



Competition Markets Authority
Victoria House
Southampton Row
London WC1B 4AD

27th May 2025

Dear Sir/Madam,

Re: CMA Vets Market Investigation - Working Paper on Remedies

We write in response to the CMA's working paper on proposed remedies to address concerns within the UK veterinary sector and welcome the opportunity to contribute constructively to this process.

Hook Norton Veterinary Group is an independently owned mixed practice based in north Oxfordshire. We are founding members of XL Vets Ltd, a membership organisation built for the benefit of and used by independent vet practices. Our services are delivered extensively, across Oxfordshire, Gloucestershire and the surrounding counties. We employ over 120 people and deliver exceptional animal care to our thousands of clients and have done so since 1981. We have built trust with our clients through consistent delivery of quality animal care implicit in the Vet – Client – Patient – Relationship (VCPR).

Having considered the CMA Remedies paper at length, we acknowledge the need for greater transparency and client empowerment. However, we are deeply concerned by several overarching issues that cut across many of the proposed remedies as follows:

Administrative Burden: This burden disproportionately impacts independently owned practices with limited investment potential in both human and technological resource. We are dependent on third party investment and delivery of appropriate veterinary software products. It is likely many of the 'administrative' recommendations will be time consuming involving manual effort. It is our opinion that many of the proposed remedies significantly increase veterinary administrative time, investment in technology and spend on associated veterinary care overheads. The incremental cost will add to client service fees to account for the extra time required for consultation appointments and overhead recovery.

Disproportionate Impact: The remedies affecting profitability, will disproportionately affect independent practices. Larger corporate groups (LCGs) are far better equipped to absorb the administrative and financial impacts and may even benefit from further market consolidation at the expense of small, independent, local veterinary services.

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Medicine Revenue: Loss in medicine revenue and associated profit threatens the economic viability of many independent businesses where further increases to client service fees will be the only option to maintain a balance of risk and reward expected by business owners. This remedy seems to overlook the integrated care model of veterinary practice, in which medicine provision is a clinical and logistical necessity. The current route to increased competition appears to heavily depend on the implementation of “measures to increase online purchases of medicines” (p.17). Given that online pharmacies can sell medicines more cheaply than smaller, independent practices can purchase them, this will never represent a fully competitive market but only serve to increase the profits of online pharmacies, some of whom are owned by LCGs, in turn leading to market consolidation.

Disregard for the VMD: We are particularly alarmed that the CMA appears to be pursuing mandatory generic prescribing despite clear guidance and warnings from the Veterinary Medicines Directorate (VMD). This raises concerns about clinical safety and regulatory coherence.

Transparency and Evidence: The continued withholding of the CMA's profitability analysis limits our ability to engage fully with the rationale behind the remedies. Transparency on this key data would enhance the credibility of the consultation process. An impact assessment on the implementation of each of the remedies would seem an appropriate course of action before changes are made.

Legal Obligations: The CMA have a legal obligation to ensure any remedies implemented are balanced for all stakeholders.

Below we set out our detailed responses to each individual remedy, which reflect these overarching concerns:

Remedy 1: Require FOPs and referral providers to publish information for pet owners

We recognise the importance of transparency for pet owners and support efforts to promote informed decision making. However, we have significant concerns regarding the implications of mandatory pricing publication in the format proposed under Remedy 1.

Requirement to make practice ownership transparent to owners:

We would like to recommend that an explicit requirement be introduced mandating the clear and timely declaration of ownership changes when an independent veterinary practice is sold to a corporate group. Specifically, we believe that:

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Owners should be notified when their chosen practice has been acquired by a corporate group, and the new ownership should be clearly displayed on the practice website (not just at the bottom of the page in small print), within the premises and on external signage, and on key client communications, such as invoices or appointment reminders as well as considering an adjusted practice name.

This level of transparency is essential to support informed consumer choice and to ensure that pet owners are not misled into believing they are continuing to receive care from an independent provider when ownership has changed. It also aligns with broader principles of fair competition and consumer trust.

We hope the CMA will consider this recommendation as part of its final remedies package.

Risks of a “race to the bottom” and impact on care quality

While we support transparency, mandatory pricing of individual procedures may risk over-emphasising cost over quality, reducing complex care decisions to simplistic comparisons. Low-cost providers may gain market visibility by undercutting others, encouraging a “race to the bottom” that could compromise standards of care and animal welfare.

Many of our services reflect the use of advanced equipment, higher levels of clinical experience, and more comprehensive care, including highly trained nursing teams, post-operative monitoring, complication management and out-of-hours support. These elements are not visible in a flat fee or basic price list.

Inappropriate standardisation and oversimplification of clinical care

We are especially concerned by the suggestion that standardised pricing for specific conditions or chronic illnesses should be made public. Such an approach fails to account for the highly contextual and individualised nature of veterinary medicine. Chronic conditions are complex, variable, and managed collaboratively between the veterinary team and the pet owner. Care plans evolve based on the needs of the animal and circumstances of the client. Flat pricing models will constrain this flexibility, where treatments may be omitted in pursuit of a lower price or introduce defensive medicine behaviour to ensure all possibilities are covered.

