FEDERATION OF INDEPENDENT VETERINARY PRACTICES (FIVP)

Response to the CMA's provisional findings, as published on 15.10.25.
November 2025

The Federation of Independent Veterinary Practices (FIVP) welcomes the opportunity to respond to the CMA's provisional findings, as published on 15 October 2025. We have carefully examined the contents of the documents and have consulted with those working in independent practice.

FIVP is a not-for-profit organisation that represents the interests and promotes the values of independent veterinary practices. Our members place owners and their pets at the heart of everything they do. FIVP offers a wide variety of member services including personalised employee resourcing, representation at university careers events promoting independent roles, online member forum, webinars and podcasts and more.

Since the CMA launched its investigation into the veterinary sector, FIVP has represented independent practices as a main party in various discussions and hearings. FIVP would like to extend its appreciation to the CMA for its professionalism and for engaging proactively with our feedback and responses.

FIVP would like to offer its response to the CMA's provisional findings, including its proposed package of remedies. We refer to FIVP's feedback of likely impact as its Impact Assessment, with more details available in **Appendix A**. We also refer to the *The Supply of Relevant Veterinary Medicinal Products Order 2005*, shared as **Appendix B**.

Our response is in two parts; **SECTION 1** looks at the likely impact of remedies on:

- Animal welfare
- Consumers or clients
- Practice finances and sustainability

SECTION 2 focuses on:

- Choice
- Proportionality
- Unintended consequences and harms

SECTION 1

Remedy 1: Requirement to clearly display common ownership on websites, in premises and in communications.

FIVP **agrees** with this remedy, with **no objections, subject to revision**. Those working in independent practices are proud of their business model, and benefit from the autonomy that independent ownership has for the provision of veterinary services. Veterinary professionals from independent practices have the freedom to create treatment plans in the best interests of pets and their owners, therefore ensuring the best decisions are made to support animal welfare.

Pet owners might be misled when an LVG-owned practice does not clearly state its affiliations. These practices could also benefit by appearing to have the unique values that independent practices offer, which would unfairly impact competition in the sector.

FIVP's Impact Assessment identified that 98% respondents supported this proposed remedy[1]. Although respondents generally agreed that it would have no effect on their finances or animal welfare, many respondents agreed that it would have a positive impact on their clients. One respondent wrote '*This will allow clients to choose whether to use an LVG vs an independent practice with the pros/cons of each business model. Currently clients are mostly unaware that they have a choice*'[2]. Speaking of independent practices that had been bought by corporates, a respondent wrote: '*They will not be being misled to thinking it's the same run practice as it used to be. They will understand why things are suddenly different as the practice will be shown as who it is owned by*'[3].

Another respondent added: *'There needs to be some form of protected words – a large corporate should not be able to describe themselves as 'independent' or 'family-owned'[4].'* FIVP believes that more detail is required to correctly define the entity, including ownership, number of practices, and vertically-integrated entities that are linked to the practice.

Remedy 2a: Requirement to publish basic service information including out-of-hours (OOH) provision, staff qualifications and accreditations on websites and in premises and **Remedy 2b: Requirement to publish a list of prices for standard services on websites and in premises.**

FIVP **agrees** with this remedy, with **minor revisions**. FIVP agrees that publishing basic service information and a list of prices for standard services will make it easier for pet owners to make an informed decision when choosing a veterinary practice.

Our Impact Assessment revealed a divide in opinion on the matter of comprehensive price lists, with 51% of respondents in support of this[5]. Although many praised the transparency this would give clients, there was a great deal of concern about how this might affect animal welfare and practice finances.

1 Appendix A; 4a
2 Appendix A; 4d
3 Appendix A; 4d
4 Appendix A; 4e
5 Appendix A; 3a

One such concern was animal welfare, with 54% of respondents raising this as a concern[6]. A key issue is that this selection of products will form a basket of competitive products and risks creating a 'race to the bottom'. Although in the short term this may deliver client benefit, over time this could erode quality and service. Respondents warned that clients might use price lists to regularly swap practices for procedures in search of the cheapest practice. This not only risks a reduction in quality, but can also threaten continuity of care if veterinary surgeons struggle to track clinical histories. Pet owners should be warned against the risks of regular practice swapping, and should consider animal welfare when choosing their practice.

Respondents also called for a template price list to be published by the RCVS and the CMA, which all practices must comply with. Alternatively, practices could be required to publish clear example pricing of 'from' ranges for common procedures. With either option, the CMA should provide a standardised format that will ensure consistency and clarity across the sector.

Remedy 2c: Requirement to publish prices for parasiticide (i.e. flea, tick and worming) medicine products on websites and in premises, along with a link to a list of approved online pharmacies.

FIVP **disagrees** with this remedy, and has **objections**. While FIVP agrees that price clarity of parasiticides will benefit pet owners, the suggestion that veterinary professionals should promote online pharmacies could have serious implications for independent practices.

Veterinary practices traditionally use the income received from medicine sales to supplement the cost of providing veterinary services and manage overhead bills. If veterinary practices lose income from the sale of medicines and other products, they may be forced to increase the fees of other services or reduce the quality of service to compete. There are a wide range of services that practices provide that are below costs – e.g. a practice may cease to provide an out-of-hours service to economise on labour cost. This has direct implications on client inconvenience and costs. Instead of reducing the cost of veterinary care for pet owners, the CMA could inadvertently increase the cost of some services.

This could be particularly impactful to independent practices, which will lack the resources and scale that LVG practices have. This remedy would see veterinary professionals promoting the services of online pharmacies which, due to their different business models, are able to offer significant discounts on their medicines. The CMA's suggestion that pet owners may still be drawn to the 'convenience' of independent practices will come as little comfort to practice owners, who may be forced to raise prices, reduce staffing or even close their business.

This remedy was largely unpopular with independent practices, with 94% of respondents saying they did not support this proposal[7]. Most respondents felt that a link to approved pharmacies would negatively impact practice finances, animal welfare and their clients.

6 Appendix A; 3c
7 Appendix A; 2a

One respondent wrote: '*It will severely negatively impact us in terms of online pharmacies. These companies are run by the very same large corporates that the CMA proposed measures are supposed to help control. We can only buy drugs from approved wholesalers that charge more for us to buy in the first place than an online pharmacy would charge a client*'[8].

Remedy 2d: Requirement to publish information about what services are included in pet care plans, how frequently they are typically used, and price if paid separately – on websites and in premises.

