We are a long-established small-animal veterinary practice that has served our local community for over 100 years. We remain proudly independent, employing thirteen veterinary surgeons supported by a large and experienced team of nurses and administrative staff.

Our philosophy is to keep the cost of quality veterinary care as low as possible at the point of treatment, ensuring that all clients, regardless of income, can access essential care for their pets. We achieve this by reinvesting our earnings into our team, facilities, and equipment rather than distributing profits to shareholders.

We share the CMA's commitment to transparency and fair competition, but we are deeply concerned that the proposed remedies in *Part B* of the Provisional Decision would, undermine the independence and diversity that keep the profession competitive.

Many of the remedies appear designed for large veterinary groups with central administrative teams and economies of scale, not for small independent practices that already operate on narrow margins. The effect would be to increase administrative burden, reduce clinical time, and remove the limited profit mechanisms that allow independents to provide affordable care.

We support proportionate, evidence-based reform. However, as currently drafted, these measures are likely to increase costs across the sector, reduce choice, and make the market less favourable to independent practices. This would be an outcome directly opposed to the CMA's stated objectives.

We have supplied some specific responses to sections of your Provisional Decision Report Part B.

3.26 – Ownership disclosure and the RCVS 'Find a Vet' platform

- This proposal is the wrong way round
- If transparency is the goal, the RCVS register should show ownership starting with the corporate group, for example "IVC Group – xxxx Practice," rather than hiding behind historical names and reputation.
- Independents already trade under their own names and are transparent by default. The same should apply to LVGs.

3.54 – Defined service categories and price-list limitations

- Greater clarity is needed on what each defined service category includes, for example "Anaesthesia."
- If the aim of moving prescriptions online is to make FOPs compete with internet pharmacies, then practices should be allowed to add a short-written explanation of how their pricing is structured. We are concerned those who follow the CMA's advice and shift medicine margin into service fees will appear more expensive on published lists. This will put us at a competitive disadvantage compared to those who remain with high % markups on drugs (not shown price table) with low dispensing fees and consults.

- Our own data show that these “service charges” represent about 45% of our billed service work, so any distortion here will be significant. With profits already reduced by medicine reforms, there is a real risk that large groups will raise prices in these categories, which cover services such as operations, diagnostics, inpatient care and injectable medication. This will restrict access to essential treatment and worsen perceptions of cost, particularly in cases where clients feel they have no option but to proceed with life-saving care.

3.60 – Weight bands for pricing

- The proposed weight bands for dogs are far too narrow to standardise prices meaningfully. A 0–20 kg range covers more than a tenfold difference in adult body weights between breeds.

- The same issue applies to euthanasia and cremation costs: treating or cremating an 80 kg dog is considerably more expensive than a 40 kg one once drug quantities, handling, and storage or cremation time are taken into account.

3.68(b) – Cost of reprinting and price revisions

- This will not be a one-off cost if practices are required to reprint materials each time prices change.

- Given the uncertainty surrounding the impact of the CMA’s remedies, frequent repricing may be necessary to offset loss of income. For small practices already operating on tight margins, these repeated costs could be significant.

3.83 – Duration of action in parasiticide comparison

- An important factor missing from this proposal is duration of action. For example, our practice uses a tick treatment that lasts for three months.

- It would be unfair and misleading for the public if they compared this directly with a product from another practice that provides only one month of protection.

3.86 – Frequency of price-list updates for medicines

- Maintaining a “live” price list of Medicines such as Parasiticides is impractical.

- These are not fixed-fee services but products priced as a percentage markup on the wholesaler’s list, which can fluctuate weekly and often without notice.

- Prices are updated automatically in our system, and constant reprinting or re-uploading would create scope for error and undermine consumer confidence.

- A more sensible approach would be to upload prices every six to twelve months, clearly marked with a caveat such as “Prices correct as of 01/11/2025,” and to require an update only if they vary by more than 20 per cent, similar to the threshold for revised treatment estimates.

3.99(c) Evidence on consultation numbers in Health Care Plans

- The CMA's figure of two consultations per year originates from *Part B*, section 3.99(c), where it is described as a "reasonable declared estimate."
- There is no supporting data for this limit in *Part A* or the appendices. No survey or usage statistics are cited to justify two consultations as a realistic average.
- The CMA appears to have set the number for modelling convenience, not on an evidence-based foundation.
- Actual data from xxxxx show a much higher figure for consultations per year per plan member, with similar figures reported by comparable independent practices.
- Restricting disclosure to two consultations undervalues the true benefit of unlimited-consultation plans and misleads consumers about their potential savings.
- Using real practice data would provide a more accurate and transparent reflection of value than applying an arbitrary national cap.

Remedy 4 – Pet Owner Satisfaction Survey

- *Part A* shows pet owners are generally more satisfied with independent practices than with LVG-owned ones.
- The CMA plans to publish only one score per LVG and one for all independents, masking variation within groups and unfairly lumping independents together.
- The CMA admits that practice-level surveys are too costly, yet still proposes a broad national exercise whose own cost is unspecified and likely to fall on the RCVS and, indirectly, practices.
- Existing online reviews (such as Google) already provide practice-level feedback that is more useful to clients and costs nothing to the profession.
- The proposed survey offers little added value and risks distorting public perception while increasing regulatory expense.