Challenges to client understanding and potential deterrent effect

Presenting clients with itemised or standardised prices on a website risks creating confusion or even discouraging engagement. Veterinary pricing is not always straightforward, and clients may delay or avoid seeking care if they perceive costs to be unaffordable, without appreciating the value and flexibility involved. It may also undermine the essential, trust-based relationship between a client and their vet.

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We believe that quoting prices for procedures without the context of case complexity, necessary diagnostic steps, or follow-up care could lead to unrealistic expectations or dissatisfaction.

Concerns about “bundling” and clinical freedom

There appears to be a contradiction between the CMA’s critique of “bundling” and the implied preference for standardised or pre-defined pricing for conditions. In practice, it is only through a degree of bundling that a veterinary practice can offer clients an upfront estimate. Even then, we are clear with our clients that all estimates are tailored to the individual case and may evolve during diagnosis and treatment.

Importantly, rigid pricing risks undermining clinical freedom and autonomy. Veterinary general practitioners (GPs) must retain the ability to tailor investigations and treatment to the specific animal and context. Imposing a pricing structure tied to condition-based protocols may result in missed diagnoses or inappropriate care.

Role of qualifications and concern about hierarchical perceptions

We also wish to note that while some of our vets hold advanced certificates, they are not all registered as “Advanced Practitioners,” which is not uncommon in general practice. Advertising the presence of an Advanced Practitioner (AP) does not mean that vet is responsible for all cases in their field. We deliver high-quality general practice care through a team approach, and it would be misleading to clients and burdensome for practices to imply that only officially designated specialists are delivering high-standard care. Delineating APs as the only indication of expertise will only serve to alienate extremely skilled FOP vets who do not hold extra qualifications but have decades of experience.

The CMA should take care not to create a perceived hierarchy that discredits experienced and competent general practitioners, particularly in first-opinion practice, where the breadth of knowledge, communication skills, and client relationships are crucial.

Administrative and operational burden

Implementing and maintaining detailed, public-facing price lists—especially for variable and complex conditions—would introduce substantial administrative burden. This detracts from time available for clinical work and could have unintended consequences for practice efficiency and client communication. The CMA should fully assess the resource implications of this remedy and weigh them against likely gains.

Conclusion

While we support transparency and client trust, the proposed remedy—if implemented without flexibility and clinical nuance—risks reducing care to a commodified service. This does not reflect the real nature of veterinary work, nor does it serve the interests of clients, their animals, or the long-term sustainability of the profession. We urge the CMA to consider how best to

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support and educate owners on high-quality, contextualised care that is both affordable and appropriate, without enforcing standardisation that may compromise these goals.

Remedy 2: Create a comparison website supporting pet owners to compare the offerings of different FOPs and referral providers

We understand that the intent behind Remedy 2 is to enable pet owners to make more informed choices by comparing veterinary practices via third-party platforms or a central source. However, we have significant concerns about the practicality, fairness, and consequences of this approach in its current form.

Risk of oversimplification and misrepresentation of clinical complexity

Even for procedures considered routine, such as neutering, clinical decisions vary case by case. For example, we have an anaesthetic protocol to provide gold standard extra support for brachycephalic breeds which adds different costs depending on the dog's weight. A standard neuter may require additional pain relief, antiemetic medication, or specific anaesthetic protocols depending on the animal's age, breed, behaviour, and health status. Presenting such procedures as directly comparable, without accounting for the underlying clinical variation, would mislead clients and risk creating dissatisfaction when costs inevitably diverge from published figures.

Quality measures cannot be meaningfully standardised

While the idea of comparing quality alongside cost is, in theory, appealing, the reality is that veterinary care quality is highly multi-dimensional and context specific. Any attempt to reduce this to binary or tick-box indicators risks damaging the profession and misleading clients.

Some standardised comparables may reflect business model decisions, practice size, or geography, but not necessarily quality. A smaller rural practice may outsource OOH or lack 24/7 cover but still deliver excellent care tailored to its context. We strongly caution against simplistic comparison metrics that may unfairly disadvantage practices who provide high quality care in a different model.

Potential to distort client expectations and reduce clinical autonomy.

The publication of "comparable" price and quality data risks encouraging clients to view veterinary care as a commodified, transactional service. This undermines the critical relationship of trust between veterinary professionals and their clients. Clinical decisions made in practice are nuanced and should be tailored to the patient in front of us, not pre-judged by standardised metrics. We recognise that pet owners value clarity when choosing care for their animals, and support initiatives that build understanding and trust, provided they are grounded in clinical reality.

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Administrative burden and resourcing implications

Implementing an open data solution would impose a considerable administrative burden on practices, especially independents. Practices will already be required to update and maintain website content with detailed pricing and service information under Remedy 1. Remedy 2 risks duplicating this work, particularly if the data requirements differ or must be submitted in a particular format for use by third parties.

If an open data model is pursued, it is essential that only **existing website data** is used — nothing beyond what is already publicly available. There should be no additional reporting requirements imposed on practices, and no additional cost. We would also question who would fund and manage such a centralised platform, and how data accuracy and fairness would be assured.

Central publication is unlikely to support meaningful comparisons

There is no current consensus within the veterinary profession on what constitutes a fair and meaningful set of comparative metrics. Without extensive sector consultation, any attempt to publish centrally collated pricing or service-level data is likely to mislead more than it informs. Worse, it could foster negative public perceptions and further entrench misunderstanding about the nature of veterinary care.

