

Response to the CMA Provisional Decisions on the Veterinary Market Investigation

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I am a veterinary surgeon making an individual response to the CMA Investigation. I graduated in 1984 and through my 41 year career that has focused on the small animal sector, I have worked in several practices in different areas of the country, with the varying full-time roles of Assistant, Senior Veterinary Surgeon and Locum Veterinary Surgeon. Additionally, [REDACTED], I set up my own companion animal veterinary practice in [REDACTED] (single-site), of which I was owner and director until I sold the business [REDACTED]. I am now semi-retired and work part-time in a small, single-site, independent companion animal practice in [REDACTED]. My comments are informed by my career experience and with particular concern for the potential impact of some of the proposed remedies on a practice of the type I now work in which provides an important service to the pet owning public in a very deprived area, where our clients face significant financial and social challenges.

I am pleased that the investigation into the Veterinary Market has taken place; there is no doubt that since the change in business ownership and the Large Veterinary Groups (LVGs) holding an increased share in the relatively recent past, there has been a drive to generate increased profits for very different reasons compared with the MRCVS only ownership that existed when I first graduated. Of course, the increased investments that have come with the corporatisation of the profession as well as the advancement of veterinary medicine have led to improvements in the potential care that can be provided to pets, however, these have definitely resulted in increased costs to pet owners. However, the need to satisfy the expectations of shareholders or private equity investors has meant resulted in a shift in the financial strategy of many veterinary businesses; 40 years ago, it was a case of 'providing treatment for animals whilst generating a reasonable income', whereas nowadays, especially in the case of the LVGs, it seems to be 'generating a profit whilst providing treatment for animals'. This subtle change in priorities appears to be one of 'margins and efficiency first' and, in my opinion, has resulted in many of the issues that the CMA sought to investigate.

So, I am broadly in support of many of the proposed remedies:

Remedy.7; I have long argued that it was important that pet owners were aware of the ownership of veterinary practices.

- Whilst the majority will choose a practice based on recommendation from friends, neighbours, family or similar, I believe that they should be able, easily to find out where the money comes from and where profits go and especially because of the vertical integration of many of the LVG businesses, where ancillary services are also owned by the parent company.
- I think that transparency here is a good thing and I hope that the CMA will require ownership details to be very prominently displayed, rather than they often are currently, in very small print at the bottom of websites!
- It is imperative that this is also required of the ancillary businesses such as Laboratories, Referral Centres, Online Pharmacies, Crematoria and the like; pet owners need this sort of information so that they can consider how fairly / honestly priced such services are, especially if they are given no choice when they are required.

Remedy.8ç This is a good thing and in my experience, the majority of veterinary practices already do this.

Remedy.8bç I have some concerns about this remedy.

- Whilst in theory it may sound like a good idea (and something that many veterinary practices will already be doing), publishing such 'headline' type prices, may well lead to these becoming 'loss leaders' in order to attract new customers, with other 'non-published' prices increasing to compensate. This already happens with 'routine' type services such as vaccinations or neutering operations and whilst the proposed list of procedures is a lot more extensive than 'just' routine care, it is still limited.
- Additionally, it is recognised that patient outcomes and client satisfaction are improved when there is a good veterinary surgeon (or practice)-client-pet relationship (VCPR) where there is mutual trust, understanding and respect; encouraging pet owners to compare practices based, to a large degree, on price, or to 'shop around' and use different practices for different services, is likely to result in increased client dissatisfaction / complaints and poorer patient outcomes with negative impacts on animal welfare. On top of that, there is no doubt that a good VPCR is associated with improved job satisfaction and reduced stress for veterinary professionals and other practice personnel.
- Finally, it is difficult for pet owners effectively to compare prices published in this way. Eg. 'Patient monitoring' might be included with costs of procedures such as Sedation or Anaesthesia but owners won't know whether this means 1 RVN focusing on their pet at all times with several health parameters being monitored using specialised instruments, or if there will be one RVN trainee measuring the heart and breathing rate without any other more detailed bodily functions being recorded. At the end of the day, 'Traditional roast dinner with all the trimmings' will vary between different pubs / restaurants and the price is not always fully representative of what will be on your plate, how it will taste or the experience you will have as a customer!

