



Competition Markets Authority  
Victoria House  
Southampton Row  
London WC1B 4AD

14<sup>th</sup> November 2025

REDACTED

Dear Sir/Madam

### Response to Provisional Decision Report

We welcome the opportunity to submit our thoughts on the Provisional Decision (remedies) Report published on 15<sup>th</sup> October 2025. We also recognise that the proposed remedies represent a significant reduction in burden to the potential remedies published in the May working paper and we thank the CMA for their consideration. We understand the need for a well-functioning marketplace and hope that our continued efforts to contribute to this investigation are recognised as commitment to this process.

However, there is an overriding sense that independent practices have been swept up into a maelstrom of upheaval brought on by the commercial behaviour of the Large Veterinary Groups (LVGs). We wholeheartedly reject the notion that independent practices should bear the burden of promoting online pharmacies to the extent proposed in your remedies. We wish to highlight the significant detriment to the independent community should Remedy 7 come into effect without amendments.

There appears to be substantial asymmetry in the negative impact some of the remedies will have on small and medium sized businesses, as opposed to LVGs, who will be better able to amend their commercial and operational practices. This has been pointed out repeatedly and yet the CMA appear to deem it of negligible interest. We would ask that the CMA reconsider some of the more contentious remedies in light of this apparent asymmetry.

### Remedies 1-17

#### Remedy 1 – Require businesses providing veterinary services and online pharmacies to publish information on ownership

We support the principle of transparency in ownership. Clear disclosure of ownership structures enables pet owners to make informed decisions and fosters trust within the veterinary sector.

#### Hook Norton Branch (Hospital)

White Hills Surgery, Sibford Road,  
Hook Norton, Banbury,  
OX15 5DG

Farm & Equine 01608 730085  
Small Animal 01608 730501

#### Charlbury Branch

The Spenlove Centre,  
Enstone Road, Charlbury,  
OX7 3PQ

Small Animal 01608 811250

#### Deddington Branch

Heritage House,  
St Thomas Street, Deddington,  
OX15 0SY

Small Animal 01869 337732

#### Moreton-in-Marsh Branch

3 Wychwood Court,  
Cotswold Business Village,  
Moreton-in-Marsh, GL56 0JQ

Small Animal 01608 695305



## Remedy 2a – Require FOPs and referral centres to publish basic service information

We support the publication of basic service information to help pet owners understand the range of services available and to promote transparency across the sector.

However, the proposal to publish full staff details raises important considerations. There is a right to privacy and anonymity for individuals, and practices have a duty of care to protect staff safety. In rare cases, named publication could expose staff to risks such as harassment or stalking. Furthermore, under GDPR, individuals must have control over the use and disclosure of their personal information.

We therefore consider that any requirement to publish staff information must permit anonymity where justified, and an opt-out clause should be included to protect those who do not wish their details to be publicly disclosed. We have experience of this in our own practice and would be happy to share anonymised examples. Practices should be free to provide general information about staff qualifications and roles in a way that maintains transparency while respecting individual privacy and security.

We are proud to share information about our team’s expertise and qualifications, but we would like to take this opportunity to point out that qualifications do not guarantee quality, knowledge or expertise. It is possible that a veterinary surgeon who has been working as a general practitioner for 20 years is better able to provide clients with appropriate advice and care, than a certificate holder with only limited experience of general practice. We would therefore request that any service information of staff details is not discriminatory in its nature.

## Remedy 2b – Require all FOPs, referral centres and crematoria to publish a standard price list for a defined selection of services

We recognise the CMA’s aim to improve price transparency in veterinary services. However, we have concerns about the methodology applied to this remedy and the potential for misleading comparisons by pet owners.

Price lists alone do not reflect the quality or scope of care provided. Factors such as whether procedures include blood tests, post-operative monitoring by qualified nurses, the extent of pain relief, or the use of advanced monitoring equipment can vary widely between practices. Without this context, clients may inadvertently compare incorrectly, making decisions based solely on price rather than the underlying level of clinical care.

It is therefore important to clarify what should be considered part of a “standard” service, including what is included by default (e.g., basic pain relief or blood tests), and to distinguish complex cases from less complex cases. For example, the cost of a routine neutering procedure for a healthy animal differs significantly from that for a high-risk patient (e.g. a brachycephalic breed) requiring additional monitoring or specialist care.

### Hook Norton Branch (Hospital)

White Hills Surgery, Sibford Road,  
Hook Norton, Banbury,  
OX15 5DG

Farm & Equine 01608 730085  
Small Animal 01608 730501

### Charlbury Branch

The Spenlove Centre,  
Enstone Road, Charlbury,  
OX7 3PQ

Small Animal 01608 811250

### Deddington Branch

Heritage House,  
St Thomas Street, Deddington,  
OX15 0SY

Small Animal 01869 337732

### Moreton-in-Marsh Branch

3 Wychwood Court,  
Cotswold Business Village,  
Moreton-in-Marsh, GL56 0JQ

Small Animal 01608 695305





A simplified illustrative example of this distinction might be:

Procedure	Standard Service	Complex Service / Optional Additions
Neutering (dog)	Basic anaesthesia, routine monitoring, standard pain relief	Additional bloodwork, monitoring by qualified RVN, advanced anaesthetic protocols, extended post-op care
Dental Scaling	Routine scaling under general anaesthesia, basic pain relief	Full-mouth radiographs, extraction of diseased teeth, monitoring by RVN, advanced anaesthetic protocols enhanced analgesia
Lump Removal	Simple excision, basic anaesthesia, standard wound care	Large or deep mass, additional diagnostics monitoring by qualified RVN, advanced anaesthetic protocols, extended post-op pain relief

We also note that for any comparison (for example via Remedy 3 – RCVS “Find a Vet” platform), practices must be able to differentiate based on the quality and comprehensiveness of care, not just the headline price. Without this, there is a risk that this remedy may inadvertently encourage decisions driven purely by cost, rather than informed judgement about animal welfare and clinical quality.