FIVP **agrees** with this remedy but has **some objections**. As with the published price list, this remedy will provide much needed transparency to ensure that pet owners can make reasoned decisions when deciding which practice they wish to use.

For some independent practices, the administrative work will be time-consuming. Many independent practices have small administrative teams, while some have no dedicated administrative staff at all. Similarly, the very nature of veterinary care can make it difficult to calculate the exact saving linked to a pet plan. This can be influenced by pet size, breed and specific products.

Instead of a full cost-accounting of each individual service, we suggest that practices could provide clear summaries or value breakdowns of the entire plan. This could be supported with a standardised format, ensuring consistency and fairness across the sector. This format should be focused on enhancing understanding to prevent clients becoming overwhelmed with technical and pricing details.

Remedy 3: Requirement to provide the information set out in remedies 2a-d above plus ownership and basic practice information directly to the RCVS; an undertaking from the RCVS to collect the information set out above, make it publicly available on its Find a Vet platform, enhance the platform's functionality and share data with approved third parties.

FIVP does **not agree** with this remedy, and has **objections**. We believe that this type of comparison turns the act of choosing a practice into a transactional and confusing experience, rather than one that prioritises good veterinary care. Veterinary care can not be simplified to 'the cheapest vet', as low pricing can also mean a poorer service. There are other equally important factors involved in choosing a veterinary practice, such as quality of care and proven expertise. Other clinics may be tempted to reduce their costs so that they appear cheap on the website, but then have to add additional payable options afterwards. This then destroys trust in their veterinary practice.

A proposed practice comparison feature is unpopular with independent practices, with 88% of survey respondents declaring they did not support the remedy[9]. This is expected to have a negative impact on practice finances, while having a negative or no impact on animal welfare or clients.

Independent practices say that the implementation of a practice comparison feature is more complicated than the CMA suggests. Respondents warn that direct price comparison

8 Appendix A; 2b
9 Appendix A; 9a

will be 'misleading and confusing'[10] to clients and that the data will be difficult to regulate and specify[11].

FIVP has also heard significant concerns about the impact that the RCVS' requirements would have. Although LVG-owned practices will have the resources to report relevant data to RCVS, there are fears it will have a disproportionate impact on smaller practices. One respondent wrote *'Being a small practice, we do not have a full time IT person to deal with price updates, sending info to RCVS etc. Employing another person will increase costs'*[12]. The process of reporting to the RCVS will be especially time-consuming and expensive for independent practices, so the RCVS must create a procedure which is simple and accessible for all sizes of business.

Remedy 4: Undertaking from the RCVS to commission and publish the results of a pet owner survey which compares each Large Veterinary Group (LVG) and independents (as a group), once every two years; and LVG FOPs to publish results on websites and in premises.

FIVP **agrees** with this remedy, with **no objections so far**. This recommendation has the potential to encourage healthy competition between every business model, providing pet owners with the relevant information to make reasoned decisions when choosing a veterinary practice.

The survey should be comprehensive, exploring all elements of veterinary care and ensuring responses are genuine and not driven by malice. We suggest that it is conducted by a fully independent organisation and is funded by the LVGs.

We would like to be consulted on this survey when it is created, to ensure that questions will not unfairly benefit either business model. We would also like more information about how this survey will be conducted to ensure that independent practices are proportionately represented.

Remedy 5a: Requirement to provide pet owners with a written estimate of the total cost of any treatment which is likely to be £500 or more (including VAT) and give them an update if the estimated cost increases by 20% or £500 (whichever is lower), and recommendation for the RCVS to reflect this in Codes and Guidance and **Remedy 5b: Requirement to provide pet owners with itemised bills for their pet's treatments and other services they receive and recommendation for the RCVS to reflect this in Codes and Guidance.**

FIVP **agrees** with this remedy, with **some objections**. We are in support of remedies which will improve price transparency for pet owners. Procedures such as pricing estimates and itemised bills are already in use at many independent practices, which seek to promote price transparency and clarity.

10 Appendix A; 9d
11 Appendix A; 9b
12 Appendix A; 1b

Our Impact Assessment survey found that 71% of respondents agreed with pricing estimates[13] and 91% agreeing with producing itemised bills[14]. In both cases, many respondents reported that these systems were already in place at their practice.

Pet owners should be made aware that veterinary medicine is not always predictable, meaning estimates may change based on diagnostic findings or patient response. It is vital that this is publicised, since written estimates have the potential to create unrealistic expectations and unnecessary disputes.

It should be acknowledged that this could require additional consultation time – a cost which may have to be passed onto pet owners. This can mean that it is not always practical to provide written estimates, especially in emergency cases.

One respondent wrote: '*Transparent pricing can improve welfare by encouraging open, informed discussions between vets and owners, helping ensure clients commit to treatment plans they can afford. However, there is a potential downside if delays in preparing written estimates slow down urgent or unplanned care, or if clients feel pressured to base medical decisions on cost alone. To protect welfare, the focus should be on timely, proportionate communication, especially in emergencies or evolving cases.*'[15]

FIVP suggests that, while elective treatments have estimates prior to consent, emergency treatments should include an estimate range. Owners could provide costings limits they find suitable, with options discussed where time permits.

Respondents were widely supportive of itemised bills, which they say shows transparency and strengthens trust. However, they note that clients should be able to decline these.

One respondent added: *'Clients sometimes get overwhelmed by line items and think it is a shopping list that they can pick and choose from. Clients need to understand that some things are non-negotiable.'*[16] In order to avoid complaints, there needs to be a level of understanding in complex cases.

Remedy 6: Requirement to have in place written policies and processes to ensure that vet professionals are able to act in accordance with relevant provisions of the RCVS Codes and Guidance including giving pet owners independent and impartial advice and a range of treatment options where appropriate.

FIVP **agrees** with this remedy and has **no objections**. FIVP believes that most veterinary professionals conduct themselves at the highest level and prioritise the needs of pets and their owners. Written policies and processes will improve public trust in the veterinary profession as a whole.

Our Impact Assessment revealed that 98% of independent practices were supportive of this remedy[17]. Respondents generally agreed that it would not impact their finances, and most respondents felt it would have a positive impact on animal welfare.

