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To the CMA Vets MI team,

As directors of an independent mixed practice, we support the CMA's objective of improving transparency and fairness within the veterinary sector. However, we have serious concerns that several of the proposed remedies will unintentionally harm independent practices and, ultimately, the very clients and animals they aim to protect.

Independent practices operate on much smaller margins than corporate groups. Income from the sale and dispensing of veterinary medicines is a necessary part of sustaining a viable, comprehensive veterinary service — one that includes out-of-hours provision, emergency care, and local access to professional expertise. If medicine-related income is significantly reduced without corresponding reform of wholesale pricing, independent practices will be forced to increase fees for consultations, diagnostics, and other services.

The overall effect will not be lower costs for clients, but a redistribution of costs, leaving most clients paying more for essential veterinary care.

Remedy 1: Ownership Transparency

We strongly support the CMA's objective of improving transparency around veterinary practice and online pharmacy ownership. Independent practices and pet owners benefit when clients can make informed decisions about where to seek care.

However, the current wording does not go far enough to ensure pet owners are unequivocally aware of corporate ownership. Terms such as "part of a group," "Vet Collection," or "VetPartners family" are ambiguous and may mislead clients into perceiving practices as independent.

Ownership wording should be explicit: "owned and controlled by [corporate name]" rather than euphemisms to provide genuine clarity, avoid misleading impressions of independence, and ensure accountability.



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Remedy 2b: Publish Standard Price Lists

We support increasing price transparency for common services to help clients make informed decisions.

However, we have concerns that context may be lost on comparison websites, making it difficult for pet owners to compare like for like. Complex medical and surgical cases have nuances that are not easily understood by non-veterinary persons, making simple comparison challenging. Practising veterinary medicine is not the same as writing a shopping list.

We are also concerned about the increased administrative burden on independent practices. Our current PMS system does not allow full automation of price updates, meaning significant time and resources would be required to maintain an accurate and current price list.

Transparency is welcome, but practical and competitive risks must be considered to avoid disproportionately disadvantaging independent practices.

Remedy 2c: Publish Parasiticide Prices

We support transparency in parasiticide pricing to help clients make informed choices.

However, we have concerns:

- Clients may purchase online, introducing delays before pets receive treatment, which could be detrimental to animal welfare.
- Price lists do not reflect clinical judgement, dosing, or professional advice, which is critical for safe and effective use.
- Maintaining accurate, up-to-date prices creates administrative burdens, particularly for practices without automated PMS.

The remedy should be implemented in a way that does not compromise timely, professional care or disproportionately disadvantage independent practices.

Remedy 3: RCVS “Find a Vet” Data Publication

We support creating a **central, trusted information source** by publishing data from Remedies 1–2d on an enhanced “Find a Vet” platform, making it searchable and accessible to approved third parties.

However, we are concerned that significant administrative effort would be required if data entry is manual therefore it must be a fully automated system.

Remedy 4: Pet Owner Satisfaction Survey

We support a biennial survey comparing LVGs and independent practices to provide clients with insight into service quality.

However, independent practices vary widely in size, location, and services offered, particularly in rural or island areas. Survey results may not be representative and could mislead clients if interpreted without context.

The survey and report would need to account for the diversity of independent practices to ensure results fairly reflect the sector.

Remedy 5a: Written Estimates for High-Cost Treatments

We support the proposal to provide written estimates for treatments likely to exceed £500 as this is good practice and enables owners to make informed financial decisions.

However, we are concerned about where responsibility lies for estimates involving referral practices. Primary practices do not have full visibility or control over the final treatment costs once a patient is referred. We therefore seek clarification to ensure that individual practices are only responsible for estimates relating to treatment provided in-house, and that referral practices are accountable for their own estimates.

Remedy 5b: Itemised Billing

We support itemised invoices detailing all treatments, medicines, and fees, as this improves transparency and enables clients to understand costs clearly.

Itemised billing is already standard practice in our clinic, and we welcome this requirement.

Remedy 6: Ensuring Clinical Independence

We fully support requiring written policies to ensure vets and nurses can offer a full range of treatment options and give independent advice, free from commercial pressure.

As an independent practice, we already place the skills, critical thinking, and clinical judgment of our staff at the centre of care, ensuring full clinical autonomy.

We welcome the CMA's support in reinforcing this standard through professional guidance.

Remedy 7: Information About Prescriptions and Online Pharmacies

We support the CMA's objective of improving transparency around client options for obtaining veterinary medicines and welcome the proposal for clear in-practice signage

informing clients that they can request a written prescription and purchase medicines online.

However, we have serious concerns regarding the proposed implementation:

- Adding standardised text to SMS messages would impose significant costs and administrative burdens on practices without delivering meaningful benefits to clients.
- The proposed wording appears to assume that medicines are significantly cheaper online, which is not always the case. In our experience, practice pricing often matches online options once delivery and prescription charges are taken into account. Mandating practices to advertise online pharmacies in this way is therefore unnecessary and potentially unfair. A simple statement that written prescriptions are available and that medicines can be purchased online is sufficient.
- The proposed wording and literature would also need to take into account delivery discrepancies across the UK. As a remote practice in the Highlands and Islands our delivery times and costs are significantly different to a central London postcode.
- Requiring clinicians to inform every client during each consultation is disproportionate and risks undermining the trust and rapport between clients and their veterinary team. In our experience, fewer than 1% of clients request a written prescription for short-term medications, making this proposal a disproportionate response to a very limited issue.

We recommend that practices be encouraged, rather than mandated, to provide verbal information where appropriate, and that communications focus on supporting transparent client choice without imposing undue administrative or professional burdens.

Remedy 8: Faster Written Prescriptions

We support transparency and are happy to issue written prescriptions; however, we have serious concerns about the proposed requirement to issue prescriptions by the end of the consultation (hard copy) or by the end of the day (digital).

