professional code, to recommend specific online pharmacies.