We therefore request that the following are built into the framework:

- Clearly define what constitutes a standard service and the scope of inclusions;
- Provide guidance on differentiating routine versus complex cases; and
- Allow practices to provide contextual information about the level of clinical care included, so clients can make truly informed comparisons.

**Remedy 2c – Require FOPs to publish prices for all preferred parasiticides**

We understand the intention behind the proposal to publish parasiticide prices, thereby improving transparency and allowing clients to make informed comparisons. However, we have significant concerns regarding the requirement to provide links to VMD approved online pharmacies.

Requiring practices to publish such links risks appearing to endorse or recommend third-party providers, over which we have no knowledge or oversight regarding their operational standards, staff qualifications, safety checks, or reliability. This could inadvertently expose practices to reputational and legal liability should issues arise, including the risk of clients receiving counterfeit or substandard medicines.

The potential for harm to animals is highlighted in recent reports of an increase in fake veterinary medicines making it onto the market:

[BBC: Fake flea treatment almost killed my cat](#)

[Gov: Urgent warning to pet owners as toxic chemicals found in fake flea treatments](#)

**Hook Norton Branch (Hospital)**  
White Hills Surgery, Sibford Road,  
Hook Norton, Banbury,  
OX15 5DG

**Farm & Equine 01608 730085**  
**Small Animal 01608 730501**

**Charlbury Branch**  
The Spenlove Centre,  
Enstone Road, Charlbury,  
OX7 3PQ

**Small Animal 01608 811250**

**Deddington Branch**  
Heritage House,  
St Thomas Street, Deddington,  
OX15 0SY

**Small Animal 01869 337732**

**Moreton-in-Marsh Branch**  
3 Wychwood Court,  
Cotswold Business Village,  
Moreton-in-Marsh, GL56 0JQ

**Small Animal 01608 695305**





In addition, requiring practices to link to competitors could distort competition further in favour of online retailers, rather than promoting a balanced market. We would welcome insight into how this works in other regulated private healthcare professions. A more proportionate approach would be to inform clients that they are entitled to request a prescription, without compelling practices to actively promote specific third-party retailers.

We also highlight that in bricks and mortar veterinary practices, the margin on dispensed medicines contributes to overheads and the sustainability of services. Loss of medicine margin due to enforced third-party redirection may necessitate increases in other service prices, which could inadvertently penalise pet owners. Transparency around this trade-off should be acknowledged in any CMA guidance, rather than asserting that waterbed effects are not expected. This will only serve to disillusion clients should an increase in services be as a direct and necessary consequence of the removal of medicines margin.

Finally, any measures must consider the regulation and safety oversight of online pharmacies. Unlike in-practice dispensing, it is unclear whether online providers employ appropriate double-checking systems, adhere to the same veterinary medicines regulations, or implement robust safeguarding against fraud.

In summary, while we support price transparency for parasiticides, we do not support being required to link to third-party pharmacies. A safer and fairer approach is to ensure clients are regularly informed they may request a prescription, while leaving practices responsible for guiding clients on safe and appropriate medicine use.

### **Remedy 2d – Require FOPs to publish information about pet care plans**

We support providing clear, accessible information to pet owners about our care plans, including the services included, their frequency, and the total cost. Transparency in this regard helps clients understand the value of the care provided and supports informed decision making and consumer choice.

However, we note that no two care plans are exactly alike, and requiring detailed comparisons between plan prices and individual service prices risks creating unnecessary complexity and potential confusion. Such an approach could be misleading for clients, inadvertently steering them away from the valuable preventative and welfare benefits of well-designed plans.

Any approach must balance transparency with clarity and practicality, ensuring that pet owners are informed without being misled by oversimplified comparisons. Our practice already publishes content and pricing for care plans, and we believe maintaining this approach, with an emphasis on preventative care, achieves the intended consumer benefit.

Finally, we would like the CMA to consider how this remedy may inadvertently undermine confidence. The benefits claimed by clients often significantly exceed the cost to them, thereby ensuring that animals are pro-actively cared for during their lifetime. Health plans, alongside comprehensive insurance schemes, help reduce the financial burden of owning a pet, which is an important

<p><b>Hook Norton Branch (Hospital)</b> White Hills Surgery, Sibford Road, Hook Norton, Banbury, OX15 5DG</p>	<p><b>Charlbury Branch</b> The Spendlove Centre, Enstone Road, Charlbury, OX7 3PQ</p>	<p><b>Deddington Branch</b> Heritage House, St Thomas Street, Deddington, OX15 0SY</p>	<p><b>Moreton-in-Marsh Branch</b> 3 Wychwood Court, Cotswold Business Village, Moreton-in-Marsh, GL56 0JQ</p>	
<p><b>Farm &amp; Equine 01608 730085</b> <b>Small Animal 01608 730501</b></p>	<p><b>Small Animal 01608 811250</b></p>	<p><b>Small Animal 01869 337732</b></p>	<p><b>Small Animal 01608 695305</b></p>	



consideration for all clients. If the remedy makes it too hard for practices to justify the cost of administration to continue offering health plans, this would be of significant detriment to both owners and their animals.

**Remedy 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**

We support the principle of centralising key practice information on the RCVS “Find a Vet” platform as a means of improving information available to pet owners. We would like clarification on aspects of the practical implementation of this remedy.

It is unclear who qualifies as “approved third parties” and how submissions to these parties will be controlled. Practices must be confident that sensitive information is handled securely and is not exploited for commercial purposes.

