

To Whom It may concern,

I have several concerns about the findings and recommendations of the CMA. I feel these are at risk of negatively impacting animal welfare.

However, as veterinary services are private companies, I do wonder why the CMA feels it needs to intervene? Are other businesses such as opticians, dentists, private healthcare providers also being similarly investigated and limited? I do not own the company I work for, however I have long understood that a business can set its' prices, and then it is on the user to decide if they want to pay that price or not.

I feel I should point out that in the time period referenced, there has been a significant change to pay ALL veterinary staff (reception, care assistants, nurses and vets) a more appropriate wage than we used to be paid – people expected us to be happy on a low wage because it's a "vocation" - yet this doesn't apply to doctors and other care providers? This has been long overdue and welcomed.

Specifically, the wages of new graduate vets has increased markedly, while their day 1 competencies have reduced – meaning that supporting the vets of the future in their development costs more from their wage, and the time of a senior clinician supervising and supporting.

Working conditions have slowly been improving, with provision of dedicated out of hours services becoming normal for small animals. Care conditions have also improved, with clients expecting 24 hour care and supervision for their pets – meaning more people are used per pet than used to be in the past. All of these people need wages paid.

The provision of high quality facilities is now expected – for example I have access to ultrasound, in house lab facilities, dental and digital x rays, endoscopy, laparoscopy and CT – the investment in this equipment, with maintenance contracts, time for maintenance and cleaning, and to train staff in the use of these comes to a significant amount of money, and buildings have to be large enough to house this. Not every patient needs these facilities, but they have to be available when needed, and that cost is spread across every transaction.

With increasing staff numbers per pet, their education has to be continued, and CPD requirements are strict in the profession – again, this comes at a cost.

As with every business, we must run with contingency for sick cover/ absences – with a decreasing workforce after Brexit, many teams are stretched, and finding they cannot cover absence within their teams, meaning the employment of locums is essential to cover the business – at a huge cost.

I work for a corporate who owns an online pharmacy – I pointed out to them in a leadership meeting that their prices are undercutting their practices. I routinely offer clients a written prescription – however the time taken to check the history, and create the prescription must be charged appropriately – your suggested cost is not appropriate

I strongly agree with the points raised below as being key too, and have made alterations and additions as I see fit.

1. 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 Animated 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 all practices, leveraging centralised buying power and internal pricing models unavailable to smaller providers. ● 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. PLEASE NOTE – THE CORPORATE PRACTICES CANNOT BUY FROM OUR NORMAL SUPPLIERS AT THE PRICES AVAILABLE AT ONLINE PHARMACIES, THIS DOES NOT ONLY APPLY TO INDEPENDENTS. Recommendation: The CMA should urgently examine cross-ownership and supply chain pricing within the veterinary medicines market. If the goal is genuine fairness, a level wholesale pricing structure must be enforced before mandating reduced prescription fees or same-day issue standards.

2. 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. ● Prescriptions require time and accuracy checks, and clients often need to confirm the quantity, repeats, or chosen pharmacy — which cannot always be achieved same-day. ● If same-day prescriptions are enforced, the associated work represents approximately 15 minutes of professional time, and fees must reflect this (15 minutes is a standard consultation time, current charge around £60) . Prescription Fraud and E-Delivery ● Many practices have moved away from physical prescriptions due to forgery, date alteration, and multiple redemptions. ● 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 same day prescription as unobtainable and unsafe. Recommendations: ● Retain a 48-hour standard for issuing prescriptions. ● MAKE IT A LEGAL REQUIREMENT FOR direct electronic transmission to pharmacies to prevent fraud. ● Extend implementation timelines to ensure technological readiness and security.

3. 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.

IN MY VIEW IT IS IMPERATIVE THAT THE SKILLS OF THE CLINICIANS AND QUALIFICATIONS OF THE SUPPORT TEAM ARE BUILT INTO THIS ADVERTISING – I have 35 years of experience and further qualifications in surgery – if I am doing a procedure compared to a less experienced or trained colleague, the price comparison is not a realistic comparison of the service being provided.

4. Veterinary Medicines Directorate (VMD) and the Cascade The current VMD regulatory framework and cascade are not fit for purpose and increasingly place veterinary professionals in conflict with owners who do not understand — or sometimes do not care about — the legal restrictions. This is 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. Recommendation: Although this may fall outside the CMA's remit, the government should review VMD and cascade restrictions in parallel with the CMA reforms. Allowing appropriate flexibility in medicine selection would directly support affordability, fairness, and animal welfare.

5. Financial Sustainability and Lost Revenue The CMA's proposals would significantly reduce income from medicine sales and prescription fees — a key component of practice sustainability. If revenue from prescriptions decreases: ● Consultation fees and treatment prices HAVE TO rise to offset the loss. ● 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. We support fair prescription fees, and we 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.

I would like to point out that corporates have for some time been considering business models where the profit comes from the services provided, not the sale of medications – perhaps their investment in pharmacies is to offset this in advance.

