

As a vet with 20yrs experience who has just recently purchased the practice where I've worked for 14yrs I'm very disappointed in the outcome of the recent CMA review and provisional report. I welcomed the investigation into the veterinary market naively believing that it would be performed in an independent, fair and robust manner, yet it appears to have been anything but. It seems that the corporates have had an unfair advantage in responding to the investigation and that the power wielded by them behind the scenes has led to a provisional report that works largely in their favour and against that of independent practices.

You highlight in the report the reason for the investigation was largely based on the increasing corporatisation of the industry but you fail to address the concerns about vertical integration (e.g. that the corporates also own the crematoria, online pharmacies and laboratories) and the effect this has of them profiting more than once from many owners. You mention that corporates charge on average 16% more than independent practices and that their client satisfaction scores are lower yet many of the remedies you are putting in place will drive business away from independent practices to the LVGs. It will also have the effect of placing an increased administrative burden on small clinical teams that don't have the same level of non clinical staff to manage it resulting in either increased fee to the client for the time spent on this or less availability of practising owners to undertake clinical work.

Every time there has been a concern about competition in the veterinary sector government intervention has generally driven prices higher. First there was the competition act in 1999 when it was deemed anti-competitive for only vets to be allowed ownership of veterinary practices. This drove the acquisition of veterinary practices by corporate entities only interested in making profit. So much so that they would acquire practices at far higher multiples of EBITDA (the measure on which practice sale price is determined) such that they out competed individual veterinary surgeons wanting to buy into a practice or partnership leading us to the situation we have today of >60% of practices being owned by a small handful of corporate entities. Secondly there was the competition commission review into the sale of veterinary medicines around 2005 when I first qualified, this opened up the market of veterinary drug sales to all and sundry such that large online pharmacies were able to significantly undercut veterinary practices in the sale of such drugs. Despite your assertions that Veterinary Practices should join a buying group to reduce their drug costs, the reality is that the level of discount achieved by these is still below that which the LVGs, who own the most popular online pharmacies, can achieve. This latest iteration of intervention into the market about lack of competition risks further worsening the situation rather than improving it as you drive more of the profit from the veterinary market into the hands of the LVGs and away from the small independent practices that are largely favoured by clients and to what end? Despite your insistence that veterinary practices should be able to absorb the loss of drug sales you seem to have failed to understand that most independent practices make (if performing well) an average of only 10-15% profit, which is lower than many equivalent professions (private GPs, dentists, lawyers & accountants) and even many tradespeople (who incidentally might also flout tax laws by performing cash in hand work) and so fees will have to increase to offset the cost of lost drug sales. By your own admission only 7% of clients chose a practice based on cost, rather proximity to their home is the driving factor. What happens now when independent practices have to close (or worse sell to an LVG as no right minded vet will now want to own a practice), clients that were perfectly happy with their choice of vet will be faced with increased fees of going to whichever corporate practice is closest to them. You claim the difference in price between corporates and independents is 16% but in many it is more than this, my own practice is 26% cheaper than a [REDACTED] and we are not even the cheapest independent in the area.

In response to the specific remedies proposed my views are as follows:

- 1) Require businesses providing veterinary services and online pharmacies to publish information on ownership
 - a) I am strongly in favour of this, for far too long some of the LVGs (namely CVS, Linnaeus, IVC and Vet Partners) have hidden behind the original branding of the veterinary practices that they have purchased. Many owners are completely unaware that three of the main online pharmacies are indeed owned by IVC, CVS and Vet Partners
- 2) a) Require FOPs and referral centres to publish basic service information
 - 1) I have no issue with this as it should be reasonably easy to institute for any practice that already has a website. However there may well be some small older style practices that haven't got a website and the burden on them may be unreasonable

