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### **Response to the CMA proposed remedies for the veterinary sector**

I am the owner of a single vet independent veterinary clinic and initially was very pleased that the CMA were investigating the lack of competition and behaviour of some veterinary businesses, limiting choice and affordability to clients. However, I am very concerned at some of the proposed remedies and do not think they are going to have the intended outcome for the benefit of clients. I think there is a missed opportunity to correct some of the major changes that have happened within the sector which have negatively affected choice and value to the pet owning population.

I qualified over 28 years ago and have experienced veterinary practice before the appearance of the corporate groups and the negative effect of this on my profession since. I started my own clinic nearly 17 years ago to offer affordable quality veterinary care to my local community and strive to provide the best value in an already unfair business environment. Some of the proposed changes will negatively effect my ability to serve my clients and patients. The additional workload and reduced revenue may make me consider whether I want to stay in the career I have dedicated a lifetime to and if I decide to sell my independent clinic it will likely be to one of the large veterinary groups which would be heart-breaking to me and negatively affect my loyal client base.

### **Size of Veterinary Businesses**

You have differentiated between Large Veterinary Groups and small veterinary businesses with regards to the requirements and timescale to comply with the proposals. However I understand that you consider groups with up to 15 clinics as small practices. I would argue that in the veterinary industry this is a significant size of business when it comes to local market dominance, buying power and ability to comply.

I suggest there should be a further classification for genuinely small practices such as those with a single site or a small number of branch practices or a limited number of staff. These small independent practices are more likely to be adversely affected by the proposals yet are often the ones offering more affordable contextualised care. The significant impact on these businesses should be considered along with the need for them to comply with all the same requirements as the larger groups.

LVGs and large multi-branch practices have the capacity to absorb the additional time and financial burden of the proposed changes and can reduce the number of staff or close premises if required to cope with the changes.

Small businesses like mine have no such option, we cannot afford additional staff or have time to cope with the increased workload and at the same time compensate for any loss of revenue. This increases the risk of staff burnout and mental stress, lowering the quality of care to out patients and potentially going out of business.

## Pricing

I understand that you did not want to recommend any “price-fixing” but I think that may have been the fairest option to reduce the excessive mark-ups some of my colleagues make on sales of medications and the “remedies” proposed do not address this fairly. If the wholesale purchase price was made more even I would wholeheartedly welcome either a **recommended retail price, maximum selling price or mark-up limit on medications**. I believe that medications should be provided to clients as a necessity to treat their pets, not as a way for veterinary businesses to profiteer from this. I know what it costs me to purchase medication and what I can sell it for to cover the purchasing, delivery, storage, prescribing, waste and disposal and then I offer it to the client for the best price I can. I shop around for more affordable alternatives and deals, but I would rather not have to and just be able to provide it at a competitive price.

What should have been dealt with is the practices and groups selling medications for 2-3 times what I am selling them for when I expect they will be purchasing stock at better terms than I can. At the same time pharmacies are selling the medications at a price I cannot purchase them for wholesale. **This is where the real competitive inequality lies.**

## Referrals and Out of Hours Clinics

The cost of medications and services at out of hours and referral clinics can be significantly elevated compared to first opinion practice and for my clients this is the biggest cost concern to their pet's care. They quite rightly question why a treatment or procedure should cost several times more outwith normal clinic hours? This does not appear to be appropriately addressed with your proposals, instead the first opinion practices are given the burden of the proposed remedies.

The cost of referral treatments can be significant and vary with providers but it should not be the first opinion clinic's responsibility to call around for the cheapest option. Instead the location, availability and quality of services and the confidence of the referring vet in the referral service should all be considered and discussed with the client. If the client wants to shop around for a cheaper option that should be their responsibility with the referring vet offering guidance on the clinical suitability. It should not be our job to call around for the cheapest quote.

Pet Insurance should be considered where clients may benefit from the ability to access more expensive treatments but unfortunately I feel this can be taken advantage of especially by referral or emergency care providers who appear to maximise their fees to utilise the insurance limit before returning the patient to the care of the primary practice when the client has no remaining funds to pay for further treatment.

These services often only offer a perceived “gold-standard” level of care following specified protocols without the client getting offered more affordable options or the clinician having the clinical freedom to modify the care plan to suit the client's budget. I do not know how the proposed remedies address these issues which have a significant affect on clients and their pets.

## Responsibility of Care

Most first opinion practices invest heavily in equipment, training and staff to provide a comprehensive range of necessary services. Fees from routine consultations, vaccinations and medication sales help to support the costs of providing these services. Routine health checks allow the identification of underlying issues and earlier intervention. Some practices might be more

expensive for some procedures but cheaper for others. If clients shop around for the cheapest option for any particular service the continuity of patient care and the practice-client relationship could be compromised.