We note that the administrative burden of submitting detailed service and pricing data could be significant, especially for small or multi-site independent practices. This burden will be influenced by the method of data collection, the frequency of required updates, and the digital infrastructure provided. To reduce this burden and maintain accuracy, we recommend that the platform allows for complete digital integration before FOPs are required to adhere to the remedy. This will also give the RCVS time to ensure their data systems are capable of coping with the increased demand on them, rather than the increased complexity and cost of retrofitting at a later date.

The additional benefit of ensuring this is launched once the advanced and tested systems are in place, is that it will reduce the risk of exposing confidential business information. It is imperative that clients and third parties do not have access to commercially sensitive information and we ask the CMA to consider allowing practices to opt-out of sharing non-essential data.

**Remedy 4 – Require the RCVS to commission and publish the results of a group-level pet owner survey**

We support the objective of improving consumer choice through a pet owner survey comparing service experiences across veterinary practices. However, we have several concerns regarding the methodology and potential unintended consequences.

The practice of aggregating independent practices “as a group” is concerning. Independence is a defining feature of such practices and aggregating them may obscure meaningful distinctions in service quality and experience. The survey should respect the diversity of practice models and avoid creating misleading comparisons.

There is also a risk that publication of survey results could encourage perverse behaviour, with practices prioritising performance metrics over genuine clinical care to achieve favourable ratings in a perceived “league table.” Guidance should be clear about how results are intended to be used, who is expected to act upon them, and how the data should inform constructive improvement rather than competitive ranking.

**Hook Norton Branch (Hospital)**  
White Hills Surgery, Sibford Road,  
Hook Norton, Banbury,  
OX15 5DG

**Farm & Equine 01608 730085**  
**Small Animal 01608 730501**

**Charlbury Branch**  
The Spendlove Centre,  
Enstone Road, Charlbury,  
OX7 3PQ

**Small Animal 01608 811250**

**Deddington Branch**  
Heritage House,  
St Thomas Street, Deddington,  
OX15 0SY

**Small Animal 01869 337732**

**Moreton-in-Marsh Branch**  
3 Wychwood Court,  
Cotswold Business Village,  
Moreton-in-Marsh, GL56 0JQ

**Small Animal 01608 695305**





Finally, the process of data collection and reporting should be simple and proportionate, ensuring that practices can participate without undue administrative burden. Survey design should focus on providing meaningful, actionable insights to support transparency, rather than fostering a “them versus us” dynamic between independents and LVGs.

In summary, while we support the principle of the survey, its design and implementation must be fair, proportionate, and respectful of independent practice models, ensuring transparency benefits pet owners without creating unintended distortions.

### Remedy 5a – Written estimates for higher cost treatment options

We support the principle of providing written estimates to pet owners for high cost procedures, as this helps avoid unexpected bills, and supports informed decision making. Our practice already provides clear guidance and written estimates to clients and takes pride in managing costs and care effectively.

We have significant concerns regarding the inclusion of “aftercare” in estimates. Veterinary medicine and surgical outcomes can be unpredictable, and complications may arise that require additional treatment beyond the standard post-operative care.

For example, while we routinely provide two post-operative checks after any anaesthetic or surgical procedure, unexpected events such as delayed healing, minor complications, or rare life-threatening conditions cannot reasonably be incorporated into a fixed estimate. Including contingency fees for all potential complications could be misleading or off-putting for clients, while failing to provide clarity may result in disputes. It is therefore essential that estimates are able to clearly distinguish between planned aftercare and unforeseen complications.

There is also uncertainty over what constitutes a “written estimate”. Clients may interpret estimates as guaranteed quotes, which could lead to complaints if the actual costs differ due to unforeseen factors. We recommend that any requirement allows for reasonable caveats and clear explanations, emphasising that estimates reflect planned treatment and routine aftercare only.

We question the methodology for “high cost” notifications. The proposed requirement to update estimates whenever costs change by 20% or £500 may be disproportionately burdensome for practices, particularly when minor variations occur in the course of treatment. A more practical approach would be to set a higher start point and fixed increments, allowing practices to manage the process efficiently without creating unnecessary administrative complexity or risk of penalties for minor adjustments. Whatever the final sum is deemed to be, it is imperative that this is increased annually with inflation.

Finally, the requirement for FOPs to estimate the cost of work referred out of their own practice is simply unworkable. We already provide the clients with as much information, both regarding care and cost, as we can before they have to make a decision. However, it is unreasonable to expect staff in a FOP to have the financial understanding of work carried out external to their practice. We are often requesting referral options from multiple centres in emergency or critical scenarios. Requiring us to conduct further, detailed financial research could impact clinical outcomes.

#### Hook Norton Branch (Hospital)

White Hills Surgery, Sibford Road,  
Hook Norton, Banbury,  
OX15 5DG

Farm & Equine 01608 730085  
Small Animal 01608 730501

#### Charlbury Branch

The Spenlove Centre,  
Enstone Road, Charlbury,  
OX7 3PQ

Small Animal 01608 811250

#### Deddington Branch

Heritage House,  
St Thomas Street, Deddington,  
OX15 0SY

Small Animal 01869 337732

#### Moreton-in-Marsh Branch

3 Wychwood Court,  
Cotswold Business Village,  
Moreton-in-Marsh, GL56 0JQ

Small Animal 01608 695305



It is our opinion that our responsibility to provide accurate written estimates (thereby committing to paper what could be considered legally binding in a dispute) only travels as far as the services we can provide in-house. Clients can further their understanding by contacting referral centres directly and should be encouraged to do so if they have budgetary concerns. This encourages free choice and should be protected as such. The client will have a consult fee at the referral centre (a fixed cost), at which the specialist will go through the treatment options and associated costs, risks and possible outcomes. We simply cannot attempt to estimate for this.

