I am a veterinary surgeon with 28 years experience since qualification, have been an owner and practicing vet within a small animal independently owned veterinary business for 22 years and a pet owner and consumer.

During my time in practice I have witnessed the change of our industry and the progressive change towards corporate ownership with an associated drive of the larger investment backed corporate groups. Some of these changes have been beneficial with regards to development of modern business practices into a profession that has grounded in the desire to treat and help unwell animals. However there has been a drive form these entities to drive costs and increase profits as much as they can to the detriment of the public, clients and the profession as a whole.

I have read the CMA consultation and its report and suggested remedies with interest and feel obligated to highlight some areas which I feel do not address or appropriately understand the background within the industry, and as such I am submitting my opinions to you for consideration.

Online Pharmacy Ownership and Market Fairness The CMA's recommendations do not sufficiently address the distorted competition created by corporate ownership of online pharmacies. It is widely known that IVC evidensia own PetDrugsOnline, CVS own Animed Direct and VetPartners own VetUK; this aspect of vertical integration was completely omitted from their report on findings.

Many large veterinary groups now own or are affiliated with online pharmacies, allowing them to profit twice: first through the practice, and second through their own retail pharmacy arm.

These entities can purchase medicines at significantly lower prices than independent practices, leveraging centralised buying power and internal pricing models unavailable to smaller providers. As such Independent practices, meanwhile, cannot compete fairly, even if they wish to offer lower margins, as their wholesale costs often exceed the online retail prices charged by corporate-owned pharmacies. It would seem sensible for the CMA to understand the ownership and supply chain pricing within the veterinary medicines market. If the goal is genuine fairness which can allow open competition to drive fairness for the pet owning public, a level wholesale pricing structure must be enforced before mandating reduced prescription fees or same-day issue standards.

Prescription Timelines, Cost Recovery, and Security Mandating same-day prescriptions is impractical and risks compromising both clinical safety and service capacity. A 48-hour prescription turnaround remains a clinically safe and operationally realistic timeframe for the majority of practices. Provision in a consultation or at the time of consultation would be time pressured affecting accuracy and often there will be many variables to consider such as owner requests for quantity, repeat check for safety with associated conditions. Often with individuals multiple prescriptions would be needed for one or multiple conditions, again adding to time pressures and safety. A 24-48 hour turn around time would not be unreasonable to allow times to consider and check the prescriptions. If same day prescriptions are enforced, the associated work represents approximately 15 minutes of professional time, and fees must reflect this either for the script itself or for the loss of associated clinical time and provision of care for a full client list.

Our practice management system will not allow multiple medications on a single script and will require them to develop this to allow a workable system. Single drug on a single prescription was originally required by the VMD for security and clarity.

We like many practices have experienced prescription Fraud from clients and have tried to liaise with online pharmacies. Requiring printed or emailed copies directly to clients will increase fraud risk. A secure system allowing practices to send prescriptions directly to a nominated pharmacy remains the safest option. Digital Infrastructure To make the CMA's proposal viable, and mitigate risk of prescription fraud, the UK needs a secure digital prescription framework integrated with practice management systems (PMS). Many will already have this, or can hand write, scan and then send. However, PMS providers will require at least 12–18 months to design, test, and roll out such infrastructure, and the latter method is time consuming and again reflects the small day prescription as unobtainable and unsafe.

The imposition of a standard prescription fee should not be dictated in a free market economy. Market forces will dictate what the business is able to charge and also in our case comfortable to charge. In most industries there is strict guidance and legislation about 'price fixing', surely this is tantamount to this. It should also be with no VAT element to it as this is a fee dictated by the government policy and the economic state. Interestingly the current fee we charge is below the recommended fee, and I agree this should not be excessive, but in my experience the public will ask and compare on such fees, as it's often commented to me that neighbouring corporate prescription fees are between £25 to £35.