If a client attends more than one first opinion practice who would be responsible for the patient's care in an emergency? While the publication of fees might help owners choose a practice to register with there should be an expectation to remain with that practice for primary care unless the client moves to another practice at which point the patient then becomes the new practice's responsibility.

Clinics providing limited veterinary services such as vaccine clinics should be aware of their responsibilities for patient care beyond their available services and make appropriate arrangements with other service providers for this. Clients should be clearly made aware of the limited provision of services and emergency care such clinics offer.

### **Ownership**

I welcome the recommendations for the clearer identification of ownership of clinics but this should extend to making it very clear for other services also- labs, pharmacies, referral centres, out of hours providers and crematoriums should all have to identify if they are part of a large veterinary group (LVG).

The improved clarity of pricing is also appreciated but the requirements for this need to be carefully thought through to allow for a fair and equal comparison. There needs to be a simple way to make adjustments to prices on any database over time and all listings on third parties websites kept up to date to prevent complaints from clients expecting a price that is no longer correct.

Clinics owned by the same group as online pharmacies could be expected to offer prescription medications at the same price at all their outlets so their clients would pay the same whatever branch they attend or if they buy it online. This would address the excessive charges by the clinics and the cynical undercutting of prices of the online pharmacies and make drug costs more even and affordable across the sector.

It is very unfair that a practice owned by a LVG should be able to profit from either 1: selling over-priced medication or 2: selling a prescription which is then dispensed by a cheaper online pharmacy owned by the same LVG thus doubling the business's ability to profit from the client without improving competition for fair pricing. It should not be allowed for practices to be linked to, or allowed to recommend, a particular pharmacy if you intend to improve competition and transparency on the sale of medications. I find it remarkable that this does not appear to have been addressed by your proposals.

**I would suggest that the ownership of online pharmacies by LVGs should not be allowed.**

### **Prescriptions and Medications**

I have no issue with providing written prescriptions either for long-term treatments where this will be more cost effective for clients and improve the availability of medications to my patients, or for medications that I cannot provide or it is not viable or economical for me to stock or offer at an affordable price. **The current prescription situation allows this** but I agree that this could be better advertised such as on practice websites or a poster in the waiting rooms.

However I strongly oppose any requirement to automatically provide this at the time of any dispensing of treatment for a number of reasons.

I contest the repeated statement that medications are available at a much lower cost from online pharmacies when this is not necessarily the case and implies that we admit to over-charging for medications. I try as much as possible to make my medication prices competitive with those online so resent the requirement **“to make pet owners aware they can buy medicines online more cheaply”**. I think it is fair enough to inform clients that they **might** be able to purchase medications cheaper elsewhere but then it should be up to the client to research this and request a prescription if required.

If a client has been offered the option and chooses to continue to purchase medications from the practice I think that should continue to be the default until the client says otherwise without the requirement to repeatedly remind them **“that it is often significantly more expensive to buy repeat medication from a FOP”**.

I disagree with the requirement that pet owners who do not make a choice should have their default preference set to receiving written prescriptions. The current situation is that owners typically purchase from their vet practice so if there is an option to choose otherwise and they do not actively make a choice to change to purchasing elsewhere surely the default should remain the existing situation.

Clients like the convenience and instant availability of medications directly from their vet and most would not accept that they must automatically receive a prescription rather than their pet's medication at the time of their appointment. They can always **choose** to receive a prescription for a particular medication if this offers better value and is appropriate.

I have suggested wording for a poster that could be displayed in waiting rooms, on practice literature and on websites that I think clearly gives owners the information on prescriptions in a much more reasonable way without restricting their choice rather than imposing a default position on them. It could read something like this:

### **“Prescriptions**

**While we aim to stock a comprehensive range of prescription-only medications for dispensing within the clinic, it may be possible for owners to purchase some medications for ongoing conditions at a lower price on-line.**

**We are more than happy to provide a written prescription for the ordering of medications from on-line pharmacies if we are not able to compete with their price or supply a particular product.**

**There is a fee for the providing a written prescription.**

**Please discuss your options for purchasing medications with any member of staff.”**

I think it is very unusual in business to be specifically ordered to tell a customer to purchase a product from a competitor. For example, I know that I can buy parts for my car cheaper than the garage may provide them, but I don't expect my mechanic to tell me to source these elsewhere and I trust that they will source the correct part at a reasonable price that they then take the responsibility of installing and warranting the repair. I appreciate that doing this allows them to run their business

and give me the advice and diagnose the fault in order to do the work.

I also don't expect any business to have to supply me with a product at a loss, so why should a veterinary clinic do so in order to offer a competitive price? The drug companies and wholesalers should be looked at as to why their pricing negatively discriminates against smaller clinics with less buying power.