Regarding the administrative burden of this remedy, as a benchmark, we have resources in place to process all written estimates, and we have assessed that this work costs us in excess of xxx per annum. This remedy will increase the number of written estimates, and we therefore argue that the CMAs assertion that “the overall costs would be limited” (4.47) is fundamentally flawed.

In summary, while we fully support the principle of written estimates for work carried out in-house, thereby avoiding “bill shock,” these estimates must remain practical, proportionate, and clear, particularly regarding aftercare and unforeseen complications. We do not support the principle of written estimates for work carried out externally.

### Remedy 5b – Itemised billing

We support itemised billing as a means of helping clients to understand the costs associated with veterinary care. However, we consider it clinically necessary to aggregate the costs of certain non-optional components of procedures, which are essential for safe and effective care. Breaking these down individually could mislead clients into thinking they can “opt out” of critical elements, potentially compromising animal welfare and increasing post-operative complications.

For example, a routine neutering procedure includes:

- **General Anaesthetic:** pre-medication, induction drugs, oxygen and anaesthetic gases, scavenging, RVN monitoring, equipment maintenance, additional monitoring equipment, and veterinary surgeon and nurse expertise.
- **Surgery:** surgeon and nurse time, consumables (including gloves, gowns, drapes, blades, suture material, swabs), surgical kits, and sterilisation.
- **Pain Relief:** both intra-operative and post-operative medications.
- **Pre- and Post-Operative Care:** consent discussions, admit/discharge appointments, and two follow-up checks.
- **Safety Measures:** buster collars or medical pet shirts to prevent wound interference.
- 

These elements are essential and inseparable for the safe and effective completion of the procedure. Aggregating them ensures itemised bills remain clinically meaningful, understandable, and aligned with our high clinical standards, while avoiding unintended consequences, such as increased aftercare costs due to reduced or negligible owner compliance.

#### Hook Norton Branch (Hospital)

White Hills Surgery, Sibford Road,  
Hook Norton, Banbury,  
OX15 5DG

Farm & Equine 01608 730085  
Small Animal 01608 730501

#### Charlbury Branch

The Spenlove Centre,  
Enstone Road, Charlbury,  
OX7 3PQ

Small Animal 01608 811250

#### Deddington Branch

Heritage House,  
St Thomas Street, Deddington,  
OX15 0SY

Small Animal 01869 337732

#### Moreton-in-Marsh Branch

3 Wychwood Court,  
Cotswold Business Village,  
Moreton-in-Marsh, GL56 0JQ

Small Animal 01608 695305



There are also practical considerations:

- Inconsistent application across practices could reduce transparency and lead to complaints.
- Some Practice Management Systems (PMS) may have limitations producing fully disaggregated bills for complex procedures, and fully itemising every consumable, medication, or staff activity could create a disproportionate administrative burden.
- Overly detailed itemisation may confuse clients, who are not trained to understand the nuances of clinical procedures.
- Insisting on standardisation may fail to reflect patient-specific variations and complexity.

We therefore request clarification from the CMA that the aggregation of essential components, such as general anaesthesia, surgery, consumables, nursing and anaesthetic support, is acceptable. Further guidance on expectations for procedures with multiple essential components, and which procedures, if any, must be fully disaggregated, would ensure compliance.

#### Remedy 6 – Ensuring vets and vet nurses can offer a range of treatment options

We would welcome clarity from the CMA on whether a specific template or wording is expected, to ensure consistency across the sector while allowing practices flexibility to reflect patient-specific circumstances. Providing guidance or a model template would help practices comply efficiently and maintain a high standard of client communication without creating unnecessary administrative burden.

#### 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

Whilst we support the principle of ensuring pet owners are aware of their options when it comes to obtaining prescriptions, we fundamentally do not agree that as an independent practice we should be made to actively refer clients to purchase medicines from online pharmacies, some of which are owned by LVGs. The requirement to permanently recommend that drug prices “may be significantly cheaper” (5.22) implies that there is little or no chance that they may, in fact, not be cheaper. In order for there to be parity, the CMA should consider requiring online pharmacies to actively promote both direct competitors and bricks & mortar practices as alternative purchasing routes. We know of no other profession (e.g. opticians, dentists, private health), where they are required to actively promote other businesses to their own clients.

The whole premise of the remedy raises concerns about fairness and impartiality. We would urge the CMA to consider a rewording of the standardised notices ensuring impartiality.

Furthermore, our practice already provides information to clients regarding prescription options, and we would ask the CMA to review the following practical considerations:

- **Documentation and proof:** It is unclear how practices are expected to evidence that the requirement of verbal communication has been met in every consultation. Without clear guidance, this could expose practices to compliance risk.

