SPVS Supplementary Response to the Draft Substantive Order and Undertakings

Business impact, proportionality and effective implementation
Society of Practising Veterinary Surgeons (SPVS) | August 2026 | Version 3

Purpose of this submission

SPVS supports the BVA response to the draft Substantive Order and Undertakings and does not seek to duplicate its detailed drafting comments. This supplementary submission adds the practice-business perspective: how the remedies can deliver greater transparency, informed choice and stronger competition while avoiding unnecessary administrative cost, loss of clinical capacity and unintended effects on access to veterinary care. The evidence base of this submission is based on SPVS member surveys and feedback.

SPVS central proposition. Transparency, Choice and Competition are fully supported by SPVS members. The most cost-effective way to achieve these aims will be through sharing responsibility between veterinary practices and their clients, and through the adoption of proportionate, cost-effective remedies with minimal unintended consequences.

1. Overall position

SPVS supports the central objectives of the CMA remedies: greater transparency, better-informed client choice and effective action to address the identified adverse effects on competition (AECs). We also recognise the considerable work undertaken by the CMA, BVA and RCVS to refine the practical detail of implementation.

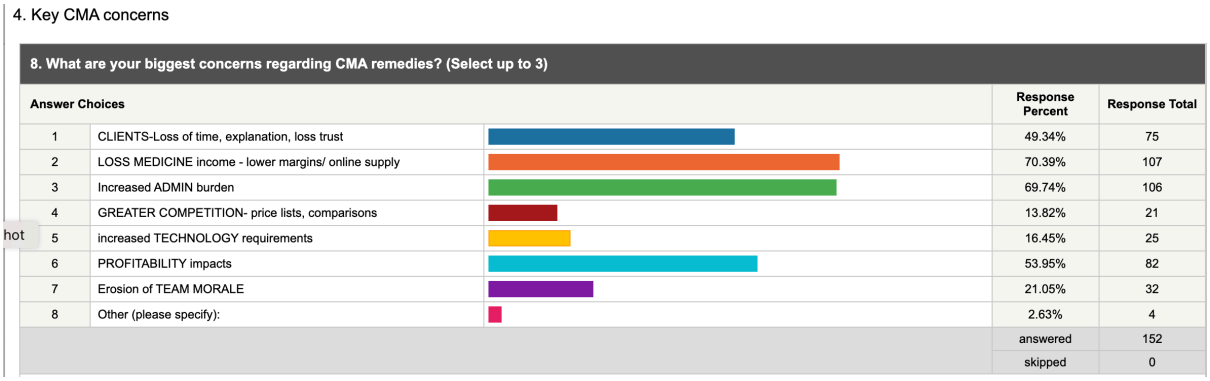
The BVA response addresses the detailed drafting issues, including the Written Prescription Notice and Flyer, definitions, estimates, scope, Find a Vet and monitoring. SPVS particularly supports the BVA's call for neutral and proportionate medicines messaging. Information intended to support client choice should inform rather than provoke and should not create avoidable conflict or distract from the clinical purpose of the consultation (BVA response, paragraphs 8-11). The proposed poster campaign has triggered a disheartening and emotional response from members who believe it unfair and disproportionate.

This is not a peripheral presentational concern. The proposed posters and flyers are one of the strongest areas of negative member feedback received by SPVS. Members are particularly concerned that the tone, scale and wording risk presenting balanced prescription-choice information as a warning about the veterinary practice itself, potentially provoking distrust and conflict within the consultation. SPVS strongly supports the BVA request for these materials to be substantially revised before implementation.

Our additional concern is how the cumulative requirements operate in real practices. The practical burden of delivering many of the remedies falls on the veterinary practice. If implementation is unnecessarily complex, the cost is not confined to administration: it can consume clinical and management time, reduce appointment capacity and ultimately increase the cost of providing care.

2. Proportionality must apply to delivery as well as policy intent

Feedback gathered by SPVS from members in connection with the 2026 CMA Roadshows identified administrative implementation as a major concern. Members also expected the impact to fall disproportionately on smaller practices, where there are fewer dedicated administrative staff, less sophisticated digital infrastructure and less spare capacity to absorb additional non-clinical work. The SPVS CMA Roadshow, which involved 160 delegates, revealed that increased administrative burdens were a major concern to independent practices.