There are over 5000 veterinary clinics in the UK and I believe approximately only 18 online pharmacies, so directing the purchase of prescription medications to such a small number of suppliers would appear to be limiting the competition rather than improving it.

Your summary states “all pet owners with animals with **an on-going need for medication** must be given a written prescription to enable them to buy the medicine (usually at a much lower cost) online”. So if the intention is to make prescriptions available for **on-going medication** why would there be a “requirement for all veterinary businesses operating FOPs to give pet owners written prescriptions **by the end of a consultation**”?

We currently provide medications at the time of an appointment or procedure, but request clients to give us 24 hours notice for prescribing POMs within the clinic for ongoing medications or repeat prescriptions. We ask the same 24 hour notice for providing written prescriptions. This is to allow us the appropriate time to safely assess the suitability for providing this and ensure the correct details for providing the prescription whether written or not. The animal's clinical record needs to be reviewed, any changes in the patient's health discussed with the owner and with the vet, the requirement for any further monitoring, consideration of previous investigations, decision making for the details of the prescription and planning reviews of the patient all need to be considered. The medication may need to be ordered and will need to be counted, checked by a colleague and properly labelled.

If providing a written prescription these same checks are required and the prescription approved by the vet. The prescription needs completed carefully and correctly following the BVA guidelines and using their template. This then needs checked by the vet and a copy made for our records and documented in the patient's file before being available for the client to collect or to be emailed to a pharmacy. This could take at least as long as a normal consultation appointment to complete and there is a significant risk of making a mistake if this is rushed which could either lead to further delays in the patient getting their treatment or worse still getting incorrect medication, dosing or advice, thus compromising patient safety.

**I would recommend allowing a 24 hour notice period for the provision of a written prescription rather than requiring it to be available immediately or on the same day.** As the intention is to make long-term ongoing medications more affordable there should not be a problem with having to give a day's notice when requesting a repeat prescription.

There was an implication at the recent CMA webinar that one prescription could be provided for multiple medications or animals. This is definitely **not the case** with the current BVA prescriptions so an additional written prescription would be required for each medication and the additional time and charge will need to be available to make this possible.

It will **absolutely not be possible** for us to provide a written prescription for each medication for every client at the time of the appointment. In order to be able to do this would need to reduce the number of appointments available, reducing the time with each patient and increasing the time between consultations. As we are already running at capacity this would mean seeing less patients

and turning more clients away who will then have no option but to join a large corporate practice and ultimately reducing competition, limiting options to clients, increasing costs and compromising patient welfare. This appears to be at odds with the intended effect of the remedies.

The additional time required for providing prescriptions and loss of income from reduced sales of medications will result in a significant increase in fees for other services potentially negating any financial benefit to the client.

Your proposed £16 price cap for a written prescription in 2026 is below the average fee from 2023 and does not fairly reflect the professional time and responsibility of the vet to provide this. This is even less affordable to the practice if the £16 fee is to cover multiple medications. This is far removed from the costs of obtaining an official document from any other profession.

By being able to stock and supply POM-V medications from the clinic at the time of treatment we can ensure patients get immediate appropriate treatment with the correct advice and monitoring. If clients instead get a written prescription for treatment that would otherwise be provided by the clinic there and then there are a number of concerns. There may be a delay in patients starting treatment for both client and pharmacy reasons, owners may have issues sourcing and purchasing the treatment and pharmacies may not have stock or not be prepared to split packaging to dispense the amount being prescribed. Deliveries can be delayed or lost, further delaying treatment and owners will then expect the vet to be able to provide shorter courses of medication to cover this gap in treatment.

Our ability to maintain stock could be compromised due to the potential amount of out of date stock that will be discarded if we are not able to sell it. We will then either need to consider stopping stocking certain medications which will reduce choice to clients and compromise owners who may not have the technological ability or access to purchase medication online.

We may have to stock smaller amounts of medications and sell them as a full box which will increase the cost we can supply it for (e.g. a box of 28 tablets in a blister pack rather than dispensing from a large tub of loose tablets at a cheaper cost). This could also conflict with clinical judgement affecting the amount of medication supplied due to financial rather than clinical requirement compromising our duties for responsible prescribing.

If we have to dispose of increased amounts of expired medication we will incur additional economical and environmental costs from discarding and disposing of stock. We will then need to increase the cost of medications to allow for this loss further adding to the cost to clients or reducing choice and competition. This is not making medications more affordable to owners.

Controlling the price of medications would be preferable to reducing stock, reducing availability and increasing waste, and ultimately increasing fees to clients by other means.