##### Hook Norton Branch (Hospital)

White Hills Surgery, Sibford Road,  
Hook Norton, Banbury,  
OX15 5DG

Farm & Equine 01608 730085  
Small Animal 01608 730501

##### Charlbury Branch

The Spendlove Centre,  
Enstone Road, Charlbury,  
OX7 3PQ

Small Animal 01608 811250

##### Deddington Branch

Heritage House,  
St Thomas Street, Deddington,  
OX15 0SY

Small Animal 01869 337732

##### Moreton-in-Marsh Branch

3 Wychwood Court,  
Cotswold Business Village,  
Moreton-in-Marsh, GL56 0JQ

Small Animal 01608 695305



- **Operational burden:** Current systems are not designed to support real-time written prescriptions in every consultation, particularly for complex or high-volume clinics. Implementing this could require additional staff or resources. A 48-hour window for supplying written prescriptions, rather than immediate delivery, would be more realistic until Practice Management Systems (PMS) can integrate the process effectively. Recommending that these can be done by bulk at the “end of the day” would disproportionately load further administration on vets who already work long hours.
- **Liability and quality assurance:** We are concerned about maintaining adequate double-checking systems to ensure safety and to prevent fraud. It is unclear whether practices would remain liable for errors or adverse outcomes related to medications obtained through third parties. Any guidance should clarify disclaimers or limits of responsibility regarding quality and safety of medications supplied externally.
- **Impact on clinical care and welfare:** The provision of written prescriptions could lead to clients compromising animal welfare if they choose to delay or decline treatment.
- **Commercial implications:** This remedy will influence pricing and therefore margins on certain drugs and increase operational costs, both of which are likely to be passed on to clients if the commercial implication is significant, creating waterbed effects. Further comment on the impact on profitability is discussed in greater detail on page 12 & 13.
- **Practical impediments:** We urge the CMA to reconsider the overly prescriptive details of this remedy, for example, using 12pt font is excessively large on any receipt and some practice walls would struggle to accommodate an A2 poster.

## Remedy 8 – Measures to reduce barriers to pet owners purchasing online

We support the principle that pet owners should be able to request written prescriptions easily. However, we have significant concerns regarding the practicality, operational burden, and environmental impact of a mandatory same-day requirement:

- **Administrative burden and logistics:** Our current systems are not fully automated, and issuing digital prescriptions in every case would currently place a significant burden on veterinary and administrative staff, particularly at the end of long shifts. Fast turnaround may require additional staff, increasing costs for both the practice and clients. Emailing prescriptions or providing digital copies requires clear processes to prevent errors or fraud. The CMA could consider requiring all PMS providers to ensure some level of technical compliance to mitigate the administrative burden.
- **Environmental considerations:** Increased printing of paper prescriptions is environmentally unsustainable. Sending prescriptions directly to the pharmacy, where possible, would reduce this impact.
- **Flexibility and timing:** Mandating same-day provision of prescriptions could threaten the viability of smaller practices. We recommend allowing flexibility in timing, provided the client’s prescription is available within a reasonable period (e.g. 48 hours). Clients should also be able to opt out of receiving a written or digital prescriptions if the medicine is being dispensed directly

### Hook Norton Branch (Hospital)

White Hills Surgery, Sibford Road,  
Hook Norton, Banbury,  
OX15 5DG

Farm & Equine 01608 730085  
Small Animal 01608 730501

### Charlbury Branch

The Spenlove Centre,  
Enstone Road, Charlbury,  
OX7 3PQ

Small Animal 01608 811250

### Deddington Branch

Heritage House,  
St Thomas Street, Deddington,  
OX15 0SY

Small Animal 01869 337732

### Moreton-in-Marsh Branch

3 Wychwood Court,  
Cotswold Business Village,  
Moreton-in-Marsh, GL56 0JQ

Small Animal 01608 695305





from the consulting practice, with this choice recorded in the patient record and reviewed annually.

Despite the above concerns, we believe that the most significant unintended consequence of this remedy is fraud. The NHS Counter Fraud Authority ([NHSCFA](https://www.nhs.uk/counter-fraud)) describes a fraudulent prescription as follows:

- Has been forged or counterfeited
- Has been amended by changing quantities/dosages
- Has been collected by an individual pretending to be someone else in order to obtain their prescription
- Has been written for a 'ghost' patient
- Has been obtained through multiple registrations at GP practices using false IDs to obtain several prescription forms
- Has not been signed by an authorised prescriber

Notwithstanding the possibility of individuals creating forgeries or amending prescriptions, FOPs cannot easily cross reference prescriptions already written at alternative practices, under different ownership names or confirm the identity of owners at each visit. Additionally, clients could claim written prescriptions have been lost or never "arrived" in their inbox. We have first hand experience of a client using our prescriptions fraudulently and do not wish to revert to a more vulnerable system. Will there be a requirement for online pharmacies to establish measures to mitigate these risks, should they come direct from the client?

Direct transmission to pharmacies provides a more secure approach and reduces the potential for an increase in illegal behaviour that as yet could be considered an untapped market.

### Remedy 9 – Own brand medication

We have no specific comments on this remedy.

### Remedy 10 – Choice of default for repeat prescriptions

We support the principle of ensuring clients have the opportunity to review prescription preferences. There are practical considerations regarding when and how this review could occur:

- **Timing of reviews:** Flexibility is important to ensure practical implementation and to avoid unnecessary administrative burden.
- **Informing client of FOP prices for repeat medication:** Clear guidance on what is permissible would ensure compliance.

While we support client choice, the implementation must allow practices to manage timing, communication, and remain able to offer clients competitively priced medication.

#### Hook Norton Branch (Hospital)

White Hills Surgery, Sibford Road,  
Hook Norton, Banbury,  
OX15 5DG

Farm & Equine 01608 730085  
Small Animal 01608 730501

#### Charlbury Branch

The Spenlove Centre,  
Enstone Road, Charlbury,  
OX7 3PQ

Small Animal 01608 811250

#### Deddington Branch

Heritage House,  
St Thomas Street, Deddington,  
OX15 0SY

Small Animal 01869 337732

#### Moreton-in-Marsh Branch

3 Wychwood Court,  
Cotswold Business Village,  
Moreton-in-Marsh, GL56 0JQ

Small Animal 01608 695305





## Remedy 11 – Prescription price cap

We note the administrative work involved in issuing prescriptions, particularly if a fast turnaround is required. A low fee for this work may be appropriate; however, we have several concerns regarding practical implementation:

- **Multiple medications:** If a consultation results in multiple prescriptions, a single flat fee will not adequately reflect the time and effort required.
- **Impact on clinical care:** Introducing fees could incentivise single-condition consultations rather than comprehensive “nose-to-tail” assessments, potentially reducing the quality and continuity of care.
- **Use of multiple suppliers:** It is unclear how the fee structure should be applied if a client wishes to send different prescriptions to different pharmacies. This scenario requires clarification to avoid confusion or administrative errors.