4. Key CMA concerns

8. What are your biggest concerns regarding CMA remedies? (Select up to 3)

	Answer Choices	Response Percent	Response Total
1	CLIENTS-Loss of time, explanation, loss trust	49.34%	75
2	LOSS MEDICINE income - lower margins/ online supply	70.39%	107
3	Increased ADMIN burden	69.74%	106
4	GREATER COMPETITION- price lists, comparisons	13.82%	21
5	increased TECHNOLOGY requirements	16.45%	25
6	PROFITABILITY impacts	53.95%	82
7	Erosion of TEAM MORALE	21.05%	32
8	Other (please specify):	2.63%	4
		answered	152
		skipped	0

Fig 1. The primary concerns regarding CMA remedies

Many individual requirements may appear modest. The difficulty is their cumulative effect: repeated data entry, maintaining multiple price and information sources, additional written communications, changes to practice-management workflows, record review, staff training and repeated explanations to clients. A small additional task multiplied across every client journey and every working day becomes a material operating cost.

Much of this compliance burden is fixed or semi-fixed at practice level. A small independent practice may need to create the same notices, templates, processes and controls as a much larger organisation, but with far fewer people across whom the work can be spread. In smaller practices, compliance work is therefore more likely to displace the time of practice owners, clinical leaders and frontline teams.

Smaller practices are also disproportionately dependent on third-party practice-management, website and other software suppliers. They may be legally responsible for compliance while having little or no ability themselves to alter invoice formats, automate estimates, synchronise published prices or create new data fields until their supplier develops the necessary functionality. Implementation timetables and expectations should therefore take account of supplier readiness, not merely the date on which the veterinary business itself is expected to comply.

SPVS therefore asks that proportionality is considered not only when deciding what information clients should receive, but also when deciding how that information must be delivered. The relevant question should be whether a simpler route achieves substantially the same transparency, choice and competition benefit.

The particular concern raised by delegates was any Remedy that impacted on clinical time with the client. Vets are under increasing pressure to deliver more to clients every year and consultation lengths have already increased substantially over recent years.

3. Clinical capacity and opportunity cost are part of the impact assessment

Veterinary consultation time is a finite resource. If generic regulatory information must repeatedly be explained during consultations, or if mandated workflows become materially more complex, practices have only a limited number of realistic responses: lengthen consultations, reduce the number of appointments available, reduce the client base or add staff resource and cost, where premises and recruitment allow this.

SPVS uses whole-practice turnover divided by annual consultation volume as a practical illustrative measure of the economic activity supported by each consultation. On this basis, SPVS modelling indicates that a typical consultation supports approximately £200 of whole-practice turnover. This is not the consultation fee; it is a proxy for the wider clinical pathway and associated activity generated by that consultation.

The consequence is important. If additional process or communication requirements displace one consultation, the opportunity cost is approximately £200 of turnover alongside one fewer appointment available to a pet owner. Repeated across a working week or across the profession, apparently small additions to workflow can therefore have a substantial cumulative effect. If capacity is preserved by adding labour or extending working hours instead, the cost is transferred into staffing cost, pressure on teams and ultimately practice fees. If a practice moves from a 15-minute consulting model to a 20-minute consultation, the number of active clients supported per vet declines substantially.

Potential unintended consequence: more mandated process or repeated explanation leads to longer or more complex, costly client journeys. This results in reduced consultation throughput or higher staffing requirement, increased practice costs, pressure on fees and/or appointment availability. This has potential effects on affordability, access to care, timely treatment and animal welfare.

Example A: Itemised billing and fixed-price bundles

A specific example is the proposed requirement for itemised bills for fixed-price bundles. Many veterinary practice-management systems are not configured to display both the agreed bundle price and the normal standalone prices of individual components on the same invoice for information only. In some commonly used systems, an included component must appear either at £0 or at its normal selling price. Displaying the standalone price may therefore cause that amount to be treated as a charge rather than purely informational data.

In practice, this may require a veterinary practice to create a second bill, estimate or manual document simply to show the standalone component prices alongside the agreed package price. This effectively duplicates part of the billing workflow for every relevant bundled

procedure. For a small practice without dedicated administrative or IT resource, that is a significant recurring burden rather than a minor change to invoice presentation.