Remedy.8cç Again, I have some concerns about this remedy

- Whilst it is reasonable to ask practices to publish prices of their preferred parasiticide treatments, I think it is unreasonable for them to be required to provide links to alternative suppliers. Pet owners need to take some responsibility for doing their own shopping around.
- I'm not sure that, as a consumer, I have ever seen something similar, where a price is quoted and then a link is provided that enables me to look up and see if I can purchase that product more cheaply elsewhere! Search engines such as Google might offer this, but not businesses that I may then choose to look at in more detail. The only similar comparisons I see regularly are between supermarkets where they are used to highlight higher costs of competitors.
- As a veterinary surgeon, I regularly help my clients to understand about things such as food or drug purchasing options and I am happy to continue to do this in conversation with them (even that is more than other businesses tend to do!), but to actually provide links on the practice website seems unreasonable.
- I believe this remedy has the potential to be anti-competitive against small independent practices (such as the one I owned or where I currently work). Businesses like these cannot hope to match prices for POM-V or NFA-VPS products offered by online pharmacies. With many of these being owned by LVGs their buying power means far greater rebates / discounts than small independent businesses can achieve; when I owned my practice my clients were frequently able to purchase such products online at lower cost than I was able to purchase them from my wholesaler, even allowing for drug

company rebates / special offers and buying group and wholesaler discounts. It may well only be possible for such practices to sell at competitive prices if they either sell at zero mark-up, or at a loss!

- The potential for lost revenue from a remedy such as this could have significant negative consequences (which I will elaborate on further in my comments in relation to Remedy 8 and Remedy 11 and in my final summary)

Remedy.8dζ In principle this is a good thing and something that many practices will already be doing, though I would make the following comments:

- Many Pet Care Plans include complimentary services such as consultations with veterinary nurses, or in some cases, all consultations, including those with veterinary surgeons; it is hard to quantify potential savings since these depend on how often such services are used, although in my experience, where I work now, all consultations are included in one of our Pet Care Plans, clients with pets on these plans visit the practice considerably more often than those whose pets are not. I frequently see owners who will say things like: 'I wasn't sure if I needed to bring him in, but since I'm on the plan and my consultations are included I thought I'd be on the safe side and get him looked at'.
- Additionally, Pet Care Plans frequently offer discounts on products such as pet food, merchandise or medications for long-term treatments and services such as dentistry or neutering. Again, it is very hard to quantify the potential savings since they depend on the owner's purchasing decisions (and facts eg. animals can only be neutered once and most animals don't have dentistry done annually). Savings could be considerable in one year and minimal in the next.
- Again, whilst transparency is a good thing, pet owners must also take some responsibility for considering whether a Pet Care Plan is right for them – in the same way that they need to consider things like Gym Memberships for themselves!

Remedy.9ζ In principle, I am broadly supportive of this, although:

- As I have alluded to earlier, pet owners often ask for personal recommendations when choosing a veterinary practice and whether or not a practice can / will provide the type of care that an owner wants for their pet depends on a lot more than the information proposed to be included.
- Customer service, flexibility of approach to treatments offered and kind, compassionate, empathetic teams are far more relevantbut can't easily be quantified in data that could be published on a 'vet practice comparison website'!
- Having a trusted platform that provides information is good, though I would like to see guidance provided for pet owners about the factors they should consider when choosing a veterinary practice, including things such as suggested questions to ask before registering and other sources of information they might wish to consult eg. pet owners in the locality. This would empower them to take proactive steps to find the veterinary practice that is the 'right fit' for them and their pet.

Remedy.0ζ Again, this is a reasonable remedy, though the comparison between LVGs and the Independent Sector is very broad and might be misleadingthere are definitely somewhat different levels of quality and cost between practices within these groups and the suggestion for how the data will be published risks generalisations being made rather than allowing a meaningful comparison.

Remedy.0aζ I am supportive of this remedy and it is something that we did in my own practice and do where I am currently employed.