We do not believe that the proposed charge fully recognises the administrative effort and hard-won clinical expertise that goes into prescribing medications that are clinically appropriate. We also question the legitimacy of only charging one fee for multiple prescriptions, given that each act of prescribing takes the same or similar amount of time and effort. However, understanding that a cap on these charges is highly likely, we request that CMA consider further how this may result in altered prescribing and fulfilling behaviours.

## Remedy 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

This remedy is not currently relevant to our practice, and we have no specific comments.

## Remedy 13 – Transparency on the options and fees for cremations and ensuring that all pet owners have the option of a communal cremation

We already consider our approach to cremations to be both sensitive and appropriate: our clients are given time, financial information and options at this difficult and emotional time. However, we do have some concerns regarding the practicality and logistics of implementing a mandatory cooling-off period, as follows:

- **Storage and handling:** During a cooling-off period, it is unclear who is responsible for storing the animal: the practice or the pet crematorium? This could create additional administrative burden, costs, and logistical challenges, particularly for smaller practices or branch sites with limited storage facilities.
- **Impact on client distress:** Delaying cremation can cause increased distress for owners, particularly when they have already made a clear decision. Our experience is that owners do not want animals to remain in freezers unnecessarily, as this is considered disrespectful.

### Hook Norton Branch (Hospital)

White Hills Surgery, Sibford Road,  
Hook Norton, Banbury,  
OX15 5DG

Farm & Equine 01608 730085  
Small Animal 01608 730501

### Charlbury Branch

The Spendlove Centre,  
Enstone Road, Charlbury,  
OX7 3PQ

Small Animal 01608 811250

### Deddington Branch

Heritage House,  
St Thomas Street, Deddington,  
OX15 0SY

Small Animal 01869 337732

### Moreton-in-Marsh Branch

3 Wychwood Court,  
Cotswold Business Village,  
Moreton-in-Marsh, GL56 0JQ

Small Animal 01608 695305





- **Operational burden and cost:** Crematoria may need to manage additional collections, and practices may incur higher handling fees. This could increase costs for clients and create practical challenges for smaller premises.
- **Opt-out provision:** Allowing owners to opt out of the cooling-off period would enable timely cremation where the client is certain of their decision, mitigating distress and logistical issues. Practices should be able to rely on such opt-outs to manage operations effectively.

We support measures that allow clients to make informed choices, and any cooling-off period must be practical, and sensitive to owner welfare, with an opt-out mechanism to avoid unnecessary delays.

**Remedy 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**

We already have an extremely robust system in place to manage complaints effectively. However, implementing the proposed enhancements is likely to result in additional administrative burden, particularly for FOPs already operating at full capacity.

We have resources in place to handle complaints efficiently and comprehensively and estimate that this currently costs the practice a minimum of xxx per annum.

We currently require all “actionable complaints” to be made in writing. This allows for avoidance of doubt and clear intention of what redress may be required by the client. Clinical information is incredibly complicated and has to be responded to in a way that is accessible to lay people, which takes both time, expertise and clinician-led responses. However, this is also a collaborative approach, allowing non-clinicians to facilitate investigations and draft those responses. A requirement to name a single individual responsible for handling the complaint would only restrict our ability to deal with complaints in a timely manner. We would therefore ask the CMA to reconsider this requirement.

We anticipate that this remedy is likely to increase the time and resources required to manage complaints, without necessarily improving outcomes for our clients. Any additional requirements should therefore be mindful of the operational limits of small and medium-sized practices.

**Remedy 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**

We already provide clients with access to mediation via the VCMS if deemed to be the appropriate next stage of dispute resolution. We have experience of mediation via the VCMS and would make the following comments:

- **Capacity and practicality:** We do not believe the current operational structure of the VCMS will be able to handle a substantial increase in cases. A significant rise in demand could overwhelm the service, reducing its effectiveness for both clients and practices.
- **Client expectations:** Mandating wider access could inadvertently give clients false hope of guaranteed resolution or encourage unnecessary use of mediation for minor issues. This may place additional strain on veterinary practices and the VCMS itself.

**Hook Norton Branch (Hospital)**  
White Hills Surgery, Sibford Road,  
Hook Norton, Banbury,  
OX15 5DG

**Farm & Equine 01608 730085**  
**Small Animal 01608 730501**

**Charlbury Branch**  
The Spendlove Centre,  
Enstone Road, Charlbury,  
OX7 3PQ

**Small Animal 01608 811250**

**Deddington Branch**  
Heritage House,  
St Thomas Street, Deddington,  
OX15 0SY

**Small Animal 01869 337732**

**Moreton-in-Marsh Branch**  
3 Wychwood Court,  
Cotswold Business Village,  
Moreton-in-Marsh, GL56 0JQ

**Small Animal 01608 695305**





- **Operational impact:** Practices are likely to see an increase in administrative workload associated with mediation referrals, potentially diverting resources from clinical care.

In summary, while we support access to mediation for legitimate disputes, the implementation of a broader or mandatory VCMS must be given enough budget and resource to be effective and deliver mediation in a timely manner.

**Remedy 16a – 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**

We support the principle of providing guidance or support tools to assist practices and clients, provided these are simple, logical, and easy to follow.

If designed effectively, such tools could be very useful, helping practices comply with transparency requirements while supporting informed decision-making by clients.