SPVS asks the CMA to test the fixed-price bundle requirement directly with the major veterinary PMS providers, provide worked examples of compliant bundled invoices, and confirm that practices will not be required to artificially apportion a package price between its component elements or generate a second document purely to satisfy the information requirement. It should be permissible to identify an item as **"included within the package price – not separately charged"** where appropriate.

Example B: Written estimates: retrospective costs, repeated review and shared responsibility

Written estimates provide a further example of how a sensible transparency objective can become administratively onerous in practice.

SPVS supports giving clients meaningful information about likely costs and keeping them updated as those costs change. Our concern is that the process should support, rather than obstruct, good cost communication. The proposed definition of a Treatment Pathway is both backward- and forward-looking, which can require the practice not only to estimate future expenditure, but also to identify and reconstruct costs already incurred in relation to the same condition. The required process should be capable of integration into normal PMS and clinical workflows without requiring clinicians or administrative staff repeatedly to recreate substantially the same information in multiple formats.

In many clinical cases this is not straightforward.

For example:

- A dog may already have incurred £350 in consultation, analgesia and initial diagnostic costs before a further £200 investigation is recommended. The formal estimate may therefore be triggered largely because of expenditure which has already occurred and for which the client has already received and paid an itemised bill.
- A cat with weight loss may undergo consultation, blood tests and urinalysis, followed later by repeat testing, imaging and medication as the diagnosis evolves. The practice must decide which previous costs belong to the same Treatment Pathway and at what point the threshold has been reached.
- A hospitalised patient may accumulate consultation, diagnostic, treatment and hospitalisation costs before a further procedure becomes necessary. Clinically, the priority is to contact the owner promptly, explain the change in circumstances, discuss the options and obtain informed consent. Reconstructing previous costs and producing a further formal document at the same time may duplicate, rather than improve, effective cost communication.
- A chronic patient may have repeated consultations, medicines, monitoring tests and dose adjustments over many months. Practices need clarity about how far backwards they are expected to look when determining the cost of that Treatment

Pathway and whether subsequent consultations require the pathway to be reassessed.

These examples illustrate a wider implementation concern. Unless practice-management systems can identify relevant historic expenditure and monitor the cumulative Treatment Pathway automatically, practices may have to undertake repeated manual review of the clinical record and account history simply to determine whether a formal estimate or update is required.

SPVS would therefore welcome explicit confirmation that a veterinary business is **not required to recreate or reassess the entire Treatment Pathway at every subsequent consultation**. An updated Written Estimate should only be required where there has been a material change in the anticipated pathway or costs sufficient to trigger the relevant requirement.

There is also an important question of proportionality and shared responsibility.

Where a pet owner has already been given an itemised bill, has been informed of the costs incurred and has paid those charges, it is reasonable to expect them to retain some awareness of their expenditure to date. SPVS does not suggest that this removes the veterinary business's responsibility to communicate clearly about costs. However, repeatedly reconstructing and reproducing historic expenditure which has already been transparently invoiced and paid may provide little additional consumer benefit while creating substantial administrative work.

The primary purpose of an estimate should be to help the pet owner make an informed decision about expenditure they have **yet to incur**.

Where historic expenditure is what causes a Treatment Pathway to cross the monetary threshold, a more proportionate approach could therefore be to allow the practice to summarise the position, for example:

"You have already spent approximately £350 investigating and treating this condition. The next recommended stage is expected to cost £200–£250."

The pet owner could then be offered a fuller written cumulative summary if they would find that helpful.

SPVS therefore asks the CMA to:

- introduce a clear and proportionate limit, or clearly defined start point, for the backward-looking element of a Treatment Pathway;
- provide worked examples showing when one Treatment Pathway ends and another begins, particularly where diagnoses evolve or secondary conditions arise;
- confirm that practices do not need to reassess the entire pathway at every future consultation unless there has been a material change sufficient to trigger an update;
- permit a simplified approach where the threshold is reached predominantly because of expenditure already incurred and clearly invoiced;

- allow historic costs to be summarised rather than recreated line-by-line where appropriate; and
- consider whether, in these circumstances, a fuller retrospective written summary could be provided on request or offered to the client, rather than being produced automatically.

This would preserve the intended transparency while recognising that effective cost communication is a shared process. Veterinary practices should keep clients informed about prospective costs and material changes, while clients who have already received clear invoices should not be assumed to have no knowledge of expenditure which has already been incurred.