- Having said this, there are occasional situations where it is not possible to do this before treatment is provided eg. if an animal is presented in a life-threatening condition. In such a case, it may be necessary for treatment to be initiated at once, to attempt to stabilise the patient and so delaying to provide a written estimate wouldn't be practical. This might mean that an owner could incur an immediate cost without being aware 'up front' and potentially may find that the treatment is unsuccessful, or that it becomes clear that the outlook is so poor that euthanasia is required. However, such cases are rare and in my experience, another member of the practice team eg. an RVN, will often liaise between the veterinary surgeon treating the animal and the owners, giving an immediate guide price and updates on the pet's condition and ongoing costs, with a written estimate for further treatment being provided as soon as possible.
- I would hope that within remedy 5a, an allowance for emergency situations of this type will be made.
- Additionally, the sheer practicalities of working with animals, where the individuals and their bodies are dynamic structures that may react differently / unexpectedly to treatments means that sometimes veterinary professionals may find themselves having to act in the animal's best interest before considering cost. This might mean that the price an owner is expecting could increase by more than 20% before they are updated. These situations are also unusual and when they occur, it is my experience that the owner will be contacted as soon as possible with an update on the pet's condition and any change in cost.
- Again, I would hope to see an allowance for such situations within remedy 5a.

Remedy 5a: I am supportive of this remedy and it is something that was routine in my own practice and is also routine where I am currently employed.

Remedy 5b: I support this remedy. It reflects the approach that I have always taken and which I believe the majority of veterinary professionals also adopt as well as the RCVS's recommendation to provide Contextualised Care. I believe that this is currently probably easier for those employed in independent practices where 'standardised approaches' are less likely to be seen, so I welcome a requirement that will allow veterinary professionals to use their clinical judgement and be impartial.

Remedy 5c: I have significant concerns about this remedy

- At the present time, I believe that a significant number of veterinary practices and veterinary personnel, already do inform owners of their ability to purchase medicines elsewhere and let them know that medicines from online pharmacies may be cheaper than if supplied by the veterinary practice. The majority of practices do have signs in the waiting room and provide details about the availability of written prescriptions within their T&Cs documents so many practices already comply with the principle of this.
- It does seem somewhat unreasonable though to insist that reference to potentially being able to purchase medicines more cheaply from a competitor on things like invoices and receipts; in what other industry does this happen? When I take my car to the garage for example, I am not informed that the parts may be cheaper elsewhere, or given links to explore such options!
- Additionally, I can see potential problems if veterinary surgeons are required to tell owners about the option for written prescriptions and cheaper medicines supply at the start of a consultation; owners may then request a prescription when there would be welfare concerns or a clinical need for a medicine to be immediately supplied which could result in a difficult (and potentially protracted) conversation later in the consultation when the vet explains the treatment plan.

- Making one of the first discussion points in a consultation focused on money could have a negative impact on the owner's perception of the consult. Sadly, there is a commonly held belief that vets only care about money – if the first thing a vet says is that medicines may be available more cheaply elsewhere what impression does that give? This could be detrimental to building the relationship between vet and client which is so key to delivering good client satisfaction and positive patient outcomes.
- Clients may request only to be supplied with a prescription for a short course of medication which, allowing for the prescription fee and the cost of postage, may not actually save them any money which would be likely to result in complaints.
- Clients may request a prescription for medication that is 'cheap', meaning that, after allowing for the prescription charge and postage, they will end up paying more than if the practice had supplied it which would be likely to result in complaints.
- How should a veterinary surgeon act if a client requests a prescription in situations such as these – provide the prescription as requested and charge the appropriate fee since that is what the information the client has received to that point has suggested is likely to be cheaper and simply let them find out the hard way, or wait while the client checks the price online since it may be difficult to persuade them that the practice supplying will actually be cheaper?
- It would be better if veterinary surgeons were required remind owners (because they should have read any notice in the waiting room ahead of their consultation!) about the potential for a written prescription, only when the veterinary surgeon believes in good faith that this may be financially beneficial for the owner (eg; for longer courses of treatment);
- As suggested in my comments in relation to remedy 2c, I believe that this remedy is anticompetitive against independent practices because the medicines purchase and supply market is not a level playing field. Smaller businesses without the purchasing power of LVGs (which own a significant number of the online pharmacies), are just not able to match online prices.
- If independent practices were able to access the same level of rebates, discounts or 'special deals' as the LVGs then this would be reasonable. Without changing this structure, the market is skewed in favour of the LVGs and income will be diverted from independent practices (especially the smaller ones) that will negatively impact profitability and risk the survival of the business which will actually reduce competition in the veterinary marketplace.