13 Appendix A; 7a
14 Appendix A; 8a
15 Appendix A; 7c
16 Appendix A; 8d
17 Appendix A; 5a

This remedy also has a key role to play in reducing the risk of commercial influence in veterinary care. As one respondent wrote: *'Clients benefit when they know their vet's advice is free from commercial influence and focused entirely on their pet's needs. This fosters trust, openness, and long-term relationships, which are essential for effective preventative care and compliance with treatment plans. It may also enhance public confidence in the profession as a whole, reassuring owners that financial structures do not override clinical judgment.'*[18]

We suggest that the CMA furthers its commitment by introducing whistleblowing protections for veterinary professionals who might feel pressured to compromise welfare. This would ensure genuine accountability, especially in larger corporations. We suggest that there is a responsible person nominated in the practice to ensure accountability.

Remedy 7: Requirement to make pet owners aware they can get a prescription and buy medicines online more cheaply through standardised notices in waiting rooms and by including standardised messages in a range of communications. Vets would need to tell pet owners about written prescriptions in consultations. Undertaking from the RCVS to produce and distribute standardised notices and information about the written prescription process and for it to host a copy of literature on its website.

FIVP **disagrees** with this remedy and has **objections**. In this remedy, the CMA is in effect requiring veterinary professionals to promote the services of online pharmacies. As mentioned earlier, this could have serious implications for all practices, especially independent practices. All veterinary practices will lose margin, but some will be impacted more than others.

The CMA specifically suggests that veterinary professionals share that online pharmacies can provide medication 'more cheaply' than their own practice. This will no doubt have a direct impact on the sales of medication from an independent practice which, as previously mentioned, are vital to supplement the costs of veterinary care.

It is important to note that online pharmacies are able to offer medicines cheaply because their business structure means they do not have to provide after "sales" advice, nor do they take responsibility for prescribing. They are not available 24 hours a day and do not monitor any adverse reactions to medicines. They do not have the infrastructure to review the complete current medical records before supplying medicines. In short, they are only providing part of the full service clients require and get from the first opinion practice. It is in the interest of the pet owners that they are made fully aware of this reduced service as well as the reduced price.

If an independent practice makes fewer sales, it would need to reduce its stock levels as more wastage will occur. In turn, this reduces their ability to provide medicines at the time of being prescribed, potentially delaying treatment and reducing medication options. In the long term, this risks damaging independent practices' relationships with their wholesalers and threatens their medicine supplies in general. If this then makes it easier for pet owners to source medicine from online pharmacies, the CMA will have created a monopoly where online pharmacies are in full control of medicine prices.

18 Appendix A; 5d

Rather than providing tailored and veterinary-based advice on the medications they are dispensing themselves, veterinary professionals would instead have to guide clients through the process of submitting a prescription to an online pharmacy where veterinary advice may be limited.

The promotion of online pharmacies as a solution to reducing client costs drastically oversimplifies the role of in-house pharmacies and pharmacists in pet care. This transactional approach to medicine will not only be devastating to the revenue of the practice, but also risks impacting animal welfare. In the long run, some medicines may not be readily available in the practice, inconveniencing clients and reducing animal welfare through delayed access.

Describing the threat to animal welfare, one respondent to FIVP's Impact Assessment wrote: *'This may reduce access to medications as owners will have less capacity to obtain medications at short notice if it is no longer stocked at the local practice due to the rule changes."*[19]

FIVP urges the CMA to review this remedy. We suggest that, instead of directly promoting online pharmacies, the CMA acknowledges and promotes the symbiosis and mutualism that exists between the in-practice pharmacies and professional care provided by the practice. It removes all legal obstacles that veterinary practices have in providing different and multiple combinations of medicine prices and professional fees.

In particular, Veterinary Medicines 2005 Order #2751 Section 3 (see Appendix B) should be rescinded. This order has resulted in online shoppers receiving discounted professional fees that are funded by clients who purchase their medicines from the in-house practice pharmacy. It has also restricted veterinary practices innovating and competing with on-line pharmacies and has contributed to higher overall costs to clients.

First opinion practices should be allowed to promote and encourage use of their in-house pharmacy and develop innovative ways to encourage, but not insist, that their clients use this.

Clients should also be able to opt out or opt in to in-practice run business models that suit their needs. This empowers clients and prevents the imposition of a 'one size fits all' business model.

Should veterinary professionals be ordered to make pet owners aware of alternative suppliers, they should also be able to explain the link between the practice pharmacy and professional fees at the practice. This will mean clients are not misinformed in their choice and also can make a choice based on all the facts.

The 'waterbed' effect of this remedy has already been presented to the CMA by FIVP.

19 Appendix A; 6c

Remedy 8: Requirement to give pet owners written prescriptions by end of consultation (hard copy) or end of day (digital).

FIVP **disagrees** with this remedy and has **objections**. This remedy does not account for the busy schedules of veterinary practices, and sets an unrealistic expectation for veterinary professionals to produce written prescriptions to a tight deadline.

Most (99%) of the independent practices which completed our Impact Assessment did not support this remedy[20]. Most respondents felt this would have a negative impact on their practice and their ability to provide veterinary services. Many also expressed concern that this could also affect clients and animal welfare.

An increased administrative burden will not only reduce finances for a small practice, but may also mean that veterinary professionals have less time for their clients. There could be fewer appointments available in the working day and increased consultation fees to factor for professional time taken.

The Impact Assessment found that 94% believed this would negatively impact finances[21], 85% said it would negatively impact animal welfare[22], and 89% said it would negatively impact their clients[23].

FIVP believes that it should be the client who requests a prescription, rather than a veterinary professional directing them to a different business. Practices should also have the freedom to require that pet owners request their prescription in advance. This will ensure that veterinary professionals are able to perform their consultations with less interference from administrative tasks.

FIVP also believes that clients should be given the choice and the ability to opt in or opt out of prescriptions according to their wishes and that the practice should set and publicise its default position. Where a significant percentage of clients, to be defined, has opted out, the practice in turn should then have the option of opting out of this CMA order.

Remedy 9: Requirement to be clear that there are alternatives to own-brand medicines and provide information on active ingredients so those alternatives can be found.

FIVP **agrees** with this remedy and has **no objections**. Many veterinary professionals will already provide this level of information to their clients and will always direct clients to the medication which is best suited to their pet's needs.

Remedy 10: Requirement to contact customers at specified times to ask for their default preference for repeat prescriptions - whether to buy online or in-clinic.

FIVP **disagrees** with this remedy and has **objections**. Although we support clients having the choice of alternative sources for their pets' medication, this requirement creates an additional administrative burden which will have a disproportionate effect for all practices.

20 Appendix A; 6a
21 Appendix A; 6b
22 Appendix A; 6c
23 Appendix A; 6d

We recommend that, rather than putting the onus on practice teams to regularly contact clients, documents in-practice explaining the prescription process should suffice in providing this option to pet owners. A wider dissemination of options for clients via an online portal would be suitable.

