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14<sup>th</sup> November 2025

Dear Lucy and the CMA Vets MI Team,

### **Response to CMA Provision Decision Report (PDR)**

XLVet UK Ltd (XLV) is a company owned by 70 independent veterinary practices based throughout the UK. Each veterinary practice is an autonomous and separate legal entity owned by veterinary professionals working in that practice, and each practice provides services to their local communities. XLV provides support to these practices and the people working within them.

We thank the CMA team for their considerable work in their Market Investigation (MI), their Provisional Decision Report and appendices (PDR) and the opportunity to respond.

Our absolute focus is to support the CMA in their ambition to achieve a well-functioning marketplace that provides affordable and valuable veterinary care to all animals and their owners.

We wholeheartedly support **transparency** and **choice** for all pet owners. There is a great deal in the PDR and Proposed Remedies that **we agree with and support**.

There are also specific areas of **considerable concern** where we have identified that **asymmetry** in the **process** of the MI, has led to **irrationality** and **disproportionality** in some of the remedies. We identify these and **suggest amendments** and changes to these remedies in order that they might achieve the market impact that the CMA appears to be wishing to achieve.

As a community that includes veterinary businesses not only providing services to pet owner but also **farm and equine clients** we remain very concerned to see no apparent consideration for the impact of the Remedies on the delivery of services to these sectors. Whilst these are out-with the scope of the Market Investigation, the potential for knock-on **impact upon** those businesses providing **services to a mixed client base** may affect their **overall functioning and viability**.

We have provided a summary table of our assessment and provided the detail of our consideration of the whole PDR against the framework of the Provisional Remedies.

Thank you for giving this matter careful consideration and attention.

We ask that the CMA exercises its formidable powers with care and attention and ensures that it leaves the provision, availability and choice of veterinary care improved and not degraded.

Yours sincerely



Andrew Curwen

**XLVet UK Ltd**

On Behalf of the XLVets Community

### By Remedy in summary

Remedy Number	Remedy Name	XLV Conclusion	XLV Proposes
1	Ownership Transparency	Strongly support, but Remedy does not go far enough	Ensure pet owners are unequivocally aware; use the term ' <i>owned and controlled by</i> '; make LVG brand primary; and test with pet owners
2a	Publish Basic Service Information	Support	
2b	Publish Standard Price Lists	Support, with concerns	Review costs of procedures not included on the proposed price lists. Require PMS providers to reduce all barriers to allow data from PMS to be published to websites
2c	Publish Parasiticide Prices	Support, with concerns	Empower PMS optimization for automation of published price lists
2d	Publish Pet Care Plan Information	Support, with concerns	Empower PMS optimization for automation. Allow practices to disclose the uptake of services to justify price comparison.

<b>Remedy Number</b>	<b>Remedy Name</b>	<b>XLV Conclusion</b>	<b>XLV Proposes</b>
3	RCVS 'Find a Vet' Data Publication	Support, with concerns	Make automation and data transfer available from the start
4	Pet Owner Satisfaction Survey	Support	RCVS to encourage independent practices to engage and publish apples with apples comparisons
5a	Written Estimates for High-Cost Treatments	Support, with concerns	Change to the proposal for describing the scope of cost advice provided for referral work
5b	Itemised Billing	Support	
6	Ensuring Clinical Independence	Strongly Support	
7	Information About Prescriptions and Online Pharmacies	Strongly oppose in current format	Propose neutral words, that are channel agnostic, for signs and communications. Limit communication to those relevant to medicines discussions. Extend the time for independent FOPs to implement
8	Timely Written Prescriptions	Support the concept but oppose the proposed implementation	Implement in line with the development of PMS systems to address automation
9	Own-Brand Medication Clarity	Strongly Support	
10	Default Choice for Repeat Prescriptions	Support, with concerns	Implement in line with the development of PMS systems to address automation
11	Prescription Fee Cap	Oppose	A banded range dependent upon the work undertaken in prescription preparation.
12	OOH Contract Notice Periods	Strongly support	

<b>Remedy Number</b>	<b>Remedy Name</b>	<b>XLV Conclusion</b>	<b>XLV Proposes</b>
13	Cremation Transparency and Options	Support	We have concerns about aspects of enforcement at sensitive time and would propose flexibility for there to be some discretion of the veterinary surgeon in handling individual cases.
14	Standardised In-House Complaints Process	Support	
15	Mandatory Mediation Participation	Broadly supportive, with concerns	Feedback to the VCMS the apparent position of defaulting to 'money off'; requirement for bill settlement before mediation; VCMS capacity to be assessed and ongoing audit of mediators; payment based on usage; provide ongoing NPS feedback
16a	RCVS Decision Tree for Redress	Support	
16b	RCVS Complaints Data Publication	Support, with concerns	Data collection must be automated
17	Recommendation for Regulatory Reform	Support, but we must get it right	Practice standards must be outcomes-based and avoid Ofsted-style auditing; we support a Royal College that regulates; there must be full consideration of the impact upon farm and equine practice.

## The detail of our response by Remedy

### 1 Transparency of Ownership

We **strongly support** this proposal but consider that the Remedy is **not robust enough** and as currently set out will not achieve the desired objective of client understanding.

The proposed words such as “*part of the xxx group*” are very similar to the euphemistic marketing statements currently being used by the LVGs and other mid-sized firms. Large corporate bodies have used words that include: “*Independent Vet Care*”, “*A member of the VetPartners Family*”, “*Welcome to Kin Vet Community*”.

The terminology used needs to be much more transparent and we propose:

**“(FOP or Internet pharmacy name) is owned and ultimately controlled by (LVG name)”**

For complete clarity, the ownership and control for those businesses that are not PLC (whose directors and shareholders are a matter of public record) would also be stated.

Historically, the names of **all the owners** of a veterinary practice were required on the plate outside the practice. Why should it be any different now?

We would also like to raise concerns of obfuscation as seen in parallel sectors and ask the CMA to ensure that the final Remedy prevents such obfuscation in the veterinary marketplace (such that it does not weaken the effectiveness of this proposed Remedy.)

We provide by way of example:

#### **Specsavers 2025 campaign**