Remedy 4. Following on from remedy 7, I believe there are very serious concerns and potential unintended negative consequences of this, especially when considered along with Remedy 77 (so I am commenting on these 2 remedies together):

- When I ran my own practice, in order to set my fees, I looked at all the overheads of running the business (including staff costs) and worked out how much it cost per hour for the business to be open and I used that cost as the basis of my calculation for deciding how to 'charge out' professional time. So, time is money in a veterinary business and any required activities that increase time spent on necessary 'admin' during a consultation and result in a longer consultation, either means an increased consultation fee, or an erosion of hourly income and thus profit.
- This remedy will definitely take a significant amount of veterinary surgeons' time. Your proposal seems to suggest that this won't be the case, but I'm afraid, as a veterinary surgeon who regularly writes written prescriptions, I cannot agree with that. Where I work now, we currently hand write the prescriptions using the BVA Template (which is recommended to reduce fraud) and each one takes several minutes. I do appreciate that computer systems in practices have the potential to be updated to facilitate

prescription generation, but even once this is done, they will still require signing (and potentially stamping to reduce the chance of fraud) which means they will need to be printed off. At my practice we did have printers in each consult room but that is unusual; in most places a vet will have to leave the room and go and collect the prescription from the printer in order to sign it. I do not believe that it will be possible to create and provide written prescriptions by the end of a consultation without adding a minimum of 3 minutes to the consultation (and more if several products are indicated).

- The time taken to provide written prescriptions will have several impacts:
 - Consultation fees will likely increase
 - Appointment slots available in the practice will be eroded, either as a result of consultations getting longer, or in order to allow vets time to write the prescriptions separately. This will make it harder for clients to book appointments and could have a negative impact on animal welfare
 - the loss of several appointment slots and the consultations those would have contained each week, will mean reduced income for the practice, directly from the loss of consulting fees, but also from work that might have been generated through those consultations eg. surgical or diagnostic procedures. I am concerned that the negative financial impact has the potential to be very significant, especially for small independent practices.
- The proposal seems to suggest that the fee of £16 inc VAT per consult is reasonable compared with what practices are currently charging. However, any fees quoted during research (which are at odds with my own experience – in the last 5 years, I have never worked anywhere that charges less than £18 inc VAT and where I currently work we charge £22.50 inc VAT) will have been the price per medicine since it is generally accepted that it is best practice to issue a prescription for only one medication at a time. Additionally, it seems somewhat unreasonable to choose to set the prescription price cap at the Lower Quartile – wouldn't median or mean have been more representative of what the majority of practices currently charge?
- To avoid fraud, it is recommended by the VMD that clients are not given paper copies of their prescriptions and it is now standard practice in many veterinary practices for prescriptions to be emailed directly to the online pharmacy of the client's choice. This incurs additional administrative time which is reflected in the fee charged for a written prescription. The currently proposed fee does not allow for this (and I note that there is a comment about fraud being uncommon – this is contrary to what many colleagues in practice experience).
- In many practices, when medicines are supplied 'in house', the veterinary surgeon will print the labels for what is required and these items are then dispensed, checked and supplied by other appropriately trained team members (eg. RVNs or Veterinary Receptionists). These functions do not incur the veterinary surgeon's time, whereas writing a prescription would. Additionally, those other team members are generally paid less per hour than veterinary surgeons, so when a vet has to write a prescription this time is at a higher cost to the business. Therefore, writing a prescription at the end of a consultation will both take up additional veterinary surgeon time and incur a higher staff cost compared with 'in house' supply. This would then impact business income and profitability.
- Animals that have complex problems (eg. dermatology or cardiology cases) often require multiple medications, some of which may be ongoing and some of which may be needed only periodically. It is therefore not necessarily practical to write one prescription for all the medications. Additionally, it may be that, when they shop around, clients may find that Pharmacy A is cheaper for 2 products and Pharmacy B is for the remaining drugs; if that is the case, then the client will need at least 2 written

prescriptions. So, how would this work in a consultation? Would the vet wait whilst the client looks up prices and then provide the required number of prescriptions? There is no doubt that this would take a lot of time and a fee of £16 inc VAT absolutely would not cover that, with a negative financial impact on the business.