**Remedy 16b – 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**

We support gathering feedback to improve guidance or support tools; however, the practical implementation raises several concerns:

- **Administrative burden:** Collecting and processing this data will require significant additional administrative support, unless fully automated (where reasonably possible) adding to the workload of practices.
- **Encouragement of complaints:** The collection of feedback may inadvertently encourage an increase in complaints or disputes, which would require careful management.
- **Data collection methodology:** It is unclear how this data will be collected, by whom, and how it will be used. Clarity is needed to ensure that practices can comply efficiently and securely without creating disproportionate effort.

**Remedy 17 – Recommendations for future regulatory reform**

We acknowledge and agree that the current Veterinary Surgeons Act (VSA) is outdated and no longer reflects the current or future veterinary landscape. We also welcome the regulation of veterinary businesses, understanding that professional conduct of vets and vet nurses can be heavily influenced by the practice and/or business they work for and in.

The formal acknowledgement of the contribution veterinary nurses make to clinical care is positive, although it is a shame it has taken a market investigation to accelerate this agenda. We would highlight the spurious opportunity for businesses to use the expansion of nursing responsibilities as a cost-saving measure, rather than for genuine professional development. Exploitation must be prevented and duties appropriately governed.

Minimum “Standards for Veterinary Businesses” should be an essential component of any future regulation. We are proud of our PSS achievements; however, we question the value to our clients. Aside

**Hook Norton Branch (Hospital)**  
White Hills Surgery, Sibford Road,  
Hook Norton, Banbury,  
OX15 5DG

**Farm & Equine 01608 730085**  
**Small Animal 01608 730501**

**Charlbury Branch**  
The Spenlove Centre,  
Enstone Road, Charlbury,  
OX7 3PQ

**Small Animal 01608 811250**

**Deddington Branch**  
Heritage House,  
St Thomas Street, Deddington,  
OX15 0SY

**Small Animal 01869 337732**

**Moreton-in-Marsh Branch**  
3 Wychwood Court,  
Cotswold Business Village,  
Moreton-in-Marsh, GL56 0JQ

**Small Animal 01608 695305**





from the obvious benefits of continuous improvement that it provides, any reworked voluntary accreditation scheme needs to be useful to the practice to encourage involvement and over time demonstrate industry-wide improvement.

We would welcome an opportunity to be involved in any working groups regarding regulatory form.

## Overview

### RCVS

It is unclear whether the RCVS in its current capacity can design and fulfil the demands required from them in these remedies, as well as bear the responsibility of compliance. It is a reasonable assumption that they will need to significantly increase their overheads, which will result in an increase in charges to businesses and individuals. Can the CMA attempt to estimate the full cost that will need to be passed on to FOPs?

The CMA will need to ensure the RCVS, in its role as “judge, jury & executioner”, can continue to represent the interests of members and businesses without bias or favour.

### Effects on Mixed, Farm or Equine Only Practices

We note that the CMA have not made reference to any unintended consequences on mixed practice businesses, or indeed stand-alone Farm or Equine practices. By their very nature, mixed practices encourage overlap of clients between departments, offering a comprehensive range of services and expertise. Clients will struggle to differentiate between departments (for example, any change to prescribing practices will be expected in Equine, and so on). Many of the remedies, if not suitably explicit, would impact these businesses, in which case full consultation with them would need to be made in advance.

### Costs v Proportionality

The CMA report states, “Although we have not been able to quantify the costs for all of our remedies package, our provisional assessment is that it would be substantially below the benefits that our remedies would achieve” (11.87). We urge the CMA to do some substantial work to “quantify the costs” to businesses, demonstrating a scalable model that could be used by practices to estimate their increased expenditure. This would further enable them to budget and plan appropriately.

Each remedy comes with a “burden” and we would gently remind the CMA that is their responsibility to ensure the remedies are: “(a) are effective in achieving their aims; (b) are no more onerous than necessary to achieve their aims; (c) are the least onerous if there is a choice of effective remedies; or (d) produce adverse effects which are disproportionate to their aims” (11.33).

### Waterbed Effects

The following statement: “we do not think that pet owners should remain ignorant of their options for buying medicines just because increasing their awareness might affect consultation fees” (11.92),

**Hook Norton Branch (Hospital)**  
White Hills Surgery, Sibford Road,  
Hook Norton, Banbury,  
OX15 5DG

**Farm & Equine 01608 730085**  
**Small Animal 01608 730501**

**Charlbury Branch**  
The Spendlove Centre,  
Enstone Road, Charlbury,  
OX7 3PQ

**Small Animal 01608 811250**

**Deddington Branch**  
Heritage House,  
St Thomas Street, Deddington,  
OX15 0SY

**Small Animal 01869 337732**

**Moreton-in-Marsh Branch**  
3 Wychwood Court,  
Cotswold Business Village,  
Moreton-in-Marsh, GL56 0JQ

**Small Animal 01608 695305**





appears to somewhat contradict the following statement in the [Summary of provisional decision](#) (pg. 25): “...a significant portion of the market is making profits significantly above their cost of capital, and these businesses should be able to reduce prices comfortably”.

Our understanding is that whilst it is hoped that waterbed effects will not materialise, it is expected that they are likely to in certain circumstances, and over time these changes will represent a reapportioned charging strategy. Given the potential for FOPs to suffer significant loss of margin on drug sales, this will directly impact their ability to provide services and invest in equipment in the future unless they compensate with increasing prices on services. We would encourage the CMA to acknowledge that waterbed effects are not only a possibility but an acceptable outcome.

## Profitability

It would appear that the CMA has drawn the conclusion that *any* profit made in excess of Cost of Capital (CoC) is excessive. However, this fails to recognise that profits made in excess of CoC enable FOPs to invest in facilities, resourcing, capital investments, upskilling staff as well as servicing loan and debt repayments and shareholder incomes.