Pricing Transparency and Comparison Platforms Transparency is positive, but simplistic price listings risk misleading the public. Veterinary procedures are rarely comparable: e.g., "mass removal" may range from a simple wart on a healthy patient to a high-grade tumour on an elderly patient with multiple co-morbidities — vastly different procedures in both risk and cost. Routine services such as spays, castration, and dentals also vary widely in what is included (e.g., IV fluids, pain management, dental radiology, anaesthetic monitoring by an anaesthetist, RVN or lay person to name a few possible differences that would not be immediately visible to owners). Extensive price lists are therefore potentially deceptive unless accompanied by context and clear inclusion criteria.

We welcome transparency in pricing, but 'shopping around' does not always reflect the same level of care. Clients with no medical background cannot be expected to understand the nuance. 'Shopping around' does not foster a good relationship that is imperative for a trusted rapport, continuity of care and of a strong veterinary-practice-client relationship. Recommendations: Comparison platforms must have the ability to show exactly what is included in each price. Practices should be able to have flexibility for clinical or case-specific variations. Include explanatory material for owners about the Veterinary Medicines Cascade, clinical standards, and how these influence price.

Current VMD 'cascade medications' can be particularly frustrating when cheaper, equally effective human-licensed medicines exist that vets are legally prevented from prescribing for cost reasons alone. In wildlife, charitable rehabilitation work and low income pet owning households, where care is funded through donations or volunteer time, this restriction has a direct negative impact on animal welfare. It would seem sensible that this should be reviewed as part of the provision of the best deal for the fee paying public

The CMA's proposals would significantly reduce income from medicine sales and prescription fees — a key component essential for most practices sustainability. If revenue from prescriptions decreases, consultation fees and treatment prices will inevitably rise to offset this loss to enable the overheads and staff cost borne, compared to an online pharmacy with vastly reduced overheads and access to lower priced medications as the wholesale market is biased towards larger purchases and corporate businesses. As a consequence fewer appointments will be available as clinical teams spend more time on administrative tasks. Smaller independent practices may become financially unviable, further reducing competition and local access to care. Moreover, government policy continues to apply 20% VAT to essential veterinary care. If there is genuine intent to reduce costs for owners, VAT reform on veterinary services would be a far more effective and equitable measure. I support fair prescription fees, and support fair medication pricing. However, as above, this will funnel revenue to corporate owned online pharmacies, driving revenue away from other businesses, while not recognising the unfair disadvantage some businesses have due to regulation around veterinary wholesalers who cannot compete fairly, even if they wish to offer lower margins, as their wholesale costs often exceed the online retail prices charged by corporate-owned pharmacies. This must be taken into account and it must be acknowledged that for businesses that have low profit margins, if revenue is lost on one aspect, prices in another will have to increase to make businesses viable, and avoid events such as team redundancies.

Many affiliated veterinary related business are owned and operated by the larger corporate groups, often unclear in their ownership. These include online pharmacies, referral centres, direct debit providers, out of hours providers, crematoria even insurance products. This list is not exclusive but their influence is great and they will exert pressure on independent practices to inhibit their competitiveness. An example would be out of hours provision, we utilise a provider owned but a corporate group, however recently because of our geographical location some of our clients at one end of our catchment area were travelling an increased distance as the OOH producer moved its base. At the same time another independent OOH became available. We enquired if we could offer this to clients in that area. Our original provider contract prohibited us using anyone else for this service, and we would have to give a notice period of [redacted] months or could leave by compensating for [redacted] months loss of estimated client income which would amount to a penalty of in the region of [redacted] hundred thousand pounds. A 'concrete handcuff' situation which inhibited our ability to guide clients to a better service for their needs. I understand the need to protect their business but this is poor practice at any level.

The corporates dictate preferential pricing for goods, services and medications from enormity of their buying power which reduces competition. It is common for certain medications to be held at wholesalers for corporate group practices for the benefit of those practices only, so they can protect the supply to their practices when there is a shortage and inhibit competitor practices. Again not a level playing field.

