

Competition and Markets Authority working paper on how people purchase veterinary services

1. We welcome the CMA's recognition that pet owners display high levels of trust in veterinary experts and their advice, with 87% of respondents to the CMA's pet owners survey agreeing that their vet focuses on the highest standard of care for their pet's health. We agree that pet owners usually have a strong emotional attachment to their pet and often need to rely on veterinary experts both to recommend the services or treatments their pet might need, and to give access to some of these services or treatments. However, we do not accept the CMA's assertion that this dynamic creates a potential conflict of interest in relation to the clinical recommendations veterinary professionals may make, as being influenced by financial incentives would be entirely contrary to the declaration every vet and Registered Veterinary Nurse (RVN) makes on admission to the profession:

*" I PROMISE AND SOLEMNLY DECLARE that I will pursue the work of my profession with integrity and accept my responsibilities to the public, my clients, the profession and the Royal College of Veterinary Surgeons, and that, ABOVE ALL, my constant endeavour will be to ensure the health and welfare of animals committed to my care."*¹

This declaration and the professional responsibilities which vets and RVNs adhere to, as set out in the RCVS Code and Supporting Guidance, serve to protect clients and pets from all other factors, including the influence of financial gain.

2. Notwithstanding this, we do recognise that there is a potential for conflict caused by the absence of practice regulation and where practice protocols put in place by non-vet owners may seek to influence clinical recommendations for the financial gain of the business entity. We welcome the CMA's clear recognition of the challenges caused by the absence of veterinary practice/business regulation in the working paper '**Regulatory framework for veterinary professionals and veterinary services**'. As we have previously stated, with no statutory regulation that is specific to veterinary practices, there is no means of recourse when there are failings in the system that do not sit with the individuals regulated by RCVS. We consider, along with RCVS, that it is reasonable for the public to expect that all veterinary practices are assessed to ensure that they meet at least the basic minimum requirements including appropriately addressing consumer concerns.

Choice of First Opinion Practice

3. We recognise that many owners may not consider multiple options when choosing a First Opinion Practice (FOP). When they do, and as we have previously stated, the factors they take into consideration will vary depending on individual circumstances, with proximity and accessibility likely to be key.² We agree that some pet owners may not consider multiple options because they mistakenly believe that all FOPs provide similar services at similar prices, and that there is a lack of available and comparable information available to pet owners on price, quality or practice ownership.
4. BVA's guidance on transparency and client choice (2024) is clear that transparency around costs and the true value of veterinary care is key to giving clients choice and facilitating informed consent.³ We encourage veterinary professionals to think about the way in which the value of the veterinary care is communicated, tailoring it to the needs of clients, their animals, and the veterinary practice. Practices may choose to display case studies in the waiting area, testimonials from clients, or profiles of the

¹ <https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/>

² <https://www.bva.co.uk/media/5766/bva-transparency-and-client-choice-guidance.pdf>

³ <https://www.bva.co.uk/media/5766/bva-transparency-and-client-choice-guidance.pdf>

veterinary team alongside their qualifications and particular areas of interest. This is particularly important for showcasing the key role played by RVNs, and their invaluable contribution towards successful medical and surgical outcomes for animals. We are clear that inviting and encouraging open and honest conversations about fees at an early stage and educating and empowering the veterinary team to champion the value of the veterinary care being offered, is key to the best possible outcomes for animal health and welfare, increased client trust, loyalty, and thriving veterinary businesses.⁴ We are also keen to educate and help clients understand how fees support and contribute to the running of a veterinary practice and all it entails.⁵