4.25 – Responsibility for providing written estimates for referral work

- We disagree with placing the responsibility on the referring vet to provide a written estimate for referral work.
- As an independent practitioner, I have no detailed insight into referral fees beyond the broad ranges provided over the phone, and I have no control or oversight once the referral has taken place. It would be unreasonable to hold the referring vet responsible if final referral costs exceed the initial estimate, as this exposes us to liability and client dissatisfaction for fees that are entirely outside our control.
- For planned procedures, such as a TPLO, the referral practice has ample time to supply a written estimate directly to the client.

- In emergency situations, a referral practice is unlikely to give an accurate estimate until the patient has been examined. The referring practice's responsibility should therefore be limited to quoting the initial consultation or referral fee only. Any further estimates for diagnostics or treatment should be issued by the referral centre once they have assessed the case.

5.10 – Requirement to inform clients about online pharmacies

- In our opinion, this proposal mandates an excessive number of client interactions in which vets must repeat the message that medicines may be cheaper online. In many cases this is not true, and such repetition will frustrate clients and undermine their trust in the practice:

    - The CMA's own evidence in *Part B (5.3–5.5)* states that online pharmacies are only suitable substitutes for non-urgent and repeat medication sales, and that urgent and short-term treatments will continue to be purchased in practice.

    - Short courses such as antibiotics, analgesics, or ear and eye preparations are often not cheaper online once prescription and delivery fees are included, and veterinary "specials" (re-formulated human medicines) are not available online at all.

[redacted]	**xxxxxx**
Drug Cost = £9.10	**Total Price = £25.14**
Prescription Fee = £16.00	
Delivery = £6.99	
Total Price = £32.09	

    - Similarly, with ectoparasite treatments. The CMA claim that the average client saving on 1000mg Bravecto is £50-£100 per year when buying online. This simply does not apply in our practice. Yet we are to relay this false message to clients and default them to written prescriptions. Last year we prescribed 1000s of doses of Bravecto – 1000s of times when we would be leading the consumer away from our business to pay more for their treatment.

2x6 months Online form [redacted]	**Client Buying from xxxxx**
2 x Bravecto 1000mg = £48.96	3 x Bravecto 1000mg = £126.06
6 Month Prescription Fee = £16.00	1 x Bravecto "free of charge" on 3+1 practice deal
Delivery = £6.99	
12 month cost = 2 x £71.95 = **£143.90**	**12 month cost = £126.06**

    - As a Prescription is valid for only 6 months, 2 prescriptions would be required to dispense a year's worth of treatment. If a client bought 4 treatments on one prescription online, then they face a large upfront bill and save only a very small amount.

    - Only certain long-term maintenance medicines benefit from online bulk-purchase savings, and **the majority** of first opinion consultations do not involve these medicines at all. These tend to be dispensed after diagnostics or on repeat prescription requests.

- If the CMA succeeds in reshaping practice pricing as intended, with long-term medicines are reduced to cost price of lower, vets will be left repeating a message that is no longer true anywhere, while clients pay more overall through higher consultation fees and hidden services.

- It is our opinion that the obligation should therefore be restricted to long-term repeat prescriptions requests where genuine online savings are likely, and reworded to:

  "Certain long-term medications may be available more cheaply elsewhere. Ask your vet if this applies to your pet's treatment."

5.99 / 5.102 – Data collection on Usage of Prescriptions

- It is unclear what purpose this data will serve once collected.

- Collating and submitting it will be a time-consuming task that requires significant input from practice-management-software providers to make it technically possible.

- Before introducing this measure, the CMA should clearly explain how the data will be used by the RCVS, who will access it, and how often practices will be expected to update it, so that the administrative impact can be properly assessed.

Remedy 11 – Single prescription fee per consultation of £16

We strongly disagree with the proposal that a single £16 prescription fee cap should apply per consultation (6.39b). This policy fundamentally misunderstands the clinical and legal responsibility involved in prescribing and contradicts the CMA's own findings in section 6.16 that a prescription fee represents more than administrative work.

Impact of applying per consultation

- An analysis of a full year of our dispensing data (xxxxx events) shows that 39% of POM-V medicines were co-prescribed with another POM-V.

- Your report does not acknowledge this reality or its implications should the majority of long-term medications move to a prescription basis.

- Every additional medicine requires separate assessment of dosage, contraindications, and potential interactions; each adds to the vet's professional liability. A single capped fee ignores this growing responsibility and undermines clinical diligence.

- It confuses matters for clients and staff trying to price compare in-house with online pharmacies, if the price per product is different whether 1 or 2 or 10 products are prescribed at

the same time. It makes modelling this for price readjustments to try to compete with online almost impossible.

Logical consistency

- If the CMA truly accepts that prescribing is a clinical act (6.16), then logic dictates that each prescribed medicine represents a separate clinical decision carrying its own responsibility and therefore its own fee.