Estimates of costs. Estimation of costs is most welcome as it is likely to reduce the number of complaints and dissatisfaction in services. Most vets and nurses do not go into their professions with any interest in 'generating fees'. And they don't like discussing it. They would much prefer an NHS 'free at the point of delivery' style service and find it often

difficult to discuss costs. Written estimates are a sensible approach but not always practical, such as in emergency scenarios and the times when a patient is hospitalised and the owner is not present at the time. We often use verbal estimates and updates estimate that are then noted in the clinical notes. This is different form asking for an estimate for dental treatment or a TPLO procedure. As long as the suggested remedies take this into account.

Medicine market opening remedies:

I assume online pharmacies, whether they are owned by one of the LVGs or otherwise, have the ability to advertise their products (or their services if not able to advertise specific products). If not, why not? If they can then I do not see why the veterinary profession should cover the cost of their advertising. I do not expect my local bricks and mortar stores to do the advertising or act as an introducer for Amazon or Temu. Car insurance companies and price comparison sites advertise their services and products.

I am very happy for more awareness of the availability of written prescriptions for pet owners but the burden seems to be falling solely on veterinary practices and I am concerned that an abrupt change rather than a more gradual change (by increased awareness through advertising and social media by those providers of online medications) will result in the sudden increased costs of veterinary services to make up for time taken for writing written prescriptions and loss of revenue from decreased drug sales. Or redundancies and resulting decreased service availability.

For the same reasons I do not think at giving a written prescription as default is fair approach. The role of awareness of availability of this option should be with the providers, and insurance companies if they think this will reduce their claims costs.

We have looked at our PMS and there is no quick way of writing multiple written presciptions. For clients needing 2 or more written prescriptions for an animal there is no time saving. It takes 2+ times more time than writing one written prescription. Charging one flat fee no matter how many scripts the animal needs does not take this into account. If the savings per medication are to be made by buying the drugs online then surely a fee per written prescription is reasonable.

If a client brings in 6 cats and wants prescriptions for flea treatment for each cat is that one written prescription fee? Or 6 consultations (one per cat) and one prescription per consultation? That does not seem reasonable either. Currently an owner presenting several animals would likely be charged more than one consultation -but not six- to reflect the time taken for the examination. They would currently then pay one prescription fee per animal. As each animal needs a separate and individual prescription and this takes time.

Our consultations are 15minutes. As writing more written prescriptions will take time we will have to: reduce the time in each consultation dealing directly with the client and animal; take the human GP approach of one condition per consultation (which increases cost and time effort for the returning client as well as going against the holistic approach of most vets); increased the time per appointment. That means less appointments available in the same number of hours per day and likely increased cost of a consultation to make up for that part of lost revenue.

12. Out of Hours provision: Reducing restrictive contracts with a FOP's current OOH provider is welcome. I am not convinced that this will be enough to encourage other providers due to the factors you have pointed out (Summary 59. cost of providing and staffing out of hours care).

Cremations: Clarity over costs and individual vs communal cremation is important. I had assumed practices always gave clients the options and was saddened that they didn't. The costs are difficult to discuss, often in a very emotional situation. The requirement for all to put these costs on the website is welcomed.

Complaints: We feel that we deal with complaints well through our current process. It's difficult to comment how effective a standardised process will be without knowing the format of it. My experience of the VCMS has been very limited but mixed. In that limited experience I felt that if we refunded the client the complaint would go away. It didn't feel resolved as much as paid off and I felt that system could be abused easily by someone not wanting to pay for services they have used. The mediator had no understanding of the clinical situation and the appearance was simply to settle the case without looking reasonably at the relevant particulars. Generally this just involved a refund of fees.

Regulatory reform is overdue. How can vets and nurses be regulated but working in a practice where the practice owners who control the medications they are able to provide, the equipment and services they can use and the prices they have to charge are unregulated. As a RCVS vet working and owning the practice I work in I find this unfair to both clinical directors at non-vet owned practices and their other staff as well as vets who own and run practices