Pricing information

5. We note that the evidence received by the CMA to date indicates there is a wide range in the amount of pricing information made available to pet owners, and that this is generally limited to some standard services rather than more complex treatments.
6. As we have stated in our response to the CMA's working paper '**Competition in the supply of veterinary medicines**', we know that many practices already display price lists, in the practice and/or on their websites, for their most frequently offered services. Although we consider that practices should be able to tailor price lists to display those services which are most relevant to the client base, examples of the standard services which most practices should be able to display as either a fixed price or as a range include:
 - a standard consultation with a vet
 - a vaccination or course of vaccinations
 - neutering services for cats and dogs
 - prescription fees
 - insurance administration fees
 - microchipping
 - out-of-hours consultation charges
7. BVA's guidance on transparency and client choice (2024) suggests that when developing a price list for frequently offered services:
 - It should be clear whether the price displayed is for a one-off service, such as a consultation, and whether there are any limitations associated with that service (e.g. duration or time of day/night).
 - It should be clear whether the price displayed is an aggregate price for a package of services (such as a vaccination course), what is included and what isn't.
 - It should be clear whether there are any factors unique to the animal which might influence the price, such as size/weight or age.
 - It should be clear whether there is any follow-up care associated with the service, and whether this is included in the price or will result in an additional charge.
 - It should be easy to understand and should facilitate client choice.
8. To maximise the benefits associated with transparency of fees, we consider that clients should be invited and encouraged to discuss costs as early as possible. This normally means in advance of treatment taking place, however, veterinary practices should also tailor their approach such that cost is discussed by the appropriate member of the veterinary team at the appropriate time. For example, where life-saving emergency care is required, it may be necessary for one team member to start delivering first aid, whilst another member of the team is responsible for obtaining consent and providing estimates.

⁴ <https://www.bva.co.uk/media/5766/bva-transparency-and-client-choice-guidance.pdf>

⁵ <https://www.bsava.com/wp-content/uploads/2023/09/bsava-explainer-of-veterinary-costs.pdf>

Price comparison tools

9. The working paper notes that there are no tools available to help pet owners make price comparisons across the extensive range of medicines and services offered by FOPs. In our response to the CMA's Issues Statement we were clear that a 'one-size-fits-all' approach in the shape of an online comparison tool for pricing - and indeed 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. We continue to hold this view and would be concerned that practices viewed as 'desirable' by prospective clients, based on a comparison website output, may not always be able to accept additional clients, leading to potential client dissatisfaction when registering with their second or third choice practice. This could present unnecessary challenges for building a rapport with the client, with the potential for avoidable negative impacts on animal welfare and consumer satisfaction.
10. Price comparison tools may also lead to the potential creation of loss-leaders as practices in the area compete for business, resulting in further complexity and cross subsidisation of fee structures. Comparison tools may also inadvertently dissuade clients and potential clients from approaching the practice to discuss alternatives, with the opportunity to discuss the particular circumstances of individual clients potentially lost.

Service range and quality

11. We note the CMA's assessment that FOPs typically provide a range of information regarding the services they offer and where quality information is communicated these qualitative features lack any form of standardised metrics. We welcome the acknowledgement in the CMA's working paper of our previous assertion that quality and outcome related measures are rarely available from clinical practice, and that variability in case complexity, treatment protocols and patients makes it challenging to standardise such measures. We note that Which? also submitted that it would be challenging to make objective assessments on the quality of veterinary care.⁶
12. Information about facilities, species seen, Practice Standards Scheme (PSS) accreditation and awards, training and staff including advanced qualifications, are all available on the [RCVS Find-a-vet](#) website. This would form a good basis for some client comparisons of practices in their areas and has the potential to be expanded. Use of the site is however not currently compulsory.
13. We agree with the RCVS Knowledge submission that while measuring quality in veterinary care is not impossible – indeed many practices carry out measurements of patient outcomes internally - without data sharing the large-scale population studies that allow clinical outcomes in human medicine to be evaluated are extremely rare in veterinary medicine. Although quality measures for surgical outcomes are available and increasingly used⁷, for most clinical cases the variability in case complexity, treatment protocols, and patients, makes it challenging to standardise such measures across different practices. This variability could lead to misleading comparisons and potentially misinform consumers rather than aiding them in making informed decisions. It is crucial to consider these limitations and the potential unintended consequences of mandating the provision of these data.
14. We are strong supporters of evidence-based veterinary medicine but while available data remains scant, any move towards mandating practices to provide information to consumers about quality/outcome related measures could undermine vets and jeopardise contextualised care. We have previously explained that clinical decision-making as part of the crucial Vet-Client-Patient-Relationship (VCPR) is far more complex than the provision of quality related data and we continue to hold significant concerns that the CMA may be considering a remedy which mandates standardised metrics. We do not consider that such a move would meaningfully support informed consumer choice