- Sometimes online pharmacies may not have stock of the required medication. Currently, veterinary surgeons are required to prescribe products using the specific drug name rather than the name of pharmaceutical ingredient and pharmacies are not allowed to supply an alternative. What will happen should this occur? Writing and supplying another prescription will take time; many practices will offer this on a complimentary basis, though, with the negative financial impacts of the proposed remedies, financial compensation for providing a second prescription will be required. This is likely to result in client complaints.
- Some of the concerns I have raised above would be prevented or at least mitigated by the requirement to provide written prescriptions by the end of the day only and for those to be sent directly to the relevant pharmacy, along with a charge that is reflective of the time required to do this.
- It is currently standard practice where I work and was at my own practice (and I believe pretty standard across the profession) to request that clients give 48 hours notice when they request repeat medication. This is similar to the situation in the NHS and applies even if the client is required to visit the practice for their pet to have a necessary health check. Expecting these 'repeat' prescriptions to be issued immediately is an unreasonable change to the current system, especially since many such patients will require several products to be prescribed.
- The proposal talks a lot about facilitating the use of written prescriptions and the purchase of medicines from online pharmacies in order to help pet owners reduce costs. Whilst there is no mention of this at this stage, I am concerned that in order to further facilitate this for clients, vets might become required to write prescriptions for the generic, pharmaceutical name of the product. If that were to happen, how will the Cascade be protected and who will be responsible for any inadvertent 'off label' use that might occur should one particular form of a drug be supplied for a condition it is not licenced for? It is currently the veterinary surgeon's responsibility but how could that continue to be the case should the prescription requirements change?
- I will often administer medications for clients eg. I will give a cat a worming or other parasite control tablet in the consultation to help my clients. This sort of service won't be possible if clients are encouraged to buy their medication elsewhere. Additionally, especially for topical medication, I will often demonstrate how this is to be applied / used; I can't do this if the client doesn't buy the medication from the practice. Encouraging clients to purchase medicines elsewhere may lead to administration being less effective and so treatments not working properly (and a reduction in the level of customer service and patient care).
- It is my experience that online pharmacies won't always split packs of medications; if this happens then sometimes clients will end up having to be prescribed larger amounts at a time which may be inappropriate for the timescale for re-examination, or it could result in waste which wouldn't be good on a cost basis for owners, or for the environment if the medications are simply thrown away in household waste.
- Currently, if clients have any excess or out of date medication that needs to be disposed of, most veterinary practices will collect this for proper disposal. There are costs associated with this and practices accept these when they have supplied the medications. What will happen if clients have excess or out of date medication that has been purchased from online pharmacies? Who will be responsible for ensuring appropriate disposal and for the costs of this? I can imagine that there may be

complaints if pet owners ask their vet practice to do this and expect it to be a complimentary service.