Profitability is also an important factor in succession planning. Reasonable profitability is a primary factor for potential investors who typically need to borrow significant amounts to fund their investment and take on the risk and cost of financing their loans. The cost of business loans has significantly increased over the last few years. Lack of private investment will only serve to push business owners to access alternative purchasers, such as LVGs, rather than encouraging the next generation of independent practice owners, who will in turn help to maintain healthy competition in the market.

In *Appendix C: Financial & Profitability Analysis* the CMA clearly states that they were unable to collect enough information about the profitability of independent practices, not even meeting their threshold of 50 practices submitting usable data. Therefore, given they are presumably assessing profitability based on assumptions, we would challenge them to reconsider whether or not they have enough information on the profitability of independent practices to make sweeping statements about “excess”.

The CMA use ‘general inflation’ as a consistent benchmark in their analysis and whilst it has been high for some time, this measure becomes increasingly irrelevant when market forces push business costs up. For example, salaries have increased whilst average working time has decreased (as attitudes to acceptable working hours have continued to change and evolve to suit work/life expectations).

Moore Scarrot wrote a [response](#) to the CMA’s *Approach to Profitability and Financial Working Paper*, regarding the use of ROCE to assess profitability. They recommended a profitability assessment based on standardised margin analysis and benchmarking, as a more reasonable comparator across the industry. A more appropriate measure therefore might be an adjusted EBITDA percentage, which most independent businesses can calculate and understand. The ‘standardised’ approach needs to account for elements of business structure that can significantly impact reported profits. For example, Moore Scarrot recommend ensuring a full market rate salary is included for all clinical work. We seek clarification from the CMA that the conclusion that “...some (independent vets) have significantly higher margins than others” (*Summary of Provisional Decision*, pg. 11) has been reviewed on an adjusted basis. If the CMA are convinced that most practices are making “excess” profits, we suggest

### Hook Norton Branch (Hospital)

White Hills Surgery, Sibford Road,  
Hook Norton, Banbury,  
OX15 5DG

Farm & Equine 01608 730085  
Small Animal 01608 730501

### Charlbury Branch

The Spendlove Centre,  
Enstone Road, Charlbury,  
OX7 3PQ

Small Animal 01608 811250

### Deddington Branch

Heritage House,  
St Thomas Street, Deddington,  
OX15 0SY

Small Animal 01869 337732

### Moreton-in-Marsh Branch

3 Wychwood Court,  
Cotswold Business Village,  
Moreton-in-Marsh, GL56 0JQ

Small Animal 01608 695305



using a measure that is appropriate to compare all veterinary businesses in the UK regardless of size or structure to illustrate and communicate what such excess profits are.

The *Summary of Provisional Decision* also states (pg. 6): “...the trusted relationship means that customers do not see vets as ‘just another business’ seeking to maximise profits. They expect the veterinary businesses’ commercial activities to be exercised in a professional ethical context”. Simply put, is the CMA stating that any profit over CoC is unethical?

### Online Pharmacies

As per our introduction, we are surprised and disappointed at the belligerence behind the remedies requiring independent FOPs to push sales to online pharmacies. Whilst we understand that not all of them are owned by LVGs, a significant proportion are. The CMA are not unaware of this, and it is high time they acknowledged that LVGs cannot be objective about the impact of the remedies on FOPs if they directly benefit from them.

If the CMA are truly interested in creating a competitive market, we welcome honest and fair measures to do so. Inviting independent practices to sit at the table in good faith, only to insist they not only recommend using online pharmacies, but that they should repeatedly advertise their services, is incomprehensible.

We would urge the CMA to consider whether businesses implicated in the significant increase in costs to the client and reduction of competition in the market (“...prices at LVGs now being significantly higher than those at independent practices” *Appendix B*, c.104), could and should be challenged on their ownership models. The CMA have the power to demand change and requiring LVGs to divest themselves of business interests in online pharmacies would truly address the asymmetry presented in the remedy report.

\*

In conclusion, we already believe that our clients choose “...the right vet, the right treatment, and the right way to purchase medicine – without confusion or unnecessary cost” (Martin Coleman, *Summary of Provisional Decision*, pg. 3). However, we are not unrealistic and accept that there are remedies that will, inevitably, change the way our business has to operate. We are prepared to work with the CMA and the RCVS to comply as necessary. We also recognise the clear benefits that will impact both clients and the industry, and we look forward to being part of that positive change.

However, we have concluded that there are parts of these remedies that are not only unworkable, but that will disproportionately impact smaller businesses who are unlikely to have the administrative support or operational infrastructure required, and we urge the CMA to review them through this lens. We also encourage the CMA to visit practices of varying sizes and ownership to attempt to understand not how we work now, but how we will work if the remedies are implemented in their current state.

Yours sincerely,

**Sam Baldwyn BVSc MRCVS, Director**

**Sam Cutts MA VetMB MRCVS, Director**

**Steve Glanvill MA VetMB DBR MRCVS, Director**

**Gary Jennings BSc BVetMed MRCVS, Director**

**Sam Potter BA(Hons) DVM MRCVS, Director**

**Tom Righton BVSc MRCVS, Director**

**Hook Norton Branch (Hospital)**

White Hills Surgery, Sibford Road,  
Hook Norton, Banbury,  
OX15 5DG

Farm & Equine 01608 730085  
Small Animal 01608 730501

**Charlbury Branch**

The Spendlove Centre,  
Enstone Road, Charlbury,  
OX7 3PQ

Small Animal 01608 811250

**Deddington Branch**

Heritage House,  
St Thomas Street, Deddington,  
OX15 0SY

Small Animal 01869 337732

**Moreton-in-Marsh Branch**

3 Wychwood Court,  
Cotswold Business Village,  
Moreton-in-Marsh, GL56 0JQ

Small Animal 01608 695305