⁶ <https://assets.publishing.service.gov.uk/media/66bf5c34885e2bf285cc3886/Which.pdf>

⁷ <https://knowledge.rcvs.org.uk/quality-improvement/canine-cruciate-registry/>

but would instead risk animal welfare by diminishing the provision of veterinary care to equivalence to an annual service on a vehicle where a client might shop around for the best value locally available.

15. Instead, we strongly advocate for any move to utilise outcome-based measures in clinical practice to come from the profession with animal health and welfare at its heart, rather than being mandated by the CMA. We consider that there is an opportunity to encourage local audit at a practice level, sharing that information with clients as a key first step in facilitating client understanding by allowing practices flexibility to tailor their communication, and to take into account regional variations in pet populations and ensure client confidentiality. In the longer term, a move towards standardised data collection at a national level, appropriately funded and perhaps building on systems such as the Small Animal Veterinary Surveillance Network (SAVSNET)⁸ established by BSAVA, subsequently funded by the Biotechnology and Biological Sciences Research Council (BBSRC) and now solely funded by University of Liverpool, would support vets to build conversations about expected outcomes into consultations with clients such that animal welfare is optimised, and client choice is better informed.

Practice ownership

16. We note the CMA's evidence that indicates that pet owners are poorly-informed about practice ownership for four of the six large corporate groups and the emerging thinking that this lack of awareness could give customers the illusion of choice and competition when comparing services.
17. Transparency of ownership, whether a vet practice operates independently or is part of a large group, plays an important role in helping pet owners to make an informed choice aligned with their preferences, circumstances and values. That does not mean that the individual identity of a practice cannot be expressed. We consider that information about the ownership of a veterinary practice should be provided to clients in the terms of business, readily available on the practice website, and at the practice premises, through clear signage, as an information leaflet for clients and on any branded materials. Clients should not have to search for such information. Where there are third-party services recommended by the practice and owned by the same company, this should be clearly communicated to clients both in the terms of business and on the practice website and should also be verbally communicated when presenting referral options. These may include laboratories, pharmacies, cremation or burial services, and referral practices and hospitals.
18. We do not consider that uniform branding of veterinary practices within the same group necessarily simplifies consumer decisions, as this overlooks the diverse array of services, expertise, and pricing structures that may be offered by practices under the same brand, potentially misleading clients and impacting their decision-making process.

Switching First Opinion Practice

19. Although we agree that where there are variations in the offerings of different FOPs, including on price, quality and range of services, some consumers may benefit from switching, we are also of the view that establishing and maintaining a strong VCPR is essential for ensuring continuous, high-quality veterinary care. A strong VCPR builds trust and effective communication, allowing vets to thoroughly understand an animal's medical history and their and their owners' unique needs and circumstances. It is a key foundation in providing clients with the information needed to make informed decisions about treatment options and their animals' health and welfare. Conversely, clients who frequently switch practices risk fragmented care for their pet and fail to build a strong relationship with a practice they trust, potentially leading to suboptimal treatment and communication, and additional cost associated with the professional time needed to assess the new patient and establish a new VCPR. We welcome the CMA's acknowledgement that pet owners highly value the trust and relationship that comes from remaining with a particular FOP practice, or with a particular veterinary professional.