Conclusion

We do not support this remedy in its current form. The proposed solution would impose significant burdens on practices while failing to capture the true complexity of veterinary service delivery. It risks misleading the public, undermining trust in the profession, and incentivising superficial comparisons that do not reflect genuine quality of care.

Any move toward greater transparency must be based on meaningful, context-rich information, be proportionate in administrative demands, and be rooted in a fair understanding of how veterinary services vary across settings. Relationships between clients and vet practices could be disrupted by encouraging a purely transactional approach.

With the fast evolution of AI there is a considerable risk that work and financial effort would be put into this remedy that is then made obsolete by AI tools that can compare information that the client really cares about. Creating resources that can educate owners on how to talk to their vet about costs and what questions they can ask, would help to level up any imbalance that is perceived currently.

Remedy 3: Require FOPs to publish information about pet care plans and minimise friction to cancel or switch

We support clear and effective communication with our clients and agree that transparency is an essential part of building trust in veterinary services. However, we have significant concerns

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about the feasibility and value of providing annual expenditure summaries to clients as proposed under Remedy 3.

Disproportionate administrative burden, particularly for independent practices

Providing each client with an annual summary of what they have spent on veterinary care would introduce a substantial administrative burden. This effort would likely outweigh any measurable benefit to the client, particularly given that clients may already request itemised account summaries upon request. Clients are already able to cancel or swap to a different plan at any point and would caution against imposing rigid policies that may discourage smaller practices from offering pro-active healthcare plans at all.

Questionable relevance and comparison to other industries

We are not aware of any equivalent requirement for annual expenditure summaries in comparable private healthcare services such as dental care or physiotherapy, even where payment plans are in place. Clients are typically provided with receipts or itemised statements when care is provided, which serves both transparency and accountability.

It is not clear what purpose an annual veterinary spend summary would serve, other than to potentially alarm clients or reduce their future engagement with preventative care. Veterinary costs vary considerably from year to year depending on the animal's health. Presenting a cumulative figure, absent of clinical context, risks misinterpretation and could even deter clients from seeking care in future.

Limited benefit to the client

Clients can already choose to receive a high level of communication and documentation about their pet's care, including detailed invoices, clinical histories, and estimates for planned procedures. These documents provide meaningful, case-specific information. In contrast, a retrospective annual spend summary would be of limited clinical relevance and risks confusing clients rather than supporting informed decision-making.

Conclusion

We do not support the introduction of mandatory annual expenditure summaries. The administrative burden on independent practices would be considerable, and the potential value to clients remains unproven. Any additional communication requirements imposed by the CMA should be proportionate, targeted, evidence-based and aligned with what is reasonably expected in other comparable service sectors.

Remedy 4: Provide FOP vets with greater information relating to referral providers

We recognise the CMA's objective to support more informed client choice regarding referral care. When we refer complex or advanced cases to appropriate specialists, we support clients in navigating these options. However, we have several concerns about the potential implications of this remedy as proposed.

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Risk of inappropriate or premature comparisons by clients

Encouraging pet owners to independently compare referral practices based on publicly available price and service information may inadvertently lead to confusion or misplaced expectations. Referral decisions are clinical decisions made on a case-by-case basis following professional evaluation. Owners may focus on headline prices for particular procedures without fully understanding the diagnostic requirements, complexity of the case, or the clinical justification for alternative treatment paths.

There is a real risk that owners will begin to compare procedures that their animal may not require, or that are not appropriate for their condition. This could undermine professional advice and delay necessary care.

Contextualised clinical decision-making must remain central

In cases requiring referral, we routinely discuss options with the owner after evaluating their animal's condition and considering diagnostic findings. For complex cases, we often consult directly with several referral centres to ensure the client is presented with the most appropriate choices, considering specialist expertise, likely diagnostics and procedures required, availability, location, and cost.

Attempting to substitute this process with a self-directed client comparison of published referral prices and services risks fragmenting care. It may also encourage referral decisions based on perceived cost alone, rather than suitability, quality, and established relationships.

Quality is difficult to compare meaningfully

The same concerns raised in response to Remedies 1 and 2 apply here. Price comparisons alone are inadequate without the ability to account for quality. Some referral centres are already publishing elements of this information, including cost and outcome data. However, there is currently no agreed national framework for how to interpret or compare these indicators in a way that is genuinely meaningful to clients.

Potential to damage professional relationships

Veterinary referral is underpinned by trust and collaboration between first opinion and referral practitioners. If clients are encouraged to seek free of charge second opinions or shop around based solely on publicly available information, there is a risk that these established relationships will be weakened. This may lead to inconsistent clinical advice, unnecessary client confusion, and increased pressure on both first opinion and referral practices.

Increased client-led comparison may also encourage referral centres to promote themselves commercially, altering the dynamic of professional referrals and creating an unhelpful division between first opinion and referral roles. Referral centres currently provide free of charge clinical support, advice and expertise to FOPs, leading to further learning and understanding. This, in turn, benefits those clients who are unable to pay for referral services and helps deliver high quality care to animals who are too unwell to travel. An unintended consequence of this

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remedy would be that this wealth of support and information would no longer be offered to FOPs.