- **Systems and workflow limitations:** Current practice management systems (PMS) do not allow seamless, single-entry production of prescriptions. Automating this process, as suggested by the CMA, is untested and may not be feasible in the short term.
- **Fraud risk:** Many practices have experienced significant fraud and now send prescriptions electronically only to the pharmacy chosen by the client. Increasing the volume of prescriptions could increase absolute fraud, contrary to client safety.
- **Economic impact:** The proposed £16 prescription fee cap is not proportionate to the professional time required to issue and check multiple medicines in a single consultation or repeat prescription process.
- **Consultation costs:** Consultation time will increase, and combined with loss of marginal income from medicines, practices will need to recover costs through higher consultation fees, including out-of-hours provision. As a result, clients may not be better off overall.
- **Administrative burden:** The remedy will require significant additional administration, and PMS limitations may make automation difficult, increasing workload for independent practices.

We recommend that the CMA reassess the proportionality of the prescription timing requirement and fee cap and consider the practical limitations of PMS systems and fraud risks before implementation.

Remedy 9: Own-Brand Medication Clarity

We are supportive of this remedy.

Remedy 10: Default Choice for Repeat Prescriptions

We support the CMA's aim of transparency and empowering pet owners to make informed choices about repeat prescriptions, including whether to collect in-clinic or purchase online.

However, we have **practical concerns**:

- Implementing this requirement will require **significant administrative effort** if not automated.
- Current practice management systems (PMS) may **lack the speed or capability** to support automation, including client self-service options.

Remedy 11: Prescription Fee Cap

We understand the CMA's rationale for capping prescription fees to prevent overcharging and harmonise costs. However, we have serious concerns about the proposed £16 cap per consultation rather than per medicine:

- **Systems and workflow limitations:** Current practice management systems (PMS) do not allow seamless, single-entry production of prescriptions.
- **Proportionality:** The £16 cap is not proportionate to the time, skill, and professional responsibility required to issue and check multiple medicines within a single consultation or repeat prescription process. Our current prescription fee of £25 reflects this workload and responsibility.
- **Economic impact:** Combined with loss of marginal income from medicines, practices will need to recover costs through higher consultation fees, including out-of-hours provision.
- **Client impact:** These changes mean that **clients may not be better off overall**, as costs are shifted elsewhere. This would also impact all clients rather than just those choosing to use written prescriptions.

We recommend that the CMA **reconsider the structure and level of the cap**, including the possibility of applying it **per medicine rather than per consultation**, and take into account the **time, skill, and professional responsibility** involved, as well as the financial sustainability of independent practices.

Remedy 12: Out-of-Hours (OOH) Contract Notice Periods

We support this remedy

Remedy 13: Cremation Transparency and Options

We fully support this remedy. Providing clear information on communal and individual cremation options, publishing prices, and observing a cooling-off period aligns with best practice and ensures owners can make informed, unpressured decisions at an emotional time.

This is already standard practice in our clinic, and we welcome the CMA's recognition of this approach.

Remedy 14: Standardised In-House Complaints Process

We support the CMA's aim for a clear, accessible in-house complaints procedure to ensure consistent and fair handling of client concerns, and to provide valuable sector-wide learning.

However, we stress that sharing complaint logs with the RCVS should not impose unnecessary administrative burden on independent practice owners. Any reporting requirements should be proportionate, simple, and manageable, particularly for smaller practices with limited staff resources.

Remedy 15: Mandatory Mediation Participation

We are supportive of requiring practices to engage in mediation in good faith when in-house complaints are unresolved, as this offers fair resolution without litigation and improves accountability.

However, we have several concerns and questions:

- Experience with the Veterinary Complaints Mediation Service (VCMS) has been variable, with a default approach often being "resolution by discount", which may incentivise some clients to attempt to reduce their bills.
- The capacity and capability of VCMS to handle a potential increase in cases is uncertain.
- Oversight and auditing of mediators must be clearly defined.
- Payment for the mediation service should be based on usage, not business size, as independent practices typically handle fewer formal complaints due to the ability of clients to escalate issues locally and resolve them early.

We recommend that the CMA undertake further analysis to determine the proportionality of costs and the likely operational impact on independent practices before finalising this remedy.

Remedy 16a: RCVS Decision Tree for Redress

We are supportive of the CMA's proposal for the RCVS to develop and publicise a simple decision tree guiding pet owners on how to pursue redress, including complaints, mediation, insurance, and other options. This will help reduce confusion and improve access to fair resolution.

Remedy 16b: RCVS Complaints Data Publication

We are supportive of collecting and publishing annual data on complaints, trends, and sector insights, as this promotes transparency, accountability, and learning.

However, to avoid creating unnecessary administrative burden, data collection must be automated wherever possible and should not require manual input by independent practices.

Remedy 17: Recommendation for a New Statutory Regime

We are supportive of the CMA’s recommendation for a fit-for-purpose statutory framework for the veterinary sector. Reform is needed to address the limitations of the current regulatory framework and ensure effective monitoring, enforcement, and consumer protection.

Conclusion

We support the CMA’s overall goal of improving transparency, fairness, and trust within the veterinary sector. However, it is essential that any reforms are proportionate, practical, and considerate of the diversity of the veterinary market — particularly the vital role independent practices play in providing local, continuous, and emergency care.

Several of the proposed remedies risk imposing disproportionate administrative and financial burdens on independent practices, potentially leading to higher consultation fees and reduced service availability rather than lower overall costs for clients. Effective reform should aim to strengthen client choice and confidence while safeguarding the financial and operational sustainability of practices that form the backbone of community veterinary care.

Sincerely,

[Redacted signature block]

Directors of

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