- Anything less devalues the act of prescribing and disregards patient safety.

Professional Integrity

- The claim in 6.36 that "changing practices on the number of medicines onto a written prescription" could "change prescribing behaviour" is baseless and insulting. Veterinary surgeons do not prescribe unnecessary medicines for profit.

- Prescribing is governed by the RCVS Code of Professional Conduct and is already subject to legal and ethical oversight.

Economic Distortion and Impact on Independent practices

- The CMA's suggestion that small independent clinics can simply "lower their prices" to compete with LVG online pharmacies is commercially impossible. Appendix I records rebates of 60–70% for LVGs compared with 30–40% via buying groups. Your own figures confirm that independents would need to sell medicines at a loss to match online pricing, this is before even considering the up to 10% unavoidable wastage caused by minimum pack sizes and expiry in small-volume inventories.

- A £16 cap on prescription/dispensing acts removes almost all legitimate income from prescribing long-term medication. When multiple medicines are placed on a single repeat prescription and prescriptions move to a six-monthly cycle, the real-world income falls well below even the cost of even a single dispensing fee.

- We lose both the margin on the medicine and the legitimate professional income from writing prescriptions.

- Our financial analysis shows that replacing the profit lost from long-term medicines would require an increase of 20.3% across service prices. This is an extraordinary burden, particularly given that the CMA has not demonstrated that such a redistribution of cost would benefit consumers overall. Moreover, the CMA's own profitability analysis shows that only a subset of independent practices appears to be making unusually high profits.

- Larger corporate groups will be able to absorb the impact through scale advantages, higher manufacturer rebates and the ability to cross-subsidise from their online pharmacies. Independent practices and their clients, by contrast, will bear the brunt of the changes, being forced to raise prices simply to remain viable. The profession's reputation will also suffer, as these rises will inevitably be attributed to vets rather than to regulatory intervention.

Future market impact

- This proposal would have damaging long-term effects on the medicines market.

- By removing any remaining financial benefit for independents to dispense long-term medicines, volume will inevitably shift to online pharmacies and the vertically integrated LVGs that own their own supply chains.

- As independent practices and buying groups lose purchasing power, their manufacturer discount terms will deteriorate, further widening the gap in drug pricing.

- The outcome will be increased consolidation and greater control of the medicines market by a handful of large groups, ultimately leading to higher prices for consumers and reduced competition across the sector.

8.1(e) – Cooling-off period and storage responsibility

- In my experience, most clients want their pet to go to the crematorium as soon as possible.

- Many are shocked to learn that their pet may remain in cold storage at the practice for up to a week, as rural collections often occur only once weekly.

- We already face **space and hygiene challenges**, particularly with large dogs over 50 kg.

- Our facilities use refrigerated storage rather than freezers, which makes extended holding periods impractical and potentially unhygienic.

- For these reasons, any requirement for a "cooling-off period" should place responsibility for storage with the **crematorium**, where dedicated facilities and capacity are available, rather than with the practice.

In Conclusion

The CMA's proposed remedies are incomplete, inconsistent, and misaligned with its own evidence. Although the CMA identifies sustained high prices and returns among certain large veterinary groups, it proposes no structural measures to address consolidation or market power. Independent practices, which face higher borrowing costs, weaker buying terms, and greater financial risk, are treated identically to large corporates despite operating in fundamentally different conditions.

The CMA's analysis confirms that pet-owner choice is primarily local and relationship-driven, yet the remedies rely heavily on online price-comparison mechanisms that do not reflect how people actually choose their vet.

The package removes essential medicine-related income from small practices, imposes substantial administrative obligations, and requires vets to direct clients towards online pharmacies that selectively focus on high-volume, long-term medicines which they can purchase in bulk at prices far below those available to independents. At the same time, independent practices must still maintain a full on-site pharmacy across all classes of medicines, regardless of whether clients choose to purchase them elsewhere. These measures will force all independents to raise service prices significantly simply to survive, undermining local trust and continuity of care.

Large corporate groups, with centralised administrative teams and vertically integrated pharmacies, will absorb these obligations easily. Recent market announcements make this clear. CVS Group plc publicly welcomed the CMA's decision, confirmed it expects to trade in line with expectations, announced plans to move to the Main Market, and continues a substantial share buy-back programme. CVS also owns Animed Direct, giving it a commercial advantage from any shift towards online medicine sales. These developments show that the remedies will not constrain the largest operators; they will strengthen them.

The proposals will not improve competition or lower costs for pet owners. By stripping independents of essential medicine-related income while imposing compliance costs they cannot absorb, the remedies will inevitably drive-up consultation and treatment fees. Corporates, with far greater scale and administrative capacity, will absorb the changes, widening the gap between providers. The result is higher overall costs for consumers and fewer viable local options. If implemented as drafted, the remedies risk achieving the opposite of their stated aims. We therefore urge the CMA to reconsider the proportionality and targeting of the measures to avoid lasting harm to both competition and the pet owners they are intended to protect.