Conclusion

While we support transparency and informed decision-making, this remedy must be approached with great caution. Referral decisions are complex clinical judgments that should be made in collaboration between the referring vet, the referral centre, and the client. We would encourage the CMA to support the development of clearer, structured communication tools between first opinion and referral practices, rather than promoting independent client comparison of referral data in isolation.

Remedy 5: Provision of clear and accurate information about different treatments, services and referral options in advance and in writing

We are fully committed to supporting informed client decisions through effective and transparent discussions about treatment options during provision of our contextualised care. However, we believe the proposal under Remedy 5 presents significant **practical, legal and clinical challenges**, particularly for independently owned first opinion practices.

Need for clarity: are the CMA proposing estimates or fixed quotes?

We request that the CMA clearly distinguish between “estimates” and “quotes.” A written estimate, based on a clinical examination and anticipated treatment, can provide a helpful guide for owners but is not a guarantee. A quote, by contrast, implies a fixed cost regardless of circumstances and would be clinically inappropriate in many veterinary scenarios. Without this clarification, we risk clients misunderstanding what has been promised and pursuing complaints when actual treatment needs (and costs) diverge from the written plan.

Clinical realities make precision difficult and create risks

Veterinary cases often evolve rapidly, particularly with emergency or complex patients. It is frequently not possible to predict what aftercare will be required or how a patient will respond to treatment. For example, a post-operative wound may break down, a simple investigation may lead to the discovery of further disease, or new complications may arise during hospitalisation. Attempting to define all these contingencies in advance, in writing, is both time-consuming and legally fraught. We would encourage the CMA to consider how this information would be provided to those unable to access information in a standard format (e.g. allowing for neurodivergence, sight issues, dementia, etc)

We already see that even when we provide verbal estimates in good faith, variations in the actual clinical journey can lead to client dissatisfaction. Formalising written treatment plans could increase, not decrease, the risk of complaints, especially when clinical outcomes or costs change after written information has been provided.

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Increased burden on veterinary teams and longer consultations

We already engage extensively with clients about treatment options. In many cases this occurs through in-depth, face-to-face discussions during consultations or follow up calls to provide real-time interactive care. The additional step to provide up-front written information would cause delay in treatment and require **significantly more veterinary time per case** to prepare the recommended documentation. This will increase consultation fees for our clients.

In our experience, some clients value written information and we do provide written estimates for elective or routine procedures as required. However, flexibility is essential for those who choose or need verbal explanations. A mandated approach that standardises written plans in all cases would fail to respect the differing needs of individual clients.

Referral cases already involve structured discussion and estimates

When we refer a patient to a specialist centre, our current process already involves obtaining a range of cost estimates from the relevant referral providers and then discussions with the owner. While these estimates could be formalised in writing if needed, doing so would involve **additional veterinary time and administration** and would likely necessitate a **substantial increase in the first opinion referral fee** to reflect the extra workload.

Consideration of emergency scenarios

The CMA's proposal appears to presume that all veterinary decisions allow time for deliberation and written communication. However, in emergency or urgent clinical scenarios, time is often of the essence. Delaying treatment while written documents are prepared may be detrimental to the animal's welfare and create additional distress for the client.

Conclusion

We support measures that help clients make informed choices, but Remedy 5, as proposed, raises serious concerns. Veterinary treatment plans are not predictable algorithms; they evolve based on diagnostic findings and patient response. Mandating written estimates or treatment plans in all cases would impose a significant administrative burden, risk greater legal exposure, increase client complaints, and reduce time available for clinical care.

We urge the CMA to consider a more flexible approach, one that recognises the clinical complexity of veterinary practice, allows for tailored communication based on client preference, and avoids placing impractical legal expectations on written documentation.

Remedy 6: Prohibition of business practices which limit or constrain the choices offered to pet owners

We support the principle of strengthening regulatory oversight to ensure that all veterinary providers, regardless of ownership model, are held to a fair and consistent standard. A level playing field is essential to maintaining public confidence and ensuring that competition does not come at the expense of clinical quality or transparency.

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We are therefore **pleased to see the CMA exploring this remedy**, particularly in the context of an increasingly consolidated market. There is a clear need to ensure that any new requirements, whether related to price transparency, information provision, or referral practices, are applied equally across the sector, with appropriate monitoring and enforcement mechanisms.

However, clarity is needed on how this oversight would be structured and funded. In particular:

- **Who would bear the cost of such oversight?** Establishing and operating an independent compliance body would carry significant financial and administrative costs. We are concerned that these costs could ultimately fall to practices, disproportionately affecting independently owned and smaller practices who already operate with leaner resources.
- **What powers would such a body have, and how would its remit differ from the RCVS?** There is potential for duplication or regulatory overlap unless the role of the proposed body is clearly defined and integrated with existing professional standards and oversight mechanisms.

Conclusion

We support fair and consistent regulatory oversight as part of a more equitable veterinary market. However, any proposed body tasked with monitoring compliance must be **truly independent, proportionate in its approach, and transparent about its funding model**. We would welcome further consultation on this point to ensure that the system supports high standards across all practice types without placing an undue burden on independent practices.