Remedy 11: Requirement to charge no more than £16 for providing a written prescription and put in place policies and procedures on the duration of prescriptions and charging a single prescription fee per consultation.

FIVP **disagrees** with this remedy and **objections** have been raised. Although the CMA has begun to explain this remedy further, there remains a lack of clarity as to how this will be enacted and how this decision was reached.

In its webinar, the CMA explained that this price cap was calculated as the median rate an independent might charge, and lower prices than those charged by LVG-owned practices. It confirmed that this price cap would be reviewed in line with inflation. It also explained that the cap represents the entire cost of the prescription (including VAT) and is charged at a rate of one fee per consultation.

Respondents to our Impact Assessment felt that the prescription cap was too low for the current financial climate. Especially considering the increased charges that other remedies may incur, there is concern that many practices would in fact lose revenue from the transaction. The reduction and capping of prescriptions devalues the time taken by veterinary professionals and support staff in producing them.

Independent practices are calling for a higher price cap, such as £25, which should be reviewed regularly to keep it in line with inflation. Respondents also suggest that this price is charged by medication rather than by consultation. We would welcome the formation of a CMA-RCVS-FIVP-BVA working group to monitor the rollout of such remedies.

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.

FIVP **agrees** with this remedy and has **no objections**. Our Impact Assessment survey found that 97% of respondents were in support of this remedy[24].

Although many practices felt that this remedy would have limited impact on the day-to-day running of their practice, some felt it could positively improve animal welfare and client experience. Respondents mentioned that many clients had enquired about their out-of-hours services, but they had been stuck in a contract and were unable to leave if the service had faltered. Similarly, this remedy offers flexibility to change to a provider which better suits their needs.

To further this remedy, the CMA might consider pairing this maximum notice period with guidance requiring adequate handover and communication to ensure uninterrupted out-of-hours provision. There is the potential for mutual flexibility, permitting a shorter notice between parties by agreement, although some respondents suggested the notice period

24 Appendix A; 13a

could be reduced to just six months. If the notice period is too short, however, out-of-hours providers may discontinue service in rural areas.

The RCVS could also monitor the impact of out-of-hours service availability and cost to independents in under-served areas. Practices should be encouraged to review and document their out-of-hours provision annually to ensure welfare, accessibility and cost effectiveness.

Remedy 13: Requirement to offer communal cremations, make pet owners aware of all available end of life options, publish individual and communal prices and observe 'cooling off' periods.

FIVP **agrees** with this remedy, **subject to revisions**. This remedy will provide pet owners with essential transparency, supporting them to make reasoned decisions during a difficult time. In our Impact Assessment, 78% of respondents supported this measure[25]. The impact of cold storage requirements must be considered.

Many independent practices already work closely with crematoria, requiring them to provide accurate costs directly with their clients. In our Impact Assessment, practices reflected that this remedy would have little effect on their practice on a day-to-day basis. One respondent noted that it could indirectly support animal welfare.

They wrote: '*This recommendation will not directly affect animal welfare, but it may have an indirect positive effect by helping owners make timely and informed decisions when end-of-life care is required. When clients clearly understand their options and the associated costs, they are less likely to delay euthanasia due to uncertainty or financial confusion*'[26].

Independent businesses do believe that CMA's action to make practice ownership transparent should extend to crematoria, recommending that '(…) *the businesses interests/ownership of the cremation business and its relation to the practice are clearly stated*'[27].

Remedy 14: Requirement to publish and provide pet owners with an in-house complaint process which meets specified minimum criteria, and for a sample of veterinary businesses to share a log of complaints with the RCVS.

FIVP **agrees** with this remedy but has **some objections.** Most independent practices already have an in-house complaints procedure in place, which is based upon their own business' structure. Clients are actively encouraged to share feedback, both positive and negative, which informs how the practice is run.

Our Impact Assessment found that 64% of respondents were in support of this remedy[28]. Respondents suggested that the RCVS may help identify common areas of improvement, and that its guidelines may help clinics based on other practices' issues. A clear system will mean clients have confidence in their practice.

25 Appendix A; 10a
26 Appendix A; 10c
27 Appendix A; 10e
28 Appendix A; 12a

However, concerns were raised that the RCVS would charge for this involvement. FIVP hopes that any additional fees will be kept to a manageable level for small businesses.

Remedy 15: Requirement to engage in mediation in good faith where the pet owner's complaint is not resolved in-house and the pet owner wishes to take the complaint to mediation.

FIVP **agrees** with this remedy with **no objections**. This remedy will improve public trust in the veterinary sector and ensure that all veterinary practices are held to the same standard when mediating complaints.

Remedy 16a: Undertaking from the RCVS (or requirement by CMA Order for it) to develop and publicise a decision tree to help pet owners navigate the different routes to redress.

FIVP **agrees** with this remedy with **no objections**. FIVP hopes that the RCVS will consult with veterinary professionals and business owners to ensure that the decision tree is fit for purpose and can be applied equally by all practices of differing size and ownership.

Remedy 16b: Undertaking from the RCVS (or requirement by CMA Order for it) to collect, analyse and publish on an annual basis data and insights on complaints in the veterinary market for household pets.

FIVP **agrees** with this remedy but has **some objections**. Many independent practices believe that the RCVS' input in the complaints procedure could benefit every veterinary practice – regardless of ownership. The annual data will provide a useful resource for practices to consider common complaints in other practices and use this to inform their own complaints procedures.

Concerns remain about the feasibility of the remedy for smaller businesses. Small independent practices often lack the administrative resources to meet such requests for data, putting additional burden on practice managers, who often work as veterinary surgeons too. Speaking on the RCVS' regulatory powers, one respondent wrote: '*It may provide a higher level of confidence in the regulation of practices by clients; however, they may be dissatisfied with the higher charges that accompany this*'[29].

There were also concerns about how the RCVS will use this data and what data they would require. Respondents note that complaints can already be escalated to the RCVS if serious enough, and this approach could see basic complaints escalated unnecessarily.

We hope that the RCVS will implement a system which is accessible for all business sizes, and that the RCVS will carefully consider which complaints require further action.

29 Appendix A; 1d

Remedy 17: A recommendation to government to establish a replacement statutory regime for the regulation of veterinary services for household pets, including: regulating veterinary businesses and the practices they own; regulating the professional conduct of vets and vet nurses; robust and effective monitoring and enforcement; an effective complaints and redress system; statutory duties to promote competition and further the interests of pet-owners; and an independent and effective veterinary regulator.