- If a significant percentage of medication sales move from veterinary practices to online pharmacies, there is a danger of practices losing discounts and having rebates reduced (and this would happen even if they were members of a buying group). That would likely result in increased costs of medicines that are sold by practices and make it even harder for them to attempt to match the prices of drugs at online pharmacies.
- There is a risk that 'in house' pharmacies in veterinary practices will end up stocking and selling only low-cost products with minimal margins, or that stocked products don't all get sold and have to be 'wasted' both of which risk making 'in house' pharmacies uneconomic to run. This could mean that veterinary practices move to stock only medications that are injectable or those which are likely to be required in emergencies; if that happened then there is a risk to animal welfare if required treatment is delayed, as well as potential risks of antibiotic resistance if animals receive an injection to start a course but don't then follow on with oral medications within the necessary time frame because the owners are unable to source them quickly enough. Practices can't be relied on to maintain an uneconomic pharmacy 'just in case' products are required should the online pharmacy system not be able to deliver what a patient needs.
- If practices are ordering less stock from wholesalers, daily deliveries may stop. This would mean that, when a client chooses to purchase medicines from the practice there would be a delay in them receiving those drugs.
- In the proposal, there are comments relating to the potential financial impacts of the £16 inc VAT prescription cap. I am afraid that I believe the conclusions drawn are incorrect. There is a comment that LVGs charging higher prescription fees currently risk a significant loss of income BUT that would be mitigated (or more likely completely compensated for) by the income that will be received by increased sales through their online pharmacies! The suggestion that the impact will be closer to neutral for independent veterinary practices appears to misunderstand the pressure on profits that such businesses face; there quite simply is not enough spare money in independent practices for them to be able to absorb the loss of medicines sales and a requirement to provide one prescription per consultation for £16 inc VAT. I know that my boss is seriously concerned about the ongoing viability of the business and the potential impact on service fees, such as consultations.
- The area in which I work is, as I said in my introduction, one of the most deprived in the country and a significant proportion of our clients struggle either to access or use technology because they are elderly or less able, perhaps because they have challenging financial situations, or difficulties with literacy or mental / physical health problems. Pet owners from these demographics are amongst the most vulnerable in society and as a result of their potential issues with / concerns about using technology they are unlikely either to be able to or choose to make use of online pharmacies. So, these clients will lose out on any possible savings and may find themselves unable to access medications their pets require if, as a result of losing medicines sales to online pharmacies, their veterinary practice has to increase the cost of medicines they do sell due to loss / reduction of rebates and discounts, or worse still, ends up closing due to the negative financial impact.

Remedy.62 This is a good proposal and provides transparency with own brand medication.

Remedy.76 In principle I have no objection to this proposal, though I can foresee confusion if pet owners forget to request a written prescription within an appropriate timescale and then want their veterinary practice to provide a short course of treatment (especially if that is no

longer available because of changes in the practice pharmacy caused by the loss of sales to the online pharmacies).

Remedy.78; This is a good proposal.

Remedy.79; I believe that the majority of veterinary practices already offer a range of cremation options, including communal cremations and broadly support this remedy. However:

- The suggestion of owners being given 2 working days to make a decision and then a 1 day cooling off period during which they could change their mind has the potential to be problematic because of the need to store the pet's body after death. Very few practices have cold storage, other than in a freezer so sadly deceased pets do have to be frozen within a short time. We will often give clients up to 12 hours (overnight for example) to decide about how they would like their pet's body to be dealt with and leave the body out of the freezer during that time, but there would be impacts on practice hygiene if this were extended. Of course, the body could be frozen, but then, were a client to change their mind and decide they actually want to collect their pet to bury at home or to take to a different crematorium themselves, they may be very distressed to be faced with their beloved pet in a frozen state. Perhaps shorter timescales should be considered for this proposal.
- I would have liked to see a requirement for practices to declare if the cremation company they use is part of the same LVG – that would increase transparency about costs!

Remedies.relatng.to.complaints.and.redress; I am generally supportive of these measures and certainly in my practice and where I now work, the practice cultures were / are of delivering good customer service as well as excellent patient care; as a result, complaints were / are handled very well. I do have some reservations about practices being required to participate in mediation because, in my experience, if complaints have not been resolved in house, there is a significant risk that they are somewhat vexatious and that clients often aren't really committed to seeking a genuine compromise – they just want someone to be blamed or to have money refunded / compensation paid. Colleagues who have had experience of the mediation process have not always found it to be helpful, hence my hesitancy about this.

Remedy.70; I am supportive of this. The current Veterinary Surgeons' Act is very outdated and has long been in need of reform.

In summary:

Throughout my career, I have been privileged to have experienced very positive relationships with the vast majority of the pet owners I have come into contact with and I am proud to have been trusted to provide care for their pets over the years. It is my experience that the majority of clients want their visit to the vet to go as smoothly as possible and that they want to be involved with decisions relating to their pet's care and expect me to listen to their opinions and ideas and to work with them to find an approach that works for them and their pet. And with that, it seems to me that in most cases, they hope for 'everything to be sorted out in one place' ie. they expect a 'one stop shop' and value the ability to be able to get their pet's medication then and there at their veterinary practice. Yes, a percentage of clients request written prescriptions and choose to purchase their medication online, but this is almost exclusively when their pet has a long-term illness that requires ongoing medication. Very rarely, at the time of initial diagnosis, do clients expect not to collect their treatment immediately after the consultation and they seem

to expect that there is an initial, almost 'trial' period, whilst doses are adjusted and different medications are potentially tried. At this stage of their pet's treatment, clients seem to want their veterinary practice to be their trusted source of medication as well as advice.