Remedy 7: Changes to how consumers are informed about and offered prescriptions

We support clients' rights to make informed choices about the sourcing of veterinary medicines. Where appropriate, we already provide written prescriptions on request and in line with regulatory obligations. However, we have **significant concerns** about any move to require prescriptions to be issued **by default** or to further mandate separation between prescribing and dispensing without due regard for the **clinical, logistical, environmental, and financial consequences**.

Increased administrative burden and workflow disruption

The proposal to default to written prescriptions would result in a substantial increase in veterinary administrative work. Writing and processing prescriptions, verifying patient records, selecting appropriate medications, and ensuring legal compliance all take time and require veterinary oversight. This activity is currently integrated into the consult and dispensing workflow; decoupling it would require additional time, vet involvement, and support staff input. We estimate that the additional veterinary time required per consultation would increase by at

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least one third, as a minimum, resulting in increased cost to the client. It is worth reiterating that this increased cost would be at veterinarian rates, not administrative rates.

Issuing prescriptions for all patients by default also raises practical challenges around **double-checking and safety protocols**, especially in complex or urgent cases. Our pharmacy systems currently support internal safeguards that allow for proper labelling, dispensing, packaging, and error checking. Fragmenting this process across multiple parties introduces potential for **medication errors** and **reduces clinical oversight**.

Financial and operational impacts on independent practices

A significant portion of our revenue, used to support the wider infrastructure of the practice, comes from the responsible sale of veterinary medicines. A system that automatically redirects dispensing to third party pharmacies would reduce our buying power, increase medicine costs to the practice, and ultimately harm our ability to offer affordable and responsive care. Reducing the volume of medicines we purchase would limit our ability to maintain appropriate stock levels, particularly for less common but urgently required medications. This would have a **direct and negative impact on animal welfare**, particularly during **emergencies, weekends, or bank holidays**, when external supply options are unavailable or delayed.

Prescription and dispensing fees reflect real services delivered

There is a common misconception that the price of medication is purely the cost of the medicine itself. In fact, both the prescription and dispensing processes involve clinical judgment and operational safeguards. The **prescription fee** reflects the professional time and expertise needed to select an appropriate form, dosage, and administration route, especially when considering how to medicate a specific animal successfully and safely.

The **dispensing fee** covers management of the pharmacy, stock control, expiry checks, staff time to select and package medication, double-checking protocols, labelling, and regulatory compliance. Any move to undermine these fees or shift client expectation to third-party fulfilment **devalues the service** we provide and risks reducing the quality of care.

Environmental concerns and waste

A policy of issuing written prescriptions by default could lead to unnecessary paperwork, especially if many clients choose not to use the prescription or still opt to purchase medication directly from the practice. This would increase our **carbon footprint** and contribute to unnecessary waste.

Impact on clinical staff

Given the veterinary profession's well-documented mental health challenges, the increased administrative demands resulting from the CMA remedies risk exacerbating stress and negatively impacting practitioners' wellbeing.

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Risk of delayed treatment and compromised welfare

In many cases, **immediate treatment is critical**. If clients fulfil prescriptions externally, there is a significant risk they will delay treatment in order to wait for online delivery. This is particularly problematic in acute or progressive conditions. Clients may also choose to forgo treatment entirely due to delays or the inconvenience of external sourcing, leading to unnecessary suffering and poorer clinical outcomes.

Conclusion

While client choice is important, any move to default to written prescriptions or significantly expand third-party dispensing must be **carefully balanced against the clinical, financial, and welfare implications**. This remedy would disproportionately affect independent practices, reduce the sustainability of small veterinary businesses, and increase the risk of treatment delays. We urge the CMA to consider the **full impact** of such proposals on patient care, clinical autonomy, and the long-term viability of independent veterinary practices.

Remedy 8: Transparency of medicine prices so pet owners can compare between FOPs and other suppliers

We acknowledge the CMA's intention to increase transparency around the pricing of veterinary medicines, particularly for chronic conditions requiring long-term treatment. However, we have a number of concerns regarding the practicalities, risks, and potential unintended consequences of this remedy.

Impact on dispensing patterns and client behaviour

We anticipate that increased price transparency may lead to a reduction in demand for larger pack sizes typically prescribed for chronic conditions, as clients may be incentivised to purchase smaller quantities or seek the lowest price available online. While we expect our clients to continue relying on our expertise for initial treatment trials and management of acute or short-term conditions, the shifting of chronic medication purchases online could impact continuity of care.

Concerns regarding prescription fraud and security

Our practice currently utilises electronic prescribing systems, which allow prescriptions to be sent directly to pharmacies to mitigate the risk of fraud and prescription abuse. A requirement to revert to handing over physical paper prescriptions to clients raises serious concerns about increased vulnerability to prescription misuse or fraudulent activity.

Significant administrative burden and logistical challenges

Providing clients with detailed price comparisons at the point of prescribing or dispensing would place a substantial additional administrative workload on both veterinary staff and pharmacies. The systems to support such processes are currently untested and unproven at scale, and no clear infrastructure or guidance exists to manage this effectively.

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Risk of favouring online suppliers over first-opinion practices

Price comparison tools, if not carefully designed, may drive clients towards online suppliers based solely on cost, without appropriate consideration for the broader context of animal welfare, medication handling, and continuity of care. This risks undermining the role of first opinion practices as trusted sources of comprehensive veterinary support.