SPVS therefore asks the CMA to treat clinical capacity and opportunity cost as relevant implementation considerations, rather than considering administrative burden solely as a direct financial compliance cost which can be readily mitigated. A remedy designed to improve consumer outcomes should, where practicable, avoid reducing the capacity of practices to provide clinical care.

4. Provide client information outside the consultation wherever possible

The consultation is the right place for patient-specific explanation, informed consent, treatment choices, estimates and shared decision-making. It is not necessarily the most effective place to repeatedly deliver generic regulatory information that can be communicated accurately before or after the appointment.

There is a significant difference between the proportion of clients who are aware that medicines can be purchased elsewhere and the proportion who choose to use an alternative online supplier. Awareness should not automatically be assumed to be the principal limitation. Clients may make an informed choice to obtain medication from their veterinary practice because of convenience, immediacy, continuity, advice, overall cost or practicality.

This is particularly relevant for repeat prescriptions and ongoing medication, where awareness of the ability to request a written prescription is already substantially higher than in the pet-owner population as a whole. The fact that an informed client nevertheless chooses to purchase medication from their veterinary practice should not be interpreted as evidence that further repeated messaging is required.

SPVS has previously proposed the use of a single centralised online source of information, with reminders, invoices and other short-form communications signposting clients to it. The same principle can be applied more widely. Where the objective is to ensure that a client knows about a right or option, implementation should focus on effective exposure to that information rather than repeated professional recitation of standard wording where this adds little additional understanding.

The cumulative effect of the proposed prescription-awareness requirements is particularly important. Clients may already encounter the written-prescription message through practice information, the website, appointment communications, waiting-room notices, consulting-room notices, invoices and, for ongoing medication, a specific flyer. Requiring the

veterinary professional then to repeat substantially the same generic message during the clinical consultation may add very little further consumer benefit while consuming scarce clinical time.

There is a genuine risk that the planned poster campaign falls short in terms of explanation but fully exposes the veterinary professional to difficult, time-consuming conversations with no net benefit to either party.

This is particularly relevant to medicines and written prescriptions. SPVS supports proactive awareness that clients can request a written prescription and shop around. However, the messaging should remain neutral, factual and proportionate. Better client awareness does not require language or repetition that risks undermining trust or creating needless consultation-room debate (BVA response, paragraphs 8-11).

SPVS is particularly concerned about the proposed statements that the same medicines may be **"significantly cheaper online"** and that savings on repeat medication may become **"hundreds of pounds over time"**.

The CMA's published cash-savings analysis was derived from matched medicine pricing within vertically integrated Large Veterinary Groups operating both first-opinion practices and online medicine retailers. It was not based on a representative sample of medicine retail prices from small independent veterinary practices. The annual cash-savings calculation was also based on a narrower subset of those businesses.

SPVS therefore does not consider that this evidence supports applying an unqualified, generalised savings claim to clients of all veterinary practices. Actual savings vary by medicine, dose, quantity, duration, prescription fee, delivery cost and the pricing and purchasing arrangements of the individual veterinary practice and retailer.

SPVS fully supports the changes sought within the BVA response to create more proportionate, balanced and informative posters rather than those proposed. Consumer information should make clients aware that they can shop around without prejudging the result of that comparison or creating the implication that the veterinary practice is necessarily an expensive supplier.

The terminology used should also be accurate. References to "online pharmacies" should be reviewed and, where the businesses being described are those appearing on the VMD Register of Online Retailers, wording such as **"VMD-registered online retailers of veterinary medicines"** or **"online veterinary-medicine retailers"** should be used where appropriate.

More effective empowerment and nuanced understanding of the complexity of medicine supply and wider veterinary issues should be included within the client portal. This would allow practices to direct clients to a central, respected source of information provided by RCVS.

The guiding principle should be **effective awareness rather than repeated recitation**. Once information has been effectively delivered through appropriate standardised channels,

consultation time should be preserved for the individual animal, the client's circumstances and the clinical decisions that genuinely require professional discussion.

5. Client empowerment should be delivered centrally as well as through practices

The current framework places much of the practical responsibility for achieving transparency and informed choice on individual veterinary businesses. SPVS believes there is an opportunity to achieve the CMA objectives more efficiently by improving pet-owner understanding before the client enters the consultation (see Appendix).