⁸ <https://www.liverpool.ac.uk/savsnet/>

- 20.** Evidence from the CMA's pet owners survey indicates that switching rates are relatively low at 3%, with the CMA's emerging view that switching rates may be lower than might otherwise be expected in a well-functioning market. We understand that the CMA has considered how the rate of switching FOPs compares to potential benchmarks and welcome the recognition that different circumstances in other sectors may lead to different consumer switching rates. We strongly agree that customers of commodity services such as insurance, energy and mobile are unlikely to receive the benefits that pet owners might receive by remaining loyal and improving their relationship and trust with their existing FOP. We note the CMA's work relating to retail banking where switching rates by customers were also comparatively low - this may serve to emphasise the desire for stability and consistency by consumers across different sectors who avail of key services they consider important.
- 21.** As we set out in our response to the CMA's Issues Statement, the way in which veterinary care is delivered and valued is far removed from the way consumers behave when 'shopping around' for more transactional services such as insurance or utilities. The VCPR is key to achieving long-term good animal welfare outcomes, through reliance on a consistent and thorough understanding of the patient's medical history, behaviours, and needs alongside an understanding of the client's circumstances and how these relate to the provision of care. Veterinary practices have longstanding relationships with clients that often exist over several generations of pets, and it is these relationships that aid the sort of good client communication aspired to both by the profession and the CMA.

Choice of pet care plan

- 22.** We note the emerging view of the CMA that while pet healthcare plans can reduce annual spend for many pet owners, they may not offer value for money for some pet owners who would otherwise not use many of the routine services included in plans. Pet healthcare plans can be made up of a variety of services and products but typically include vaccinations, flea and worm control.
- 23.** We consider that a 'one-size-fits-all' approach to pet healthcare plans is no longer appropriate, particularly given the growing imperative to reduce the prophylactic use of parasiticides due to environmental harms and risk of resistance. The vast majority of the UK's dogs and cats receive regular worm and flea treatment⁹ and although the actual frequency of use is unknown, routine prophylactic parasite treatment is widely recommended by product manufacturers and some vets, with many animals receiving year-round treatment as part of their healthcare plans. Like all medicines, parasiticides should be used responsibly, and a risk-based approach to treatment should be taken. When deciding what parasiticides to use to treat an animal, vets should consider the risks, to both pets and owners, from all parasites and come up with a treatment plan tailored to that individual.^{10 11}
- 24.** To shift away from routine parasiticide use, a change in mindset of both veterinary professionals, veterinary business owners and animal owners is needed. Veterinary professionals wanting to use parasiticides more responsibly may be presented with challenges within their working environment, such as practice protocols, the prescribing behaviours of team members and neighbouring practices, retaining client trust if there is a shift from vets historically promoting blanket or prophylactic parasiticide use to now advising otherwise, and a lack of client understanding. As new evidence develops, the small animal sector as a whole, which includes pharmaceutical companies and Government agencies, needs to acknowledge the challenges and work together to consider what constitutes responsible use of parasiticides.

⁹ [pdsa_paw-report-2024.pdf](#)

¹⁰ [Responsible use of parasiticides for cats and dogs | British Veterinary Association](#)

¹¹ BSAVA Scientific Position Statement (SPS)

<https://www.bsava.com/position-statement/parasite-control/>

BSAVA Formulary: <https://www.bsavalibrary.com/content/formulary/backmatter/canine-and-felineguidelinesforresponsibleparasiticideuse>

25. In the interim, we are of the view that pet healthcare plans which include the routine use of POM-Vs such as flea treatments and wormers, should only be sold to clients where the vet has carried out a clinical assessment and is prescribing responsibly, as would be the expectation in all other prescribing scenarios. It should not be acceptable for lay members of the veterinary team to promote or sell pet healthcare plans which include POM-Vs. We would also like to see a shift towards new models of pet healthcare plans which focus on tailored check-ups rather than relying on the sale of products.