Convenience, animal welfare, and sustainability considerations

Purchasing medication directly from the first opinion practice offers convenience for clients, timely access to necessary treatments, and reassurance regarding medication authenticity and handling standards. These factors contribute positively to animal welfare and client compliance and should not be underestimated or ignored in search of the lowest price.

In addition, reducing the volume of medication dispensed directly by practices may impact sustainability efforts, including minimising packaging waste and transportation emissions associated with multiple online orders.

Conclusion

While improving price transparency for veterinary medicines may offer some financial benefits to clients, it must not come at the cost of increased fraud risk, administrative burden, or compromised animal welfare. We urge the CMA to carefully evaluate these practical challenges and consider maintaining and supporting the role of first opinion practices in responsible prescribing and dispensing.

Remedy 9: Requirement for generic prescribing (with limited exceptions) to increase inter brand competition for medicine sales

We have **serious concerns** regarding the proposal to increase generic prescribing and encourage therapeutic substitution in veterinary practice. This remedy would represent a fundamental shift in the current clinical model and raises multiple practical, clinical, and regulatory challenges.

Clinical expertise and veterinary responsibility

Veterinarians possess detailed knowledge of the pharmacological nuances between branded and generic medicines, including differences in formulation, bioavailability, tablet size, palatability, and risk profiles. These factors are critical in tailoring treatment for individual patients based on species, breed, age, weight, and specific clinical conditions.

Encouraging owners to choose or substitute generics without veterinary control severely undermines clinical governance. If veterinarians cannot control which specific brand or formulation is dispensed, it is **unclear how they can maintain responsibility** for therapeutic outcomes or adverse events, especially given the wide variability between generic products.

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Therapeutic equivalence is not interchangeable equivalence

While generics share active ingredients, differences in excipients, release mechanisms, tablet sizes, and coatings can significantly impact efficacy and safety. For example, some branded products are coated to reduce oesophageal irritation, a risk factor particularly relevant in certain medications like doxycycline. Simply substituting an uncoated generic can lead to serious complications.

Complexities around dosing and formulation

Unlike human medicine, veterinary dosing often requires careful adjustment by weight, species, and formulation. Tablet splitting or dosage calculation cannot be reliably standardised across generics due to differing tablet sizes and formulations. This complexity demands careful veterinary oversight and bespoke prescribing.

Regulatory and compliance challenges

Current veterinary practice management systems lack integration (e.g., no API linking prescribing to dispensing databases), making it difficult to track and manage generic substitution safely. There is also uncertainty about how off-label or off-license medication use would be handled under these arrangements, given the VMD's warnings and specific regulatory constraints.

Impact on pharmaceutical innovation and market dynamics

Widespread generic substitution may reduce incentives for pharmaceutical companies to invest in research and development of novel or improved veterinary medicines. This could ultimately restrict the availability of advanced, bespoke, or species-specific formulations that enhance animal welfare and clinical outcomes.

Increased risk of errors and communication challenges

Providing owners with comprehensive information to make safe choices about therapeutically equivalent generics would significantly increase the complexity and time burden on veterinary consultations. It also introduces potential for error, especially if owners or third parties without appropriate qualifications participate in selecting or substituting medicines. We would encourage the CMA to consult with the Veterinary Defence Society (VDS) regarding the data they hold on medication errors via the VetSafe portal. This data would help them quantify the number of errors that could be made daily by unqualified individuals ordering, dispensing and administering medicines to animals.

Veterinary prescribing autonomy and clinical freedom

This remedy would restrict the nuanced clinical decision making that underpins safe and effective veterinary care. The ability to select specific brands or formulations based on individual patient needs is essential, and this flexibility would be compromised.

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Conclusion

We strongly recommend that this remedy is reconsidered in its entirety and is **not adopted**. However, should it be deemed necessary, any proposals encouraging generic prescribing or substitution must fully recognise the **clinical, regulatory, and practical complexities** involved. Veterinary professionals must retain ultimate responsibility and control over dispensing choices to safeguard animal welfare and treatment efficacy.

We urge the CMA to carefully reconsider this remedy in light of the significant risks outlined and seek guidance from the Veterinary Medicines Directorate (VMD) regarding their concerns about the generic substitution in veterinary medicine. The VMD, in response to the papers released in February stated that not only:

"...the CMA should be aware of the potential (and documented) abuse of written prescriptions by owners.", but also that:

*"The VMD is particularly concerned about veterinary prescriptions detailing only the active substance(s), rather than a specific product. It is considered likely that this would lead to medicines being selected and dispensed by those other than the prescribing veterinary surgeon, thereby failing to appropriately consider their clinical suitability for a given patient. This is considered **incongruent with a veterinary surgeon taking full responsibility for any prescribing decision they make**, and the fact that such decisions must be clinically justified. It stands to reason that even with the best intention, when given a choice between two seemingly identical products, owners may select the cheaper option to be dispensed, unaware that there **may be significant additional safety and efficacy considerations** for the product they have ultimately selected."*

Remedy 10: Prescription price controls

We recognise the rationale behind introducing a prescription fee for all veterinary medicines, reflecting the professional service involved in prescribing. However, we have concerns regarding how this might operate in practice and its potential unintended consequences.