We support the enhanced RCVS Find a Vet platform but believe the client-facing remit could go further. Find a Vet should sit within, or link clearly to, a broader authoritative pet-owner information resource explaining how veterinary care works as well as how providers can be compared.

The platform, its data-submission process and any material future changes should be developed and user-tested with representative veterinary businesses, including single-site and small independent practices. Practices should also have a rapid and practical mechanism to correct inaccurate or misleading information before it is propagated to third-party comparison services.

Central, trusted information could cover issues such as why veterinary costs vary; how to prepare for a consultation; estimates and invoices; treatment choices and contextualised care; referrals and second opinions; out-of-hours care; medicines and written prescriptions; pet health plans and insurance; complaints; continuity; and responsible use of veterinary services.

This would strengthen, rather than dilute, the remedies. Better-informed clients are more able to ask relevant questions, understand the limits of simple price comparisons and participate in shared decision-making. It should also reduce the expectation gap and the need for thousands of individual veterinary teams to repeatedly explain the same generic information.

The guiding principle should be to front-load generic education and preserve consultation time for the individual animal, the client's circumstances and the decisions that genuinely require professional discussion.

6. Practical measures to reduce unintended consequences

SPVS believes the following measures would strengthen implementation without weakening the intended remedies:

- **Adopt a more proportional, simple and pragmatic approach to Remedies delivery.** Where a simpler method produces substantially the same transparency, choice or competition benefit, allow that method. Do not seek to duplicate it.
- **Use one maintained 'source of truth' wherever practicable.** Allow detailed, current information to be held on websites or client portals, with shorter communications signposting to it. This is particularly important for prices. Practices should not be required unnecessarily to maintain and synchronise the same information manually

across the PMS, website, printed material, pet care plan information and RCVS/Find a Vet data. A reasonable approach is also needed for genuine technical delays when synchronising changed prices between systems.

- **Avoid unnecessary repetition in the consultation.** Generic rights and options should be communicated effectively, but patient-specific clinical discussion should not be crowded out by standard wording already delivered through other clear channels. The aim should be effective awareness rather than the maximum number of repetitions.
- **Broaden RCVS pet-owner education.** Use the RCVS's client-facing role and funded activities to provide balanced information on costs, choice, prescriptions, treatment pathways and responsible use of veterinary services.
- **Consider carefully the implementation impacts for small practices as well as large groups.** Implementation is considerably harder for smaller practices than for larger groups with aligned PMS systems and central IT, compliance and administrative resource. Independent practices remain an important source of competition within the market and should not be disproportionately disadvantaged by fixed compliance costs.
- **Recognise dependency on third-party software providers.** Where compliance requires new invoice structures, estimates, data fields, website feeds or other software functionality, the timetable and monitoring approach should take account of the fact that individual practices may have no direct ability to develop these systems themselves.
- **Adopt a correction-first approach to minor technical non-compliance.** Minor or first-time administrative failures, such as an outdated webpage, broken link or data-entry error, should normally be identified, corrected and verified before escalation. These should be clearly distinguished from deliberate, serious or repeated non-compliance.
- **Provide clarity for mixed and combined service businesses.** Whether a site is classified as an FOP, Referral Centre, both, or outside the scope of particular remedies has direct implications for workflows, systems and cost. Businesses need clear examples and an applicability matrix so that they can determine which requirements apply to each element of their service.
- **Clarify ADR costs.** Practices need certainty that use of the RCVS-contracted ADR provider will not create an additional case or subscription charge on top of the levy, and clarity on the financial position where a practice chooses an alternative approved provider.

7. Closing comment

SPVS remains supportive of the CMA aim to improve transparency, informed choice and competition in veterinary services. Our request is that implementation gives equal attention to proportionality and to the operating reality of veterinary practices.

The strongest outcome will not be the system that generates the greatest quantity of mandated communication. It will be the system in which clients receive the right information early enough to make informed choices, practices can comply through simple and reliable processes, and scarce veterinary consultation time is protected for the conversations that matter most.

Implementation should avoid unnecessarily cluttering consultations with repetitive regulatory processes, including unnecessarily complex estimate administration or medicines messaging that has already been communicated effectively through other channels.