FIVP **agrees** with this proposed remedy, with **no objections**. It is widely agreed that the Veterinary Surgeons Act 1966 must be replaced to reflect the changing nature of the veterinary sector. FIVP hopes that those responsible for the new legislation will consult with veterinary professionals and business leaders to create a new Act that is representative of the modern veterinary industry.

SECTION 2
HARMS AND PROPORTIONALITY

Introduction and Overview

The key focus of the CMA investigation has centred on these key findings:

- Price rises of 60% or more between 2016 and 2023
- Medicines sold for 3 to 4 times the purchase cost-accounting
- Very limited price transparency
- Limited visibility on whether practices, referral centres and online pharmacies are part of large national groups
- Considerable dissatisfaction with the complaints system
- Veterinary businesses owned by non-vets not being subject to mandatory quality or professional regulation
- Budget-conscious pet owners not being given a sufficiently wide range of choices
- A sector radically changed, with large groups now controlling 60% of first opinion practices and many related businesses.

We support the goals of aiding greater transparency, choice and client confidence to provide a healthy marketplace. Our priority is to identify how best these can be achieved with minimal unintended consequences to our members.

However, there are significant concerns emerging within our membership about the proposed medicines remedies, timescales, potential market distortion and unintended consequences that may result from the suggested remedies.

We particularly raise issue with the unintended economic and welfare impacts of the proposed mandatory prescription requirements and £13.33 (exc. VAT) fixed fee cap, use as a prescription for multiple medicines and deployment of the proposed mandatory changes to prescription provision.

The consensus view from members is that the changes to the routes of medicine supply will provide a greater choice to clients and potential savings in medicine supply, especially for clients with pet requiring long term medicines (estimated at 8-10% of clients).

However, there is a real risk that this, in the medium to long term, may seek to reduce the choice in terms of diversity and types of practice. This is particularly the case if medicine supply moves from the practices to the pharmacies.

The predictions are for greater consolidation of provision of veterinary services through fewer practices which become more commercially focused, which would impact adversely client benefit and animal welfare. A well-supported local practice which provides good transparency, choice and service is what the client and their pets deserve.

We understand the argument that there is a request to correct an imbalance where the long term medicine user clients are providing greater profit contribution than the client with a

healthy pet. The challenge is how best to redress this imbalance with minimal consequences.

Our members have genuine concerns that the profit contribution will move from practices to online pharmacies. The practices would still incur the costs of supporting the medicine choice, support, responsibilities for adverse reactions, and the pharmacies would passively absorb the profits. Unlike human pharmacists, the online pharmacies provide limited support to clients, with the bulk of the costs of the medicines supplied to clients remaining with the prescribing practice.

The practices will have no choice to increase fees to compensate for this loss. The independent practices believe that they have limited scope to reduce margins as the profit requirement is typically fixed by the incoming partners who have large loans to service. Your own data and information we have gathered demonstrates that the current level of profits of many independent practices are not excessive. Indeed many provide services in areas where profit potential is low.

They are unable to compete easily with online pharmacies on all medicines' higher overheads and purchasing costs. The practices cannot benefit from scale and simply increase their medicines sales. They work in a relatively closed market.

Preferred products through buying groups offer some possibilities to protect margins but utilising these will require significant changes to the historic business models of practices. Many independent owners wish to utilise the medicines they use based on their clinical experience and choice.

Previous submissions have clearly highlighted that the veterinary profession considers services and medicines collectively rather than as separate departments. Income from medicines is utilised to reduce the cost of several services which are below or low cost (neutering, wildlife, out of hours, childrens' pets, and more urgent and complex care). The review has selectively focused on areas where the market is not functioning correctly but has not highlighted areas where the practices are providing services below their cost of provision. Removal of profit contribution from one area automatically impacts on another. The areas that ultimately may get exposed are those with the highest welfare risk (acute, emergency or sick animals). The current "whole package" of service provision has delivered an exceptionally high net promoter scores when a wider group of clients are surveyed and this appears not to be fully recognised by the CMA.

There are widespread concerns that the proposed expansion of medicine supply via online pharmacies will cause further detriment to independent practices as the LVG-owned pharmacies can help mitigate their losses by capturing both their own and independent practice medicine profits. The proposal will gift 10-20% of much needed veterinary turnover (and 15-30% of practice profit) to online pharmacies, with the most severe impact falling on less profitable, typically smaller independent practices.

We are not aware of any studies that the CMA has undertaken to evaluate the likely impacts to this shift of income distribution within differing practice types. This is an oversight in our opinion. We are attempting to bridge that knowledge gap under challenging timescales with limited resources.

These proposals, if implemented without proportionality or phased deployment, risk undermining independent practice viability, increasing fees by 10–20%, and reducing access to care, particularly in rural and lower-income communities. The opportunity to absorb this cost (practices with higher levels of profits) will not be possible within the traditional, marginal or less commercial independent practices due to their relatively lower levels of fee income from additional services (complex surgery, diagnostics etc). There are genuine risks that marginal practices or branches which are less profitable may close posing a significant impact on access to veterinary care.

The likelihood is that practices will have no choice but to seek to retain competitiveness by increasing income in areas which are not included within the published price list. The fee increase in these areas will be greater (estimated at 20-30% after allowing for ratio of elective vs non elective work). Practices with limited specialist surgical skills and diagnostics will be more exposed as they will have higher drug to fee ratio. The impact will be greatest on the smaller independent practices with lowest buying power for medicines and perhaps a simpler lower cost service provision.

As your data shows, the impact will be on all small animal practices, however smaller independent practices will be most vulnerable to the proposed changes for the reasons stated above.

There are compelling arguments therefore to reconsider both the rationality and deployment of the proposed medicine remedies which are predominantly directed at increasing competition through the online pharmacy channel.

Methodology

We have sought to review the remedies using a model that identifies the **harms and proportionality of the remedies and the likely impact on Transparency and Choice**. The harms can be short term (financial, welfare, wellbeing) and long term (market distortion, consolidation and future AEC). The harms could impact on the practice, client or directly on the animals.

The Proportionality seeks to reconcile the practical impacts of remedy deployment on resources (time, money, infrastructure, IT etc).

Ultimately, we seek the most effective way of achieving the aims required while utilising proportional remedies with minimal harms

Client Awareness and Proportionality

As discussed in previous submissions, the key area to focus for utilisation of prescriptions is within the long-term medicine area. Your own data supports this as the area with the greatest gain for the clients, with some clients able to save significant sums by purchasing online versus within the practice.