Potential for unintended cost increases and market distortions

If every medication attracts a prescription fee, this could inadvertently increase the overall cost of commonly prescribed, but low cost, drugs such as corticosteroids (e.g., prednisolone). These are currently used in many circumstances, some of which are client driven, where alternative drugs are cost prohibitive, and therefore placing additional financial burden on these clients would affect animal welfare. We are able to offer a competitive price because we do not have a decoupled prescribing and dispensing process. Conversely, certain specialist and more expensive medications (e.g., Apoquel), are often already sourced by clients via online pharmacies. Already paying a prescription fee, these clients will see little difference in their bill. This imbalance, whereby online providers retain and increase their advantage, risks further shifting medication purchases away from veterinary practices, undermining continuity of care and professional oversight.

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Prescription fee must reflect professional expertise and time

The fee charged for prescriptions must be **commensurate with the qualification, expertise, and time required** by the prescribing veterinary surgeon, who is governed by the RCVS Code of Professional Conduct.

Producing a prescription involves more than simply writing a drug name; it requires a comprehensive assessment, double-checking of patient history, medication appropriateness, dosing, potential interactions, and legal compliance.

Double checking and safety measures

Ensuring the safety of veterinary prescribing involves multiple checks and balances, including reviewing the relevant data sheets, dosage calculations, and patient specific considerations. These procedures involve considerable time and resource investment by the veterinary team.

Maintaining a safe and responsible prescribing industry

The prescription fee contributes to sustaining a **safe and accountable veterinary medicines industry**. It supports the professional services that safeguard animal welfare, client education, and regulatory compliance.

Conclusion

We would only support the introduction of a prescription fee that fairly reflects the professional standards, expertise, and safety measures inherent in veterinary prescribing. The CMA should ensure that any prescription fee framework considers potential market impacts and safeguards first opinion practices from being undercut by online competitors who may not bear equivalent costs.

Remedy 11: Interim medicines price controls

We have no specific comments on this remedy at present. However, we note that any short-term erosion of margins within veterinary practices could potentially lead to increased service fees to maintain financial viability.

Remedy 12: Restrictions on certain clauses in contracts with third-party out of hours care providers

We observe that factors such as **distance, time, and cost** play a significant role in the provision and utilisation of out-of-hours (OOH) veterinary services. OOH care is inherently **time-sensitive and resource-intensive**, often incurring substantially higher operational costs.

Any remedy impacting OOH services must carefully balance **animal welfare considerations** with the practical and financial challenges of delivering timely and effective emergency care. Accessibility and prompt response are critical to positive clinical outcomes in emergencies.

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We recommend the CMA take the time to establish average travel time from FOPs to their OOH providers, in order to understand whether the current provision for many clients is acceptable.

Remedy 13: Transparency on the differences between fees for communal and individual cremations

We support initiatives that promote **clearer client choice** in veterinary care. Transparent information empowers owners to make informed decisions tailored to their animal's needs and circumstances, ultimately improving satisfaction and outcomes.

However, it is important that such information is presented in a way that accounts for the complexities of veterinary care and sensitive nature of euthanasia ensuring clients understand the nuances rather than making decisions based solely on price or limited data.

Remedy 14: A price control on retail fees for cremations

We have no comments to offer on this remedy at this time.

Remedy 15: Regulatory requirements on vet businesses

We can demonstrate that effective oversight and compliance work well within independent veterinary practices and do not pose a threat to professional autonomy or service quality.

However, there is a risk that increased oversight could inadvertently isolate individual practitioners within independent practices, making them scapegoats for broader inefficiencies or malpractice issues beyond their control.

That said, we agree that **fairer oversight and improved compliance** represent essential steps forward to maintain high standards, safeguard animal welfare, and enhance client trust.

Remedy 16: Developing new quality measures

We welcome the proposal for practices to be required to **demonstrate adherence to basic standards**, which aligns with our commitment to maintaining high-quality care. A system akin to the **Practice Standards Scheme (PSS)** would be appropriate, ideally designed to minimise administrative burdens on practices while ensuring consistent quality.

However, we caution that, like OFSTED inspections in education, such oversight frameworks can be prone to oversimplification and may not capture the full complexity of veterinary care. Therefore, **careful design and implementation** of any compulsory standards scheme will be essential to avoid unintended negative consequences.

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Remedy 17: A consumer and competition duty

We support policies that aim to better align veterinary services with the needs and expectations of clients.

However, there is a risk that an excessive focus on client preferences could inadvertently **undermine clinical autonomy**, potentially compromising professional judgment, the veterinarian's vital role in advocating animal welfare and the ability to provide optimal animal care.

A careful balance must be maintained between respecting client choice and preserving the veterinary surgeon's authority to make clinical decisions in the best interest of the patient.

Remedy 18: Effective and proportionate compliance monitoring

We acknowledge that implementing this remedy may impose considerable time **and financial burden** on veterinary practices.

A key consideration is **who will bear the cost** of these additional responsibilities, and whether sufficient resources will be made available to support their effective implementation without compromising other areas of care.

Remedy 19: Effective and proportionate enforcement

We support the principle of **fair accountability**, which would empower clients to make more informed decisions based on both quality and cost considerations.