On that basis, I believe it would make a lot more sense to focus the requirement to let owners know about and to provide written prescriptions only at the point when the need for ongoing medication becomes clear. That would save a lot of discussion and potentially confusion in many consultations (as well as saving some of the additional time that I have already discussed).

Additionally, it does feel as though with many of the proposed remedies, the veterinary profession is being expected to guide pet owners about ways to help them save money. It feels very unreasonable that we should be required to almost 'hold pet owners' hands' towards cost saving which will, ultimately, have a negative impact on the financial viability of our businesses (especially the smaller independent ones) and risk those same owners losing access to veterinary care as a result of, at best, reduced capacity for consultations meaning a longer wait for an appointment, or, at worse, the closure of the veterinary practice that they have relied on to treat their pets. I don't believe that any other businesses are, or have been, expected to act in a similar manner.

When people decide to get / take on a pet, they have a responsibility to ensure that they choose a pet that is suitable for their lifestyle. They also need to consider the affordability of having a pet and any potential health related problems experienced by the breed that they choose and the costs of managing those. Additionally, they should think about whether pet insurance may be appropriate for their circumstances. The veterinary profession cannot be expected to be responsible for providing treatment, or for seeking to save cost for owners who have not considered potential costs and planned appropriately.

Having said this, there is a huge amount of goodwill in the veterinary profession and despite what I have just said, many veterinary practices (especially independent ones) do help clients / pets in need, with business owners bearing the costs of this and it is important that the remedies proposed by the CMA don't negatively impact businesses, such that this goodwill is eroded, or lost. So, I would ask that the potential unintended consequences of the proposed remedies are very carefully considered.

I'm afraid that the proposed medicines remedies that I have elaborated on in detail, will not achieve the desired effect of improving competition in the veterinary medicines marketplace. Sadly, by appearing to ignore the fact that many of the LVGs own veterinary online pharmacies, the CMA committee seems not to have recognised that income will be diverted from independent veterinary practices to the LVGs. This will result in independent practices facing significant financial challenges, potentially at such a level that there is a genuine possibility that businesses may fail, whilst the LVGs will see increased income and profits. The result will be increased consolidation within the veterinary marketplace and a reduction in competition.

I am saddened to see that no mention has been made of looking at the way the veterinary marketplace functions in local areas where either all or a very high percentage of practices are owned by one LVG (that situation exists in the area where I work for example). How can there be effective competition between businesses when the income from them goes into the same bank account? And this is made worse by the LVGs also owning ancillary businesses such as crematoria, laboratories and online pharmacies. Surely one of the best ways to improve the effectiveness of the veterinary marketplace would have included requiring an LVG in a situation

such as this to divest some of the practices and allow competitor businesses into the area? This is equally applicable to the ancillary businesses; if the LVGs had to give up their online pharmacies then there is the potential for new players to join the market and with reduced purchasing power as a result of such divestments, the independent practices would become more able to compete on medicines price since the LVGs would see a reduction in drug rebates, special deals and discounts. It would be fairer all round and businesses could genuinely compete and respond to market forces.

The CMA's own investigation found that prices were generally higher in the LVGs and of course one of the triggers for the investigation was what owners perceived to be excessively high veterinary fees. I am concerned that the proposed remedies will simply provide higher income for the LVGs at the expense of the independent practices whose fees will have to rise as a consequence. It seems to me that, sadly, the result of the proposed remedies will be to increase costs of veterinary care for pet owners, not reduce them and, as ever, this will affect owners from different demographic groups to a greater, or lesser degree. My concern is that those most able to afford increased fees (ie. those better educated and wealthier individuals) will also be the ones that are most likely to benefit from potential savings on medicines costs while the more vulnerable in society, those least able to afford increased fees, will be far less likely to benefit by purchasing medicines online.

I would urge the CMA to reconsider and re-evaluate the potential consequences of some of these proposed remedies which, I am afraid, have been underestimated.