CMA's own research shows that awareness of written prescription rights is already high among those who would benefit most:

• 73% of pet owners whose pets receive ongoing medication are aware they can request a written prescription (compared with 47% for one-off medication) (Provisional Findings Part A, paras. 11.260–11.261).
• Only 23% of owners of pets on long-term medication remain unaware — implying that awareness-raising efforts have already achieved most of their purpose. The CMA itself notes that "a much larger majority who are likely to benefit most… are aware of their ability to request a written prescription and many appear to act on this ability" (Provisional Findings Part A, para. 11.264).

Clients on long term medicines are much more likely to compare the price of their medicines (71% with ongoing medicines) and 54% of these clients chose to then purchase via an online pharmacy (Provisional Findings Part A para 11.268-11.269)

With the proposed revisions to a fixed price prescription, greater transparency of prices for key products and the wider information piece on prescriptions we would anticipate that requests for prescriptions will increase without any further remedies requiring direct conversations with the client.

It is therefore disproportionate in our opinion to require a prescription offer at every consultation when the CMA's data confirm that awareness is already widespread within the target group of clients with pets requiring long term medicines. With further media exposure and discussion of the provisional remedies we would anticipate that most clients on long term medicines will be aware of the option to request a prescription for long term medicine usage. If simple steps are taken in-clinic to use posters and reminders on receipts then a seamless increase of awareness could be assured, and this position could be cemented in by market forces rather than regulation. In our opinion, utilising market forces is a much more secure way of achieving change and more proportionate than rules that impact on time within the consultation and increase the opportunity costs for the practice (lost income, stress, distractions from clinical priorities).

Further opportunities exist to improve transparency and choice with the development of a Client Information Site with the specific focus on advising clients on how to work most effectively with their vet. The current section within Find A Vet goes some way to achieving this albeit the name and focus is not designed to inform existing clients remaining with their own vet. The architecture and content of the site, utilising explanatory videos and graphics, could be further improved to help remove the need for some of the remedies (e.g prescription offers, communal vs individual cremations etc). The ability for each practice website to link to a common source of information would significantly lessen the burden on practices and create consistency of messaging.

The proposal to provide **a prescription for every medical dispense** consultation is disproportionate in our opinion. We also object to highlighting to clients that medicines can be sought “cheaper online”. That should be the responsibility of the beneficiaries to promote (e.g. pharmacies) rather than a cost to practices. This measure seems to be disproportionate to the aim of informing clients of their rights for a prescription. There has been no trialling or further work by the CMA on how best to achieve that aim at a lower cost burden to practices. This is an oversight in our opinion.

Feedback from members has been extremely vocal regarding use of prescriptions. The most important considerations relate to how to make the process more seamless and robust, with less risk of fraud and much easier to operate. The current system is not efficient. The financial considerations are clearly an issue for practice owners. For the remaining veterinary team the issues are more practical and focused on the actual delivery of the script and managing the whole process from script to delivery. There is no single click prescription delivery direct to pharmacies in existence to the best of our knowledge.

Recommendations:

- **Limiting the mandatory prescription discussions to clients requiring long-term or repeat medications during an initial 12-month review period. This would allow time for practices to explore other methods of providing medicines at a more competitive price to their clients (within subscription models, health plan offerings or simply lower priced medicines for clients with long term requirements for their pets)**

- **Developing a Client Information Site that aided clients with understanding their responsibilities, their rights and how best to navigate their experience would decrease the need to take up consultation time with discussions on prescription choices. This needs time to be developed and linked to practice websites.**

We consider offering prescriptions to clients in every consult where there is no clear economic benefit to the client as disproportionate to the aims. The clients should be well equipped to ask for prescriptions if they believe that would suit them subsequent to all the communication options provided.

We also consider it an unfair burden on the practices to explain lower cost options to clients face to face in the consult room, rather than deploying other more cost-effective options (posters, web resources etc) . This would minimise confusion and erosion of trust.

Providing an impetus for an e- prescription portal to be developed to link PMS systems to the pharmacy.

3. Economic Viability and Quantified Impact on Fees

The CMA found that medicine sales "account for a large proportion of the overall level of profitability of a FOP" (Provisional Findings Part A, paras. 11.207–11.208). Therefore any adjustment to medicine distribution will have an immediate impact on practice profits.

The prescription cap of £13.33, based on fee survey data collected by SPVS would require 92% of practices to lower their prescription fees. The survey dataset is relatively low at circa 160 practices. However, the discrepancy between the practice prescription fee and the fixed fee proposed will simply result in transferring the cost in other areas.

	2012	2014	2015	2017	2018	2019	2022	2023	2024
Small animal									
	9.17	10	10.33	11.16	12.5	13.58	15	17.96	18.75
Large animal									
	11.45	12.44	12.24	13.39	15.19	14.59	22.5	22.28	20.42
Equine									
	10.93	11.85	12	12.5	14.6	14.5	22	20	20.83

Fig 1. SPVS survey data of median prescription fees excluding VAT.

Practices are partially dependent on medicine margins to maintain affordable consultation and surgery fees.

We have undertaken some work with a handful of practices to estimate the likely impact of a 50% uptake of prescriptions of long term medicines. There is a variation dependent on levels of discounts and utilisation of preventive medicines within the practice. The typical fee adjustment required to compensate for medicine loss has been estimated between 8-12%. However, this shift of sales is likely to impact on medicine discounts received in the future. This has the effect of magnifying fee adjustment required to 15-18%. The prescriber influences the purchase decision but the pharmacy benefits from the discount.

Approximately 50% of fee income is derived from areas outwith the proposed price list (lower in hospital, intensive care practices, higher in more traditional practices).

The price list transparency is helpful for clients in terms of understanding the basic prices. There are concerns, however, that this will create a "bottom in the market" and this becomes a relatively fixed item to ensure the practice competes effectively. If this were to develop then urgent and emergency work fee work would need to increase by 20-36% to absorb the fee increase. This increase would need to be delivered gradually to minimise client impact. There is nervousness that the price list would encourage a complex pricing structure.

There are genuine concerns that the client is expecting an overall reduction in veterinary costs with an enhanced level of service. The current minority of price sensitive clients who are enjoying online medicine prices and subsidised fees will be surprised to see the outcome of the review worsen their financial position as the profession rebalances its pricing structure towards fees.