Choice of non-routine treatments and diagnostics

26. We agree with the CMA's assessment that, compared to other choices, decisions about non-routine treatments and diagnostics are likely to be more urgent, give rise to higher financial costs, have greater potential animal welfare implications and involve greater information asymmetry between pet owners and vets. These contextual factors may mean that pet owners need to place even more trust in their vet's clinical judgement and recommendations. This is when an established VCPR and the relationship of trust built up over time becomes all the more important, facilitating the delivery of contextualised care even in emergency situations, optimising animal welfare outcomes and consumer satisfaction. We also recognise the time constraints of a consultation and that owners may need to take in significant amounts of new information about a treatment, which can be unrealistic in the moment. BSAVA has developed a library of resources to support transparency and help owners understand procedures which might be recommended by their vet.
27. For non-routine treatments, estimates are commonplace given the potential for variability. We recognise that orally communicated information does not allow consumers to refer to the quoted price in future and relies on memory of the conversation, which may be less reliable in complex treatment scenarios. However, whilst a written estimate is of course preferable, in some situations the speed of decision-making needed is a key consideration. As mentioned above, where life-saving emergency care is required, it may be necessary for one team member to start delivering first aid, whilst another member of the team is responsible for obtaining consent and providing estimates, with immediate animal welfare taking precedence over the provision of itemised written estimates for the care being delivered (including first-aid). In these emergency situations cost can be low down in client priorities and once again a good VCPR is essential in providing appropriate contextualised care.
28. We welcome the CMA's findings that there appears to be widespread appreciation across the veterinary profession of the value of delivering contextualised care. Although 20% of pet owners in the CMA's survey did not agree that their vet takes their personal circumstances into consideration (25% visiting for non-routine treatment, compared to 16% visiting for routine treatment), we agree that this may often be because the owner is not aware of the considerations vets are taking into account. We welcome the CMA's recognition that there is a risk that owners may find it difficult to understand the health outcomes of different options. As set out in our response to the CMA's Issues Statement, we would not wish to see a shift from contextualised care to an approach where all clients are offered choices irrespective of their circumstances and without due consideration for individual animal welfare. Offering unaffordable options as superior choices can cause emotional distress to clients and undermine their trust in vets, particularly if they feel burdened with making critical medical decisions they feel ill equipped to handle. Greater choice does not necessarily always lead to better animal welfare outcomes or improved client satisfaction, and can result delayed decision making and the erosion of the VCPR.
29. Although we do not disagree with the CMA's observation that the cost of consultation fees and diagnostic testing as part of obtaining a second opinion on alternative treatment options may also be a barrier to shopping around, we do not consider that it would be fair or reasonable to expect a veterinary professional providing a second opinion to provide their professional services free of charge or even at a reduced rate. Often second opinion consultations are more detailed and involved with significant amounts of pre-existing complex case history and clinical detail that needs to be carefully explained to clients.

Choice of referral provider

30. We note the CMA's assessment that pet owners may not be receiving or engaging with sufficient information to inform their choice of referral provider, and that while FOP vets generally provide sufficient information regarding referral treatment risks, outcomes and practicalities, the provision of pricing information for pet owners is delivered inconsistently.
31. As we have previously stated a referral is not merely a transactional arrangement between service providers. Referrals involve considering the animal's health needs alongside accessibility and convenience for the client and will be also based on close professional relationships between referring and referral clinicians. Over time, these relationships build a deep understanding of skills (for example post graduate RCVS recognised training compared to on-the-job experience), expertise, possible costs, waiting times, type/level of follow up/after care and availability of CPD and telephone support, which in turn builds confidence for the referring vet that they can be confident in their referral. This also means they are better placed to advise clients on what to expect.
32. The evidence from the CMA's pet owners survey indicates that a pet owners' trust in their vet is a key driver of referral centre choice, and that most pet owners do not shop around when recommended a referral by their FOP vet. Although we accept that this may mean there is weak competitive pressure on those making and offering referrals, we have also explained that the presence of a specialist is informed by the availability of sufficient caseload. There are some specialisms where there will be competition in many localities but there will also be numerous situations where it is necessary to phone around for even one option for less common presentations. Where the volume of work is low it simply is not reasonable to expect that there will be more than one referral option in a locality, and in some cases none at all.
33. We agree with the emerging view that pet owners do not always understand the different types of referrals (eg Specialist vets, as defined by the RCVS, who will have at least a postgraduate diploma level qualification, RCVS Advanced Practitioners, certificate holders, or simply colleagues within the same practice or externally to another practice who have a particular interest in a particular area of work) and consider that greater clarity around qualifications is needed for consumers to fully understand this element of referrals. RCVS could be encouraged to develop explanatory resources for owners, including greater clarity around the qualifications of the referral vet.
34. We agree that limitations on the price information pet owners have when choosing a referral may lessen their ability to make comparisons between options. However, it must be recognised that it cannot be the responsibility of the FOP vet to provide detailed price information when referring to another professional or veterinary business and where the diagnosis, treatment, or prognosis is unknown. It may be possible to provide estimates where the referral is for particular surgical procedures such as cruciate ligament surgery or fracture repair. Estimates for complex medical conditions are however much more difficult to determine until the referred patient is seen by the referral vet.