- b) Require all FOPs, referral centres and crematoria to publish a standard price list for a defined selection of services
 - 1) If this was to be required for basic, fixed price procedures such as neuters then I am in favour. However the proposed list of defined selection of services is onerous and not practically easy to achieve let alone be comparable across different practices such that any owner searching purely based on price won't be aware of the difference in quality of services if just using price as a deciding factor in which practice they attend. The administrative burden for this alone will be too great for small independent practices.
 - A) In particular I think the following suggested prices are impossible to achieve as a set figure:
 - Anaesthesia and sedation – these often incorporate a time element, and rightly so, a 10min procedure should not cost the same as a 2hr procedure.
 - X-rays - as above sometimes a single radiograph needs to be taken, other times 10 or more might need to be taken, we would have to have a range of prices
 - Individual cremation costs vary dependent on the casket chosen, are we expected to display all the options available to us from the crematoria when they are already on their own website?
 - c) Require FOPs to publish prices for all preferred parasiticides
 - 1) This remedy loses sight of the difference between parasiticides in terms of coverage and goes against the recommendation to prescribe based on risk. It would drive clients to choose the cheapest option even if that were not the best one for their pet and given the latest amendment to the under care guidelines that requires a discussion at the point of examination it seems to go against this as owners won't be allowed to just chop and change without further examination by a veterinary professional thus potentially increasing costs to the client.
 - d) Require FOPs to publish information about pet care plans
 - 1) Whilst this would require some time to implement, I can see that this would be a reasonable step to further inform clients of what they are signing up to. However I can see that other industries (E.g. the car servicing industry) that offer similar options are not clear in their offerings and wonder why veterinary practices are being held to a higher standard.
- 3) Require FOPs and referral centres to submit information to the RCVS for the RCVS to publish on an enhanced Find A Vet platform and share to selected third parties
 - a) Why is this necessary, it will just increase the RCVS fees to practices, most owners only have a small number of practices in their direct area that they would consider going to, surely they can do their own research directly from the websites rather than needing a centralised database.
 - 4) Require the RCVS to commission and publish the results of a group-level pet owner survey
 - a) Another remedy that will just increase costs to veterinary practices through increased RCVS fees, such costs will always be passed onto clients but for what purpose? As evidenced in the paper itself, most clients choose a practice based on their proximity to them or through word of mouth. This is yet another measure reducing the trust between owners and their vets.
 - 5) a) Written estimates for higher cost treatment options and b) Itemised billing
 - a) No issue, this is something we already do in most instances, albeit not always printing the estimate off for the client, but usually going through it with the owner in consult or providing it by email.
 - b) Most practices already do this
 - 6) Ensuring vets and nurses can offer a range of treatment options
 - a) We already do this, so see no issue with this remedy.
 - 7) Information measures to increase awareness of online pharmacies and the amount that can be saved by using an online pharmacy rather than purchasing from the FOP
 - a) In the main we already do this with signage in the practice and orally during the consultation. It would be somewhat onerous to have to include it in every digital communication to the client and will increase the costs of such communication to the practice as the lengthier any information is the more number of texts that will be charged and to little benefit if the

information is already being conveyed elsewhere. To say that the owner needs to be aware before the consultation is ridiculous, they won't be able to compare prices before any medications have actually been prescribed. Many will want to take medication directly from the veterinary practice on the first occasion and as long as the option to buy online is mentioned then they will be able to research it before any future appointments or prescription requests are made.