There are increased costs of implementation, administration and process with the wider set of remedies. Consequently, the changes need to be introduced slowly and in line with software and practical process developments.

• **We recommend that more detailed impact assessments and discussions** are held with practices to more clearly establish the likely outcomes. A more gradual introduction will allow for more gradual changes in fee structures to minimise harms to veterinary professionals and clients.

• **The prescription cap and the utilisation of one script per consultation with multiple medicines is unfair and requires review.**

4. Differential Impact, Fee Redistribution and Welfare Risks

The comparison website for fixed prices for standard items (consults, boosters, neuters) will create a culture of keeping these prices low to encourage new clients to join. Practices which are unable to recover lost income through pharmacies may seek to shift costs into areas that were previously subsidised by medicine profit contributions — emergency surgery, out of hours work, diagnostics, and complex procedures. This distortion will particularly disadvantage any practice without access to competitive medicine prices. This has the potential to cause 'moral injury' for the veterinary professionals involved as they may not have considered this potential outcome. This would be particularly acute if the changes are seismic and rapid rather than gradual and timely.

The remedies (7-11) could force independent practices either to increase all fees sharply (making them appear less competitive on comparison sites and with a higher barrier to entry for clients seeking advice) or absorb losses until unviable, driving further consolidation towards the larger, more profitable groups that can better defray, manage or absorb cost rises.

There is a further risk of longer-term harms such as the impact on the diversity of practice type. Former low cost/low profit, lifestyle clinics will have to substantially increase fees or close to stay in business. Again, clients will not be expecting increased consolidation and increased commercialisation of veterinary practices as an outcome of this review. The clients would want the smaller marginal practices to be retained.

The impact will be most evident in practices where the clients are more financially challenged. Those clients typically will be already securing savings on medicines through online purchases and relying on the cross subsidy between fees and medicines within the traditional pricing model. Once this is removed, they will pay more overall for their veterinary care.

We would urge the CMA to explain in more detail, once the remedies are finalised, as to how these remedies will benefit clients and help set expectations in terms of what steps clients need to take to prepare for changes.

5. Implementation Timelines, IT systems and Practicality

CMA proposes implementation within three months for LVGs and six months for independents This fails to account for additional compliance and IT burdens on small practices. Changing PMS system is a major task for a practice and is not seamless. The aim should be for all PMS providers to be encouraged to develop a similar method of generating prescriptions, creating secure links with pharmacies (to mitigate fraud and minimise costs) and delivering upon the other administration tasks required from this review. The LVGs are in an advantageous position as they can apply pressure upon a single IT provider to make changes whereas this is not the case within the independent sector.

The profession faced similar challenges in the past with the linking of lab results to PMS system. A third-party organisation (VetXML) was created to co-ordinate software changes across all PMS systems. This required several years to achieve a pan industry change. A similar approach is needed here to create a level playing field and not to adversely disadvantage new entrants and existing independent practices. This will take time to develop.

If more time is provided for practices to adapt to changes, more sympathetic pricing models could be developed to spread the cost for clients and help them adapt to change (gradual fee increases, subscription models). The prospect of rapid widespread adoption of prescribing within a crude manual system with so many flaws and challenges is simply not practical in our opinion. Time has to be provided to allow the IT solutions and pricing models to adapt.

We recommend a phased rollout starting with *repeat prescriptions for chronic conditions only*, with impact monitoring at 6 and 12 months before full extension.

The development of an e-portal for prescriptions would be a welcome development as it would significantly reduce both risk of fraud and time lost in delivering medicines through this route.

6. Overreach, Proportionality and "Level playing fields"

CMA's own data has revealed higher levels of profits within LVGs. There appears to be no attempt to reduce the risk of further consolidation and recognition that the remedies are applied equally across the profession without any meaningful exceptions for smaller practices (apart from a three month delay in implementation with some remedies).

CMA's own data and stakeholder engagement show diminishing returns from further awareness enforcement.

The level of awareness of the veterinary market will have changed significantly during the CMA investigation and it is likely that an even greater proportion of clients will be aware of their choices.

Recommendations:

Focus communications on the areas of the greatest gain rather than deploying multiple remedies synchronously. **Market forces** are the most sustainable levers to utilise to achieve change. Consider carefully the needs of independent practices which differ significantly from LVGs with centralised support and greater buying power.

7. Data & Comparison-Site Architecture

The development of the comparison hub will need to be carefully managed. There are concerns about how the third parties will be successfully monitored to avoid bias being introduced based on payment.

The revised "Find a Vet" comparison hub, though improved, still **centralises visibility and ranking power** in a way that may favour LVGs.

- LVGs can **afford dedicated data and SEO teams** to keep listings accurate, keyword-rich, and compliant.
- Independents risk **falling down search results** due to incomplete or late data uploads and thought has to be given as to how this can be more reliably automated.
- CMA intends to share this data feed with **third-party platforms**. We gather you are attempting to control the access to third party data but we cannot see how this can be practically achieved given the ability of AI to scrape the data. There are concerns that the focus on price will not correctly represent the full value proposition for the practice. Price without understanding value will be misleading.

Recommendations

- Require **neutral ranking** (alphabetical or by location) rather than SEO defined.
- Allow **independent/ LVG-practice flagging/filters to enable clients to make active choice based on ownership.**
- CMA to monitor **paid ranking or "enhanced visibility" options** on any third-party platform using RCVS data.

8. Vertical Integration, Self-Preferencing and Future Consolidation Risks

There is significant concern amongst members centering on the likely future consolidation of the marketplace. The current medicine remedies, directing clients to online pharmacies, have distinct potential to further accelerate this position.

Vertical integration enables LVGs to profit across the full supply chain and potentially to self-reference their own laboratories and pharmacies, creating structural advantages not available to independent practices.

Moreover, the CMA's profitability evidence indicates that four of six LVGs earned returns persistently above the cost of capital (Appendix C paras. 4.50–4.52), suggesting a consolidated market already generating profits higher than the majority of independent practices.

Without further safeguards, the October 2025 remedies may accelerate consolidation by diverting additional medicine and service profits into vertically-integrated group channels. Further consolidation is a significant concern for our members and for clients who would prefer to source veterinary services from independently owned practices

Potential harms identified

- The Provisional Remedies are ownership-neutral in form but there is an ownership-bias in effect, disproportionately impacting independents who lack the ability to capitalise on income sources through labs, pharmacies or crematoria
- There are no prohibitions on self-preferencing: LVGs may continue to refer prescriptions, tests and cremations internally, reinforcing dominance. This is a distinct shift of emphasis in the remedies
- Future consolidation risks undermining the CMA's own goal of improving client choice and access in the whole market place. An attempt to resolve one aspect of choice of medicine supply has generated a much more significant issue which potentially impacts on the diversity and choice of practice type in the future.