Effective remedies should change market behaviour without creating avoidable cost or destabilising the capacity to provide care. SPVS would be pleased to continue working constructively with the CMA, RCVS and BVA on practical implementation and on monitoring whether the remedies are achieving their intended outcomes without disproportionate unintended consequences.

Source documents referenced

British Veterinary Association (August 2026), *Competition and Markets Authority investigation into veterinary services for household pets: response to draft Substantive Order and Undertakings*. SPVS particularly supports the points at paragraphs 8-11 and 18-22.

SPVS, *Informal Comments on Draft CMA Order and Explanatory Note*: practical implementation points, including medicines messaging, use of a single online source, written estimates, updating price information, complaint handling and the overall suggested clarification.

SPVS member feedback gathered in connection with the 2026 CMA Roadshows, including concerns about administrative burden, disproportionate impact on smaller practices and the need for proportionate implementation.

CMA, *Veterinary Services for Household Pets — Final Decision Report and supporting evidence on veterinary medicines*, March 2026.

Appendix

Pet owner education, client hub and Find a Vet

SPVS remains concerned that the funded activities do not appear to give sufficient prominence to broader pet-owner education. Find a Vet should not simply become a mechanism for comparing ownership, opening hours and headline prices. Veterinary care is complex, emotional and highly dependent on trust between the client and the veterinary team.

Pricing information is important, but it must be contextualised. Clients need to understand why costs vary, what is included in different services, how clinical decisions are made, why diagnostic pathways differ, what contextualised care means, how referrals work, what out-of-hours provision involves, and how medicines, prescriptions, pet health plans, euthanasia and cremation decisions should be approached.

Without this wider explanation, there is a risk that the remedies encourage price-led comparison without improving understanding. That could increase client frustration, undermine trust, and add pressure to veterinary teams without improving outcomes for pets. The CMA has consistently stated that it has no wish to further damage the trust that exists between vet practices and clients.

SPVS has consistently argued throughout the CMA process that transparency must be accompanied by balanced client information. We therefore ask that the funded RCVS activities expressly include the development and promotion of accessible pet-owner information that helps clients use veterinary services well, prepare for consultations, understand treatment choices, and work constructively with their veterinary team.

The case for a client information hub design

SPVS recognises that the enhanced Find a Vet platform is primarily intended to help pet owners identify and compare veterinary providers. We do not suggest that Find a Vet itself should become overloaded with general advice. However, we believe there is a strong case for placing Find a Vet within a broader RCVS-hosted pet-owner information hub.

This wider landing page could provide authoritative, balanced and accessible information on how veterinary care works, how costs arise, how clients can prepare for consultations, how treatment choices are made, how written prescriptions and online veterinary-medicine retailers work, and how to raise concerns constructively. Find a Vet would then sit within that wider context as one important tool, rather than becoming a stand-alone comparison platform.

This distinction is important. If the client journey starts only with provider search and price comparison, there is a risk that the remedies encourage a narrow, price-led view of care. If the journey starts with education, preparation and context, Find a Vet can support informed choice without undermining trust or oversimplifying complex clinical services.

SPVS therefore asks the CMA and RCVS to consider whether the funded RCVS activities should include a broader pet-owner landing page, with Find a Vet as a clearly signposted subset. This would help bridge the expectation gap between clients and practices, reduce repeated explanations in consultations, support shared decision-making and improve the likelihood that the remedies deliver better outcomes for clients, practices and animal welfare.

The development of Find a Vet and any wider client information hub should involve user testing with representative practices, including single-site and small independent businesses, as well as pet owners. There should also be a simple and rapid process through which a practice can challenge and correct inaccurate information.

"Understanding veterinary care" client portal

Web design

The client web portal could be constructed fairly simply on an FAQ basis. It would explain how veterinary care works, how to prepare for appointments, how to talk about costs, what treatment options mean, how medicines and prescriptions work, and how to choose a practice.

From there, clients could be directed to:

1. Find a Vet

Search for local practices, services, opening hours, ownership, accreditation and price information.

2. Understanding veterinary costs

Why prices vary, what is included, estimates vs invoices, insurance, pet health plans and affordability. Discussing costs and making this a normal expectation of a consultation.

3. Getting the best from your vet

Preparing for consultations, asking questions, continuity, follow-up, and shared decision-making.

