

Response to CMR Veterinary Services for Household Pets PDR publication 19 February 2026

I fully support the CMA's goal in improving the UK veterinary sector by promoting fairness, providing informed choice, and delivering high-quality care. However, several of the proposed remedies risk introducing unintended detriment that could undermine our profession's clinical standards, increase administrative burden, reduce appointment availability, and further disadvantage practices financially, particularly those that are small independent FOPs. I believe that the PDR has provided a massive advantage to the LVGs. As the CEO of a small independent group, I feel strongly that the vertical integration, the breadth of influence, the management structures and the motivations of the LVGs are impacting negatively on our industry's reputation for exceptional customer service and patient care. I don't believe that my concerns are being sufficiently addressed in the PDR.

The veterinary professionals and wider teams working within our sector are ethical, diligent, compassionate colleagues. They hold themselves to high professional standards and are advocates for animal health and welfare; as such, many feel the same frustrations as the pet owning public. Yet it is these colleagues who face the daily conflicts with customers; so we must ensure their experiences are acknowledged and addressed or we risk losing critical resource from our profession.

My comments to specific remedies are summarised below:

1. Online pharmacies

The CMA's recommendations do not sufficiently address the **distorted competition** created by **corporate ownership of online pharmacies**.

It is widely known within our industry (though not by our customers) that IVC evidensia owns PetDrugsOnline, CVS owns Animed Direct and VetPartners owns VetUK; this aspect of vertical integration was completely omitted from the report findings.

- Many large veterinary groups now **own or are affiliated with online pharmacies**, allowing them to profit twice: first through their practices, and second through their own retail pharmacy arm.
- These entities will be able to **purchase medicines at significantly lower prices** than independent practices (even those within a buying group) because of the scale of their centralised buying power and internal pricing models unavailable to smaller providers.

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In some cases, independent practices cannot compete fairly, even if they wish to offer lower margins, as their **wholesale costs can exceed the online retail prices** charged by corporate-owned pharmacies.

- Under remedy 2c, we are required to (a) inform all customers that they may obtain medicines at potentially lower prices from other businesses and (b) actively direct them to information about them. This is not creating a competitive environment; this is giving the vertically integrated LVGs an unfair advantage. It also risks the start of a pet's treatment being delayed due to the steps required to obtain medication from an on-line pharmacy; and therefore cost being prioritised over welfare.

Recommendation: If the goal is genuine fairness, before mandating this remedy:

- A **level wholesale pricing structure** must be enforced
- All practices must inform their customers that on-line sources of medicines might be owned by the LVGs.

2. Written prescriptions

Mandating **same-day prescriptions for all medicines** is impractical and risks compromising both clinical safety and service capacity.

- Prescriptions require **time and accuracy checks**, and our customers often need to confirm the quantity or chosen pharmacy — which cannot always be achieved same-day.
- If same-day prescriptions are enforced for all medicines, the associated work represents approximately **5 minutes of professional time per prescription** (based on current work rates), and fees must reflect this.
- There are many situations where it is impractical for the customer to obtain the medicine quickly enough from a third party so that treatment can be administered within a timeframe that addresses patient need, which is of course, the shared aim of both vet and owner.

Examples are:

A. Injections administered during consultations such as vaccines, antibiotics, pain relief, are often given as single doses. Owners are not able to obtain these products from third parties.

B. Medications injected or given orally when sick animals are hospitalised may vary from day to day, depending on the condition of the patient. Many of these medicines are unavailable to pet owners.

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C. Medicines given as part of anaesthetic procedures, often as many as 5, may be administered in single doses. Owners are not able to obtain these products from third parties.

- Human medicines are not infrequently used by Vets, and many of these are not available from online pharmacies, whilst FOPs will maintain stocks in order to provide these treatments. **It would be helpful for the CMA to establish if the lack of commercial profitability of human medicines is the motivation for on-line pharmacies selectively not stocking these items.**
- We only provide written prescriptions as digital versions that are emailed directly to a customer's choice of on-line pharmacy, should they wish to purchase their medication externally. This is because we have experienced fraud within our surgeries, where customers have attempted to over-write or re-use a written prescription. To make the CMA's proposal viable for all FOPs, and mitigate risk of prescription fraud, the UK needs a **secure digital prescription framework** integrated with FOPs practice management systems.
- In the last 12 months, our total number of individual written prescriptions is 7897. At an average of five minutes for each prescription, that equates to 56 hours per month, or the equivalent of 7 vet days per month. If the demand is increased further by this remedy, it will translate into more Vet admin time, resulting in less consultations per day and thus less patients seen. This consequently becomes a pet welfare issue.

Recommendations:

- A **48-hour prescription turnaround for ongoing prescriptions** remains a clinically safe and operationally realistic timeframe.
- Restriction of the requirement for a **mandatory prescription for ongoing medication only** would still represent a significant remedy, while allowing Vets to avoid a time-consuming process in the situations described above. These are the medications where owners are likely to obtain the most cost savings in treatments.
- Encourage **direct electronic transmission** to pharmacies to prevent fraud.