6. Referral Processes and Complex Procedures We support that clients should receive estimates for veterinary care, while also recognising that a patient's treatment plan can change rapidly as their disease process deteriorates, new diagnosis is gained or new information appears. ● Complex and emergency cases often cannot be accurately priced in advance without diagnostics. We are glad to see that there are exceptions made for emergency patients in the report. However, even critically ill patients, or even patients who present as 'mildly unwell' but deteriorate fast, who may not be an 'emergency' can have rapidly changing treatment needs: flexibility and understanding is needed here. ● Requesting multiple estimates from specialist centres will substantially increase administrative workload for clinical teams. Recommendation: Ensure

flexibility in providing estimates for routine, fixed-price referrals (e.g., imaging, elective surgery), with the understanding that veterinary medicine is not always simple. Complex or urgent cases should have estimates generated, however consideration should be given to what happens when treatment plans change. For others, practices should be required only to inform clients of available referral options (whether locally or the ones most suitable to their pets needs), not to obtain multiple written estimates. Although we are often happy to help, it should be down to the client to seek multiple estimates if that is their desire.

Again, if the admin time of the primary care team is increased, the available appointments reduce, and the cost per consult has to increase.

7. Insurance Misunderstanding and Client Expectations There is a genuine concern that these proposals will reinforce the public perception that “vets are now cheaper,” discouraging owners from maintaining pet insurance or having any form of financial planning for their pets. In reality, medical care provision still comes at a cost. Owners may therefore become disillusioned when bills remain higher than their desire — leading to increased complaints and reduced coverage. Recommendation: The CMA’s public communications must emphasise that these reforms do not eliminate the need for insurance or substantial financial planning and that complex veterinary care remains inherently costly, and these costs are broadly reflective of the cost of good-quality medical care provision.

8. Impact on Competition and Consumer Choice Ironically, by constraining independent practices while leaving vertically integrated corporations untouched, these reforms risk reducing competition. ● Corporates will absorb lost revenue via cross-ownership of pharmacies and economies of scale. ● Independent practices, lacking such resources, will be forced to raise fees or close, shrinking client choice and local provision. Recommendation: The CMA should assess whether its proposals unintentionally strengthen corporate dominance, contrary to its competition objectives, and consider proportional support or exemptions for smaller independent practices.

9. Practical and Technological Implementation Many proposed remedies — including same-day prescriptions, automatic data uploads to comparison sites, and digital complaints systems — require technological infrastructure that currently does not exist across most practice management systems. Recommendation: Provide an extended 18-month implementation period following the final order and engage directly with PMS developers, RCVS, and professional bodies to ensure realistic, secure delivery.

The CMA needs to understand that if there is a cost in changing the infrastructure, it has to be passed to the client.

10. Own-Brand POMVs and Market Lock-In A major issue not adequately addressed in the CMA's provisional report is the rise of "own-brand" POMV medicines, exclusive to specific corporate groups. These products represent a serious distortion of competition and actively undermine several of the CMA's proposed remedies. ● LVGs now sell POMV products branded exclusively for their network, unavailable to independent practices or online pharmacies. ● This prevents clients from obtaining written prescriptions for those medications elsewhere, directly contradicting the CMA's goal of enabling price comparison and online purchasing. I DISAGREE WITH THIS. AS AN EMPLOYEE OF A CORPORATE, I CAN AND DO WRITE PRESCRIPTIONS FOR NON OWN BRAND PRODUCTS ● Such exclusivity locks clients to one corporate group, since switching practice would require a brand change and potentially a lengthy clinical discussion (as per the new 'Under Care Guidance' we must now physically see pets for every new change of anti-parasitic treatment. See Point 4: You must always perform a physical examination in the following circumstances C. when prescribing antibiotics, antifungals, antiparasitics or antivirals (unless there are exceptional circumstances)*. <https://www.rcvs.org.uk/setting-standards/advice-and-guidance/under-care-new-guidance/> ● It also permits price manipulation, as the manufacturer–corporate relationship can set prices without external scrutiny or alternative supply. This behaviour is already recognised in Section 56 of the CMA's own report, yet no corrective measure is proposed. The CMA's own remedy in Section 79, which relies on client freedom to seek cheaper online medication, is effectively voided if large groups simply migrate to exclusive-brand POMVs. Recommendation: ● Require all POMVs to be commercially available to all registered veterinary practices and eligible for fulfilment by online pharmacies.

Conclusion The veterinary profession shares the CMA's goal of transparency, fairness, and consumer protection. However, the proposed measures — without modification — risk: ● Increasing operational pressures, ● Raising treatment costs, ● Exacerbating corporate dominance, and ● Undermining clinical autonomy and animal welfare. We urge the CMA to engage directly with practising veterinarians, registered veterinary nurses (RVNs), the wider veterinary team, the RCVS, and the VMD to ensure reforms are clinically sound, technologically feasible, and economically fair. Only through balanced collaboration can we achieve a system that genuinely benefits both pet owners and the profession entrusted with their animals' care.