4. Treatment choices and contextualised care

Explaining options, uncertainty, diagnostics, referrals, quality of life and consent.

5. Medicines and prescriptions

VMD-registered online retailers of veterinary medicines, written prescriptions, prescription fees, repeat medicines, safety checks and responsible use.

6. When things go wrong

Complaints, mediation, records, second opinions and respectful communication.

7. Life-stage pet ownership guidance

Puppy/kitten care, neutering, dental care, senior pets, chronic disease and end-of-life decisions.

Illustrative areas for pet-owner information on Find a Vet

SPVS believes that the enhanced Find a Vet platform should not simply act as a directory or comparison tool. It should also provide balanced, accessible and authoritative guidance to help pet owners understand how to use veterinary services well.

The following are illustrative areas that could be addressed through an RCVS-hosted or RCVS-approved client information resource.

Owner responsibilities

Clear guidance on the responsibilities that come with pet ownership, including preventive healthcare, vaccination, parasite control, nutrition, exercise, dental care, microchipping, neutering where appropriate, identification, welfare needs, and planning for unexpected costs.

Understanding the true cost of pet ownership

Information explaining that veterinary care is privately funded, that there is no NHS for pets, and that costs vary depending on staffing, facilities, equipment, location, out-of-hours cover, diagnostic capability and clinical complexity.

This section could include practical ways to mitigate cost, including insurance, savings plans, preventive care, pet health plans, early presentation and asking about options before costs escalate.

Getting the best from your vet

Practical guidance on how clients can prepare for consultations, bring relevant history, describe symptoms clearly, share photographs or videos where useful, ask questions, understand follow-up plans and maintain an effective relationship with their veterinary team.

This should reinforce the importance of continuity, trust and an ongoing vet-client-patient relationship.

Talking about money

SPVS believes that conversations about cost should be normalised. A simple message such as **“worried about vet fees — just ask”** could help clients raise concerns earlier and reduce misunderstanding.

This section could explain the difference between estimates, quotes and final invoices; why estimates can change; when written estimates are required; and how to ask about alternative options.

Treatment choices and contextualised care

Clients would benefit from clear explanation that there is often more than one clinically reasonable approach. Information should explain shared decision-making, contextualised care, risk, uncertainty, prognosis, quality of life and how treatment decisions are made in partnership between the vet and client.

Understanding diagnostics

The resource should explain why diagnostic tests may be recommended, why staged investigation is sometimes appropriate, why tests do not always produce a simple answer, and how diagnostic choices relate to risk, cost, welfare and treatment planning.

Referrals, second opinions and advanced care

Clients should understand the difference between first opinion care, second opinions, advanced practitioner input, certificate holder services, specialist referral, emergency referral and multidisciplinary referral hospitals.

This section should also explain that referral recommendations may be influenced by clinical need, urgency, geography, availability, cost, previous experience and continuity of care.

Medicines and prescriptions

Clients should be given balanced information on medicines, written prescriptions, VMD-registered online retailers of veterinary medicines, prescription fees, repeat prescriptions, safety checks, product substitution, parasite treatment, controlled drugs, medicines storage and the importance of using medicines responsibly.

It should also explain that choosing to obtain medicine directly from the veterinary practice can itself be an informed consumer choice, for example because of convenience, immediate availability, continuity or advice.

This should reduce the burden on individual consultations by providing a central reference point for commonly repeated explanations.

Insurance and pet health plans

The site could explain the difference between insurance and pet health plans, what each is designed to cover, common exclusions, excesses, pre-existing conditions, direct claims, waiting periods, annual limits and the importance of reviewing policy terms.

It should also explain that a pet health plan is not the same as insurance.

Out-of-hours and emergency care

Clients should understand how out-of-hours care works, why it costs more, when to seek emergency help, what information to provide, what triage means, and how OOH providers link back to the daytime practice.

End-of-life care, euthanasia and cremation

A sensitive section should explain quality-of-life decisions, euthanasia, aftercare options, communal and individual cremation, home burial where legally permitted, memorial options and why costs may differ.

This could help clients make decisions at a highly emotional time.

Complaints, feedback and respectful communication

The resource should explain how to raise concerns constructively, how practice complaints processes work, when mediation may be appropriate, and the importance of respectful communication between clients and veterinary teams.