- 8) Measures to reduce barriers to pet owners purchasing online
 - a) This proposal is one of the worst, to mandate that a written prescription be given at the time of the consultation or by the end of the day in digital format is onerous and will increase the time taken by vets in a consultation that will have to be passed on to the client in increased fees. Should owners require medication quickly e.g. at the point of the consultation it is far quicker to prescribe/dispense it then and there than write a prescription. Furthermore almost every practice that I'm aware of locally has been advised by the VMD to not give written prescriptions direct to owners to prevent fraud. If they are not taking the prescription themselves then a same day timeline is not inconveniencing owners in the slightest. A 48hr timescale would be far more appropriate.
- 9) Own brand medication
 - a) I am in favour of this proposal as it is yet another unfair advantage that LVGs have over independent veterinary practices.
- 10) Choice of default for repeat prescriptions
 - a) Yet another poorly thought out remedy. Many clients are already utilising the option of purchasing drugs online, for some of the expensive chronic medications this is a good idea but for some of the longer standing cheap medications (E.g. prednisolone and frusemide) the costs online would not be best served by paying for a written prescription. There should be some nuance allowed whereby the vet can discuss which medications it would be in the owners best interest to purchase online and where purchasing from the veterinary practice remains competitive. To have a default option doesn't allow for this.
- 11) Prescription price cap
 - a) If there is to be a price cap it should not have been set at a level that was comparable with the lowest 25% of the market (that's even allowing for that data to be accurate as I have yet to find a practice that charges below £20 for a prescription). It would have made more sense to set it inline with average prices charged by independent practices (rather than corporates who are more likely to have inflated fees). Additionally the idea that it should be for more than a single drug is ludicrous. A prescription fee is intended to reflect the time taken for the vet to ensure that any medication being prescribed is appropriate for the intended recipient and at the correct dosage. It therefore takes more time the more drugs that are being prescribed. It would be more sensible to mandate a reduced fee for multiple scripts e.g. a single drug could be £20 but if more than one drug were to be prescribed it would be £15 per drug script. Furthermore a single price cap regardless of location in the country and other time based fees is unfair, practices in London will have much higher running costs and so have to charge out time on a higher £ per minute basis than a practice in the north-east. It might be better to mandate that a single drug written prescription can't cost any more than a third of the consultation cost – this largely reflects 5mins of time per drug.
- 12) Requirement not to use for new (or enforce for existing) out-of-hours contracts notice periods which are longer than 12 months, with no payments required unless a FOP stops using the services before the notice period expires
 - a) I have no issue with this
- 13) Transparency on the options and fees for cremations and ensuring that all pet owners have the option of a communal cremation
 - a) We already do this. Where possible we also give them time, the only caveat to this is that if they are likely to want individual cremation, and euthanasia is performed on the day our crematorium collects the bodies, giving them 48hrs grace will increase the number of animals we need to be able to store, this is impractical given the space requirements within freezers. It would also mean owners waiting longer for their pets' ashes to be returned.

- 14) A requirement for all veterinary businesses operating FOPs to have an in-house complaints process for each of its FOPs which meets specified minimum criteria
 - a) Whilst I have no issue with having a set process, the idea that again we need to provide information on this in several forms will be unduly onerous from an administrative perspective. I would have thought a sign in the practice and further information on the website would suffice rather than requiring us to now offer a welcome pack to all new clients. As the world becomes increasingly digital it seems a backwards step to increase our use of paper handouts that will largely go into a recycling bin. Furthermore, keeping a log of all complaints is overkill.

- 15) A requirement for all veterinary businesses operating FOPs to engage in mediation in good faith in cases where the pet owner's complaint is not resolved in-house and the pet owner wishes to engage in mediation
 - a) Although I am largely in favour of this I can see that it will increase costs again to the business both in terms of time and administrative burden and these will have to be covered somehow.

- 16) a) An undertaking from (or requirement on) the RCVS to develop and publicise a decision tree to help pet owners navigate the different routes to obtaining redress
 - 1) I am in favour of this
 b) An undertaking from (or requirement on) the RCVS to collect, analyse and publish on an annual basis data and insights on complaints in the veterinary market for household pets
 - 1) Further administrative burdens laid at the door of the RCVS will be passed onto veterinary practice in the form of increased fees, which will ultimately be passed to the client in some form.

In conclusion I believe that the CMA's proposals would significantly reduce income from medicine sales and prescription fees - a key component of practice sustainability. If revenue from prescriptions decrease consultation fees and treatment prices will inevitably rise to offset the loss. Fewer appointments will be available as clinical teams spend more time on administrative tasks. I support fair prescription fees, and 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, 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 allow practices to remain viable - no business can operate on low profit margins and not risk going under.

Complex and emergency cases often cannot be accurately priced in advance without diagnostics. I am 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 quickly, 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. It would be far more sensible to provide 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. Requiring vets to seek multiple estimates from different referral centres is unduly burdensome and oft times we refer to the practice that we know is best placed to help that client and where there are more options will discuss this with the client coming to a decision together that may or may not be based on price.

A potentially unintended consequence of the CMAs meddling is the loss of the trust between the vet and their clients. Media reporting has been horrifically one sided implying that vets are profiteering from pet ownership and that prices will therefore decrease. As many vets and nurses have repeatedly warned you, these proposals are likely to increase fees not decrease them. A better option would be to encourage pet insurance and highlighting that pet ownership is costly and medical provision will never be cheap. Owners may therefore become disillusioned when bills remain higher than their desire leading to increased complaints and reduced coverage.

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. 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.

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. Engagement with PMS developers and extending the deadline for implementation would be sensible.

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.