Some procedures are currently provided free or discounted such as preparing and assessing an ear swab during a consult as they are offset by the subsequent sale of treatment based on the result. Such procedures would need to cost the client more if they were then to purchase the medication elsewhere.

**There needs to be a standardised, easily completed official prescription facility possibly provided by the VMD that would simplify and optimise the provision of a written prescription and a system of sending this directly to the pharmacy.** This could have a pre-populated drop-down option with all the registered POM-Vs with their drug details, strengths and pack sizes easily selected by the practice which would improve the efficiency and safety, saving time and reducing

the risk of typographical mistakes and miss-prescribing.

Digital prescriptions supplied directly would ensure the pharmacy has the full and correct prescribing information quickly from the clinic and could contact the clinic if they had any questions or concerns about this.

Providing paper prescriptions to clients has the potential for mistakes and abuse. There is a risk of clients using the same prescription more than once or at more than one pharmacy obtaining more medication than had been prescribed. Written prescriptions could be modified or counterfeit prescriptions created to fraudulently obtain POMs. Clients can lose written prescriptions and can forget if there were repeat prescriptions allowed and how many there were.

Many pet owners are elderly and not technologically confident. They can struggle to scan them and find it difficult to upload and attach. By directing the sales of medicines to online pharmacies the proposed changes discriminate against owners who would not have easy access to purchase medications online.

I would not agree to listing the websites or have links to specific online pharmacies on my website as I have no affiliation or recommendation for another supplier. I would accept having a link to another resource with a list of appropriate registered pharmacies such as on the RCVS, BVA or VMD websites. It is easy for clients to search for online pharmacies or prescription medications themselves online if they choose to.

**For written prescriptions there should be the same requirements as when medications are prescribed by the clinic.** The amounts provided at a time and the number of repeats should be the same.

When clients order their repeat medications regularly from the clinic it gives us an opportunity to enquire how the patient is doing and if there are any changes or concerns that might alert us to any issues with a patient's care. We can also ensure that they are using their medication as directed, for example if we provide a month's supply of medication but the client does not come back for more within that time we know it is not being used correctly. We can also advise when a patient needs to be seen back for a review.

If clients obtain larger amounts (officially or fraudulently) they may miss the monitoring opportunities and are more likely to run out of medication before they realise and have time to book a follow up consultation. Pharmacies supplying medications on repeat could be required to inform owners when their current prescription expires so that clients know to contact their prescribing vet in adequate time to arrange a consultation.

**I would recommend there should be a limit on most medications to dispense one month's supply at a time with as many repeats as the clinician feels appropriate before a review is required.**

The role of the prescribing cascade should be considered as this significantly restricts the ability of the vet to provide a more cost effective option for the client. Often the veterinary licensed option is several times the cost of the pharmacologically equivalent human POM. The human drug may have been in common use within veterinary practice for some time before the availability of a veterinary version and then the cost to the client increases significantly. It should be left to the prescribing vet to find a more cost effective option if clinically appropriate and those savings passed on to the client.

Branded products that are only available through one group should not be allowed where a client does not have the option to purchase an equivalent medication from an alternative supplier.

### **Estimates and Invoices**

I agree with the proposal to provide estimates for more expensive treatments. While we already try to keep clients advised of the potential costs of treatment a written estimate for fees over £500 seems appropriate.

It is not always possible to give a precise estimate in an acute changing situation and clients should be aware that costs can change and estimates cannot always be strictly adhered to although they should be kept informed of any changes to the situation that may increase costs.

We currently always offer a receipt for card payments and more than half of our clients decline this. Being obliged to automatically provide an itemised invoice for every transaction is unnecessary and not required for the majority of payments.

It would be a waste of time and resources to supply this and an unnecessary use of paper for clients to store or dispose of. Instead it would seem much more appropriate to **offer** an itemised invoice to any client that desires one.

We should be trying to reduce the environmental impact of the profession by using resources sensibly and reducing waste. If every veterinary clinic in the UK provided an A4 itemised receipt for every transaction there would be a huge unnecessary impact on the sustainability of veterinary practice.

If there is genuinely a requirement to provide an itemised invoice automatically it would be appropriate to only make this **compulsory for fees over a specified value**, such as the £500 proposed for providing estimates.

### **Conclusion**

I believe that proposals that provide better information and choice to clients in a transparent and open way would benefit owners and support the client-veterinarian relationship.

However, by making the default of some of your proposals obligatory rather than giving the client the option to choose their preference, you are imposing an outcome on them rather than giving them the freedom to decide how they would like to work with their veterinary practice.

The proposed requirement of providing written prescriptions is both unworkable and financially not viable.

The remedies suggested will not necessarily make veterinary care more affordable to clients or more accessible to their pets.