It should also make clear that abuse of veterinary teams is unacceptable.

Choosing a veterinary practice

Find a Vet could help clients understand what to consider beyond headline price: location, opening hours, continuity, facilities, emergency arrangements, clinical interests, accreditation, accessibility, communication style, ownership model, and the needs of the individual pet.

How to interpret price information

A specific section should explain that price lists provide useful information but may not capture clinical complexity, case variation, staffing, facilities, equipment, time, follow-up, continuity, risk or likely outcome.

This is essential if price information is to support informed choice rather than simplistic comparison.

Practice ownership and business models

Clients should be helped to understand different practice ownership models, including independent practices, group-owned practices, joint venture models, referral centres, out-of-hours providers and vertically integrated services.

The aim should not be to favour one model over another, but to help clients understand what they are choosing.

Data accuracy and correcting information

Find a Vet should include clear information about how practice data is collected, when it was last updated, what the data means, and how errors can be corrected.

There should be a simple route for practices to challenge inaccurate or misleading information, with a sufficiently rapid correction process to minimise propagation of inaccurate data to third-party services.

Responsible use of comparison sites

Clients should be warned that third-party comparison sites may not always show the full context of veterinary care. The resource should explain the risks of relying only on headline price, sponsored rankings or incomplete data.

Life-stage planning

The platform could include guidance on predictable costs and decisions at different life stages: puppy and kitten care, vaccination, neutering, adolescent behaviour, dental care, senior pet checks, chronic disease management, palliative care and end-of-life planning.

Preventive healthcare and early presentation

The platform should explain how preventive care and early presentation can improve outcomes and reduce longer-term cost. This would support both animal welfare and better use of veterinary services.

Chronic disease and long-term care

Clients with pets on long-term treatment should understand monitoring, repeat prescriptions, medicine reviews, blood tests, recheck consultations, alternative medicine retailers, compliance and the risks of stopping or changing medicines without veterinary advice.

Financial pressure and affordability

The site could provide guidance for clients who are worried about affordability, including how to raise cost concerns early, what questions to ask, how to discuss staged care, and where charitable support may be available.

This should be framed constructively to support early conversation rather than crisis decision-making.

Consent and decision-making

The resource should explain informed consent, who can consent to treatment, what clients should expect before procedures, why consent forms matter, and how decisions are made when outcomes are uncertain or urgent.

Medical records, transfer of care and continuity

Clients should understand how medical records are shared, what happens when they change practice, why continuity matters, and why a new vet may need to examine a pet before prescribing or advising.

Telemedicine and digital advice

The site could explain when remote advice may be appropriate, when a physical examination is needed, the limitations of digital consultations, and how online advice should link safely to the pet's usual veterinary care.

Antibiotic, antiparasitic and medicine stewardship

Clients should understand why veterinary medicines must be used responsibly, why antibiotics are not always appropriate, why parasite treatment should be risk-based, and why environmental and public health considerations matter.

Behaviour, welfare and responsible ownership

The platform could signpost owners to reliable guidance on behaviour, socialisation, exercise, enrichment, obesity prevention and welfare needs, helping reduce preventable health and behavioural problems.

What to do before buying or adopting a pet

Find a Vet could include pre-purchase guidance on breed-related health risks, inherited disease, rescue pets, first-year costs, insurance before illness occurs, and choosing a pet whose needs match the owner's circumstances.

What good veterinary care looks like

A short explanatory section could describe good veterinary care in practical terms: listening, examination, clinical reasoning, explanation of options, consent, clear estimates, safety, follow-up, continuity and compassion.

This would help clients assess value beyond price.

Preparing for predictable difficult decisions

Some veterinary decisions are foreseeable but emotionally difficult. The site could help clients prepare for decisions around referral, advanced treatment, financial limits, quality of life, euthanasia and aftercare before they arise in crisis.

Shared responsibilities between client and practice

The resource should make clear that good outcomes depend on both sides: veterinary teams providing clear, professional and contextualised advice, and clients engaging openly, asking questions, following agreed plans and raising concerns early.

SPVS believes that such a resource would help bridge the expectation gap between clients and practices. It would support better conversations, reduce complaints, improve shared decision-making and help ensure that the CMA remedies improve understanding rather than simply increasing price pressure.