Vertical Integration and Online Pharmacies

The CMA's own analysis confirms that ownership concentration can reduce client choice and soften competition. However, the online pharmacy channel for veterinary medicines is already exhibiting extreme concentration and vertical integration. This requires further investigation in our opinion.

Under the CMA's proposals, we estimate that around **50% or more of long-term medicines** could move online. This will be highly practice specific and depend on a whole range of factors. This will depend on the strategy the practice opts for- reduce medicine prices to compete and retain medicine sales, maintain/ reduce margin and accept more widespread use of prescriptions.

The CMA has also indicated that a **single prescription can cover multiple products**, which actively encourages clients to bundle flea, worm and other repeat medications together.

Once clients are in the online channel, pharmacies can **cross-sell** additional medicines and products which delivers a further benefit to the online pharmacy.

If clients who use pharmacies double the value of their medicine purchases with cross selling, then a shift of 50% of long-term medicines online could readily translate into **around 50% of all small-animal medicine spend** being fulfilled by a single company – due to vertical integration.

In that scenario, the LVG-owned pharmacy becomes the effective **gatekeeper** of the veterinary medicines market: it decides which products are promoted, captures manufacturer rebates, controls re-order reminders, and holds the key client data. The independent vet is reduced to a prescriber, while the economic and relational centre of gravity moves to the corporate pharmacy platform.

There is a concern that the changes will trigger:

- **Excessive concentration**
- **Vertical integration** (same owner controls prescription and supply)
- **Barriers to entry** (independent pharmacies can't match volume-based discounts, buying groups lose volume discounts);
- **Information asymmetry** (clients unaware they're buying from a corporate-owned pharmacy);
- **Self-preferencing** (group practices automatically signpost to their own outlet).

The CMA's proposed remedies are likely to **accelerate this dominance**, as mandatory prescription offers will divert further volumes to these same outlets. The result will be a dysfunctional market — one in which a small number of vertically integrated corporates control both the prescription decision and the fulfilment channel.

If the CMA allows LVG pharmacies to continue dominating while monitoring a potential scenario could develop:

• By Year 1: Independents lose 10–20 % of turnover from medicine margins.
• By Year 2–3: LVG pharmacies achieve >70 % of online fulfilment, wholesaler deals consolidate, and smaller pharmacies close.
• By Year 4–5: CMA finds "substantial lessening of competition" — but by then the infrastructure, logistics, and data advantages are irreversible.

A market in which one vertically integrated corporate pharmacy already controls over 50% of prescription fulfilment cannot credibly be described as functioning competitively. Unless the CMA addresses that structural dominance now, its current remedies will simply exchange one distortion for another.

Given the extreme concentration in online veterinary pharmacy and the clear vertical integration with clinical practices, we believe that behavioural self-referencing guidelines will be ineffective to ensure a fair competitive market is restored.

The CMA should therefore consider a structural remedy at this stage.

We recommend that the CMA consider the following options:

1. **Recognise pharmacy concentration as part of the AEC**, and explicitly monitor this market segment post-implementation.
2. **Require ownership disclosure** of any pharmacy recommended by a practice, including online outlets.
3. **Impose anti-self-preferencing rules**: practices referring clients to an in-group pharmacy must also present at least one independent alternative.
4. **Publish annual concentration data** for veterinary pharmacy fulfilment, including in-group vs external suppliers.
5. **Retain structural remedies as back-stop options** — including limits on cross-subsidised discounting or, if concentration worsens, **divestment of LVG-owned pharmacies.**

Without such measures, the CMA risks replacing one imperfect market (limited client information) with another that is even less competitive and more vertically controlled. The long-term effect would be **reduced diversity, weakened competition, a more challenging market to enter and thrive as an independent, and ultimately diminished client choice and value.**

There is an urgency required to pursue these measures which would prevent the creation of an entrenched gatekeeper controlling both prescription issuance and fulfilment — a distortion that, once established, would be virtually impossible to reverse through behavioural monitoring.

CONCLUDING REMARKS

FIVP would like to affirm its support for the CMA investigation into the veterinary sector. We are thankful that the Inquiry Group has worked with us, and it is clear that much of our evidence and many of our recommendations have been listened to.

However, many of our respondents maintain that the current package of remedies will adversely affect those in independent practice. Despite the initial concern that prompted an investigation being the impact of LVGs, many feel that these remedies provide further opportunities for LVGs to increase their market share. Respondents are concerned that the biggest impact of the CMA investigation could be increased overheads and charges, which are then passed on to the client. As one respondent writes, *'The CMA's proposed remedies risk undermining both independent veterinary practices and animal welfare by focusing narrowly on medicine pricing and prescriptions — a move that, intentionally or not, unfairly advantages the large veterinary groups (LVGs)*'.

We are concerned that, while the CMA's remedies may deliver clients savings on long-term medicines, they will ultimately drive up fees for veterinary services. As per these remedies, it is likely that our members will be issuing more prescriptions and reducing medicine costs to their clients. However, if the additional fees can not be defrayed across other areas, we believe there will be unintended consequences to animal welfare, practice staffing, and more.

The remedies risk increasing costs for veterinary services for clients and may drive them away from veterinary and nursing professionals who are best placed to serve client needs.

One of the driving forces for the CMA's investigation has been fears of market consolidation. However, especially in its approach to prescriptions and online pharmacies, we are concerned that the CMA's remedies could lead to further consolidation. We urge the CMA to carefully consider adjustments such as these to ensure that LVG-owned businesses are not unfairly advantaged.

We also recommend that remedies are delivered more slowly, to allow for incremental decision making and the building of IT infrastructure. Many independent practices lack the administrative teams that LVG-owned practices benefit from, and would require additional time and support to make these significant adjustments to their businesses. Similarly, regular impact assessments will support the analysis of the proportionality and accessibility of the remedies.

In its current format, the CMA's package of remedies will not serve its purpose of balancing competition nor giving clients greater choice nor lower costs. The veterinary industry is far-reaching and complex, and decisions should not be taken lightly. FIVP believes that, with animal welfare at stake, it is vital that all recommendations are carefully examined and debated before being confirmed. We welcome further engagement with the CMA and hope that we can collaborate to create a package of remedies which will serve animals, pet owners, and the entire veterinary industry.