3. Pricing transparency and comparison website

I welcome transparency in pricing, but 'comparative shopping' by customers with no medical background will cause great confusion unless the context is clearly defined alongside the pricing. At different FOPs, examples which could be misleading to customers are:

- Consultation times can vary between practices.
- Routine services such as spays, castration, and dental procedures can vary widely in what is included eg IV fluids, pain management, radiology, recovery, post-operative care.

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- Veterinary procedures are rarely comparable eg “lump removal” may range from a simple wart on a healthy patient to a high-grade tumour on an elderly patient; vastly different procedures in both risk and cost.

Extensive price lists are therefore **potentially deceptive** unless accompanied by context and clear inclusion criteria.

Recommendations:

- **Limit the list** to only services which are guaranteed like for like comparisons.
- Create the ability to show **exactly what is included** in each price.
- Practices should be able to have flexibility for **clinical or case-specific variations**.
- Include explanatory material for owners about clinical standards, and how these influence price.
- Government policy continues to apply **20% VAT** to essential veterinary care. If there is genuine intent to reduce costs for owners, **VAT reform** on veterinary services would be a far more effective and equitable measure.

4. Financial sustainability

Some of the CMA’s proposals would significantly reduce income from medicine sales and prescription fees.

LVGs will absorb lost revenue via cross-ownership of pharmacies and economies of scale. In contrast, independent practices, lacking such resources, will be forced to **raise fees or close**, shrinking customer choice and local provision.

I advocate providing contextualised care with transparent pricing that is fair in value. Our reputation is built on the overall quality of our customer service and patient care, and our pricing is calculated, to reflect the associated costs. Because I run a small independent vet group, my pricing will also reflect the regional cost of living variances. I should be empowered to manage my pricing responsibly in a competitive market.

I am in favour of being governed on the delivery of our veterinary services based on maintaining professional standards, patient safety and responsible medicine use. FOPs have an ethical responsibility not to abuse these responsibilities to make unreasonable profits. If unreasonable profits are being made, controls would be justified.

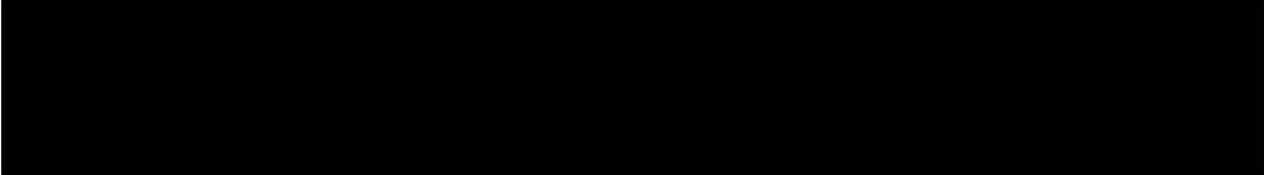
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If profit levels are not unreasonable, it is logical to assume that the CMA remedies which negatively impact financial sustainability will need to be offset. This will likely come from profit generating actions such as reductions in staffing, less investment and increases in non-medicine-related professional fees. Because independent FOPs do not have the scale or structures to absorb any negative financial impact, the LVGs have an advantage. I expect that the CMA would not want this to be the unintended detrimental outcome, based on some of the comments made in their reports.

The direct comparison of medicines prices between on-line pharmacies and FOPs is not a fair assessment of the overall value of services to customers.

- Clinical colleagues recommend to our customers the care plans that help our patients the most, then provide a range of options, should there be financial constraints. This is our ethical duty. The consultation is central to this approach, the cost of which is subsidised by making certain levels of profits from medicines, which can be conveniently dispensed (and administered if necessary) during the consultation. This is beneficial to our customers and their pets.
- Like all FOPs, we cross-subsidise 


These examples of cross-subsidising clearly do not occur in an on-line pharmacy because they do not offer very costly services such as hospitalisation, nursing, emergency services, clinical skill training etc that occur in many FOPs, nor do they have the facilities that are required.

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Recommendations:

Mandate Vet businesses to report their **Profitability** for each business entity before any final decisions are made (FOP, on-line pharmacy, OOH, crematoria etc) to demonstrate that current profits are reasonable.

5. Referral processes and complex procedures

We support that customers should receive estimates for veterinary care, while also recognising that a patient's treatment plan can change rapidly as their disease process deteriorates, new diagnosis is gained, or new information appears.

Recommendations:

- Provide flexibility in estimates for **routine, fixed-price referrals** (eg imaging, elective surgery), with the understanding that veterinary medicine is not always simple.
- Complex or urgent cases should have estimates generated, however consideration should be given to what happens when treatment plans change.
- Surgeries should be required only to **inform customers of available referral options** (whether locally or the ones most suitable to their pets' needs), not to obtain multiple written estimates on their behalf. Although we are happy to help in the best interests of the patient, it should be down to the customer to seek multiple estimates if that is their desire.

Conclusion

Without modification, it is my belief that the PDR will:

- Create increased operational time pressures
- Raise overall treatment costs
- Increase corporate dominance and influence
- Undermine clinical freedom and animal welfare.

During the consultation period, I ask the CMA to continue to collaborate with independent vet business owners, practising Vets, RVNs, the RCVS, industry bodies, and the VMD to ensure reforms are **clinically sound, technologically feasible, economically fair for all FOPs** and genuinely beneficial to customers and the pets in our care.

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