However, we caution that implementing such measures could become **resource-intensive and burdensome** for veterinary practices, requiring careful planning to ensure sustainability and avoid undue strain on clinical and administrative teams.

Remedy 20: Requirements on businesses for effective in-house complaints handling

We believe Remedy 20 presents a positive opportunity to enhance complaints handling across the veterinary sector. It could assist practices in resolving issues earlier, which would benefit both clients and veterinary professionals. An effective framework could improve transparency, foster trust, and support a culture of continuous improvement.

However, it is important to recognise that this type of system may place a disproportionate administrative and financial burden on smaller, independent practices, particularly those without centralised administrative teams or corporate infrastructure. Care must be taken to ensure that any complaints resolution mechanism is user-friendly, proportionate, and designed to enable practices to manage complaints constructively rather than punitively.

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Remedy 21: Requirement for vet businesses to participate in the VCMS

We urge the CMA to assess the current capacity and function of the Veterinary Client Mediation Service (VCMS). If the VCMS is expected to expand its role significantly, a review of its structure, resourcing, and effectiveness would be necessary to ensure that it can reliably support the demands of a more formalised resolution system.

Ultimately, the success of this remedy depends on whether the system is designed in a way that enhances, rather than hinders, a positive approach to complaint resolution, particularly for practices operating without corporate support.

Remedy 22: Requirement for vet businesses to raise awareness of the VCMS

Please see our response to Remedy 21.

Remedy 23: Use of complaints insights and data to improve standards

We acknowledge the potential **administrative burden** associated with recording and monitoring complaints systematically. However, linking this process to a **Practice Standard** focused on ongoing training and improvement would be logical and beneficial.

Currently, we already discuss complaints internally when they highlight the need for action or learning, so formalising this within a standardised framework would support continuous professional development and quality assurance.

Remedy 24: Supplementing mediation with a form of binding adjudication

We recognise that this remedy could offer a **useful settlement outcome** for challenging cases, potentially enabling faster resolution and closure. However, it may also prove **burdensome, time-consuming, and potentially costly** for veterinary practices. Moreover, such independent resolution could lead to a **reduced level of control over case outcomes**, which we currently manage effectively and often positively, through direct engagement.

We recommend that the CMA consult with the **Veterinary Defence Society (VDS)** to gain further insight into the practical implications and effectiveness of this approach.

Remedy 25: Establishment of a veterinary ombudsman

We support efforts to increase client confidence in redress processes, recognising the importance of accessible and effective resolution pathways.

However, we are concerned about the potential for increased **bureaucratic oversight**, which could add complexity and administrative burden to veterinary practices.

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We would value clarification from the CMA regarding **how the costs of implementing and maintaining these enhanced redress mechanisms will be funded**, particularly considering other concurrent financial pressures facing the profession.

Remedy 26: Protection of the vet nurse title

We strongly support the recommendation to protect the title “veterinary nurse” in legislation. The current lack of statutory protection undermines public trust, allows unqualified individuals to use the title, and creates confusion regarding the skills and responsibilities of Registered Veterinary Nurses (RVNs). Statutory protection would enhance public confidence by ensuring that those using the title are appropriately qualified and regulated. Furthermore, it could empower veterinary practices to better differentiate their services based on the qualifications of their staff, thus encouraging fairer competition and more informed consumer choice. We believe this change is long overdue and essential to support the status, safety, and accountability of the profession.

Remedy 27: Clarification of the existing framework

We recognise that clarification of the existing framework is necessary to avoid inconsistent delegation, underutilisation of RVNs, and avoidable inefficiencies across the profession.

A clarified Schedule 3 will empower RVNs to provide timely, cost-effective, and high-quality care, resulting in better service, lower costs, and a more positive experience for clients and their pets.

Remedy 28: Reform to expand the vet nurse role

We acknowledge that expansion of the role will enhance job satisfaction, professional autonomy, and workforce retention. Veterinary businesses would gain operational advantages through broadened service offerings, reduced pressure on veterinary surgeons, and more cost-effective care delivery. For pet owners, the expansion promises improved accessibility, affordability, and continuity of care, particularly in areas like preventative health and palliative services. Enhanced utilisation of RVNs could also positively impact animal welfare by increasing treatment uptake and improving management of chronic conditions. However, this expansion must be carefully managed to avoid unintended consequences.

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In summary, we are committed to providing high-quality, accessible veterinary care within our community and acknowledge the importance of transparency and accountability. However, the proposed remedies place a disproportionate burden on independent practices while offering structural advantages to larger corporate groups. Without transparency from the CMA regarding profitability data and more detailed engagement with stakeholders like the VMD, many of these proposals risk unintended consequences, from reduced client choice and increased costs to potential animal welfare issues.

We are extremely concerned that the significant administrative burden and decreased medicine revenue will lead to, as a minimum, higher costs for many services and even to the loss of smaller independent practices that currently provide vital services to clients and animals, particularly in rural areas. This will only serve to further consolidate the market, to the benefit of the LCGs and online pharmacies (some of which they own), exacerbating the problem the CMA are looking to solve.

We urge the CMA to revisit the practicality, proportionality, and evidence base underpinning these remedies. We would welcome any further opportunity to help with the next stages of your investigation, to help ensure a fair competitive environment is the eventual outcome.

Yours faithfully,

The Directors

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