

To: Competition and Markets Authority
Subject: Response to veterinary medicines / prescribing fee proposals
Date 15th October 2025

1. Summary

I strongly oppose the proposal to cap the prescription charge for veterinary medicines at **£16.00**. That cap undervalues the professional act of prescribing, risks forcing pet owners toward online pharmacies, and advantages large, vertically integrated corporate veterinary groups at the expense of independent practices. I urge the CMA either to revise the cap upward or to adopt a more flexible, cost-based model that protects competition and maintains high standards of veterinary care.

2. Key concerns

a) Incentive toward online dispensing and market distortion

- Under the proposed cap, an owner buying, e.g., Metacam (100 ml) online (\approx £16.70) would pay £16 for the prescription — totalling \sim £32.70. That is far below the price many practices currently charge when dispensing in-house.
- This price differential effectively incentivises online purchase — which large corporate groups already control via their owned pharmacies — and shifts revenue away from independent practices that lack such vertical integration. Whilst moving towards online purchases is potentially in the best interests of clients – having a justified and fair prescription fee of circa £30.00 would make this more transparent and not overly favour the Big 6 corporate groups.

b) Disadvantage to independents

- Independents, buying from standard veterinary wholesalers (not benefiting from corporate volume discounts), cannot match the economics of integrated corporate groups. A £16 fee may leave little or no margin when considered against cost, staff time, overheads, professional liability, and compliance.
- Reducing dispensing revenue threatens the financial viability of many practices, especially smaller ones that rely on cross-subsidy between services, medicines and remote care.

c) Undervaluation of the professional act of prescribing

- Preparing a veterinary prescription is a **clinical judgment and legally binding document**, not mere paperwork. It requires reviewing medical records, assessing patient status, dose/contraindication risk, drug interactions, owner instructions, and sometimes clarification with the client or pharmacy.
- The prescribing vet signs legally to certify their professional decision. That signature carries responsibility and potential liability.
- The time and risk involved — including follow-up queries, correction, clarifications, audit, and governance oversight — are materially greater than a token administrative task. My belief is that a fair fee for the time involved, as well as the qualifications needed as a professional, would be in the region of £30.00 inc VAT. I have expertise

in creating fair professional fees in the veterinary industry, based upon time to provide the service against the real clinical costs involved in providing this service, and have data to support £30.00 as a justifiable fee for this level of service provision.

d) Erosion of service, stock, and patient care

- With dispensing margins squeezed or eliminated, practices may reduce in-house stock of essential medicines, delaying timely treatments.
- There is a risk of reduced investment in clinical services, poorer accessibility, or consolidation of practices into corporate chains.
- Over time, competition may decrease as smaller practices are forced to sell to or merge with larger groups that can absorb losses or subsidise through scale.

3. Suggested amendments or safeguards

- 1. Allow a higher or variable cap**
 - The cap should reflect a realistic cost base (including vet time, staff time, overheads, liability). A single flat fee is unlikely to do that.
 - A tiered or complexity-adjusted fee (e.g. for multiple drugs, special handling, or repeated prescriptions) may help preserve fairness.
- 2. Transitional relief for independent practices**
 - Support or subsidies for small practices during transition, to prevent closures or forced sales.
 - Exemptions for rural or remote practices where margins are already tight.
- 3. Supply cost regulation or transparency**
 - The CMA should consider regulating or imposing transparency obligations on wholesalers and manufacturers, to reduce cost asymmetries that favour large buyers.
 - Requiring that independent practices have equitable access to purchase pricing similar to large groups.
- 4. Monitoring and review**
 - Regular review of the impact of the cap on competition, veterinary service provision, availability of medicines, and animal welfare outcomes.
 - A mechanism to adjust the cap if unintended harms (e.g. loss of independent practices, reduced service availability) arise.

4. Conclusion

I accept the CMA's goal of protecting consumers and ensuring fair access to veterinary medicines. But a rigid £16 prescription ceiling, without structural safeguards, risks creating a market that disproportionately benefits large corporate groups, undermines independent practices, and undervalues professional veterinary care. I urge the CMA to reconsider this unfairly low price cap, introduce flexibility, and include protective measures to maintain competition, service quality, and animal welfare.