Choices regarding medicines

35. We note the CMA's emerging view that many pet owners are still not aware they can acquire veterinary medicines from third parties rather than their FOP, and that some FOPs may not inform pet owners in an effective manner that they can buy medicines from elsewhere. While some pet owners may prefer to buy medicines from their FOP for a variety of reasons, the way in which information may be given could result in consumers not shopping around, leading to weak price competition between retail suppliers of veterinary medicines.
36. As we have explained in our response to the CMA's working paper 'Competition in the supply of veterinary medicines' prominently displaying the fees most commonly associated with administering and dispensing medicines should be relatively simple for most FOPs to implement now and could also be introduced as a reasonable requirement of mandatory practice regulation in the future.

37. We have also stated that we recognise that a substantial proportion of pet owners are not aware they can purchase veterinary medicines from third-party retailers with a prescription and that lack of effective promotion may be one of the many factors that explain this. In BVA's guidance on transparency and client choice we are clear that there should be a consistent approach which includes:

- proactively offering a prescription where clinically appropriate and providing clients with dispensing options.
- clear communication regarding the cost of a written prescription, the reasons for the time period of the prescription, and any further charges for repeat prescriptions and associated further examinations.
- a quote for the cost of purchasing the prescribed product directly from the prescribing practice.
- signposting to the Veterinary Medicines Directorate (VMD) Accredited Retailer Scheme where appropriate.

Choice of Out of Hours provider and services

38. We note the CMA's emerging view that evidence indicates that pet owners needing to choose an Out of Hours (OOH) provider typically do not shop around and that there may not be a sufficiently strong customer response for effective competition in OOH services.

39. As set out in our response to the CMA's working paper 'Analysis of local competition', OOH veterinary services need a critical mass of work to be commercially viable for the provider of the service. In areas of high human population density, there will be correspondingly more pets, but in many other areas, especially rural or remote areas, there is not enough work to support multiple OOH providers. For owners in geographically remote areas of the UK, access to a choice of OOH providers is simply not feasible. For smaller practices, with limited close neighbouring practices with whom OOH cover can be shared, outsourcing OOH to one practice as an OOH provider may be the only way that local FOPs practices can meet the obligation to provide 24/7 emergency first aid and pain relief, retain staff, and remain viable as businesses.

Choice of cremation provider and services

40. We note the CMA's emerging view that while there are some positive benefits to consumers purchasing cremations services from the provider with which their FOP has a contract, evidence indicates that pet owners are often not made aware by their FOP that they have alternative options.

41. In our response to the CMA's Issues Statement we observed that the CMA commissioned market research found that pet owners felt relieved that their veterinary practice had taken the lead in dealing with cremation arrangements, and they were happy to leave the choice about which cremation provider to use to their vet. In many cases the provider recommended by the vet will be one where the relationship has been built over time and where the vet can feel confident that the service provided will be compassionate and in the best interests of the owner at a distressing time.

42. We do, of course, agree that where the cremation service is associated with the practice and owned by the same company, this should be clearly communicated to clients both in the terms of business and on the practice website and should also be verbally communicated when presenting the referral. Such self-preferencing for cremation services however has the potential to bring efficiencies which financially benefit the client.

43. To further support transparency and consumer choice we consider that practices should always be clear that owners can carry out their own research on alternative cremation options. To support this, practices should, where space allows, offer to store the cadaver for a defined period of time, to give owners the emotional space to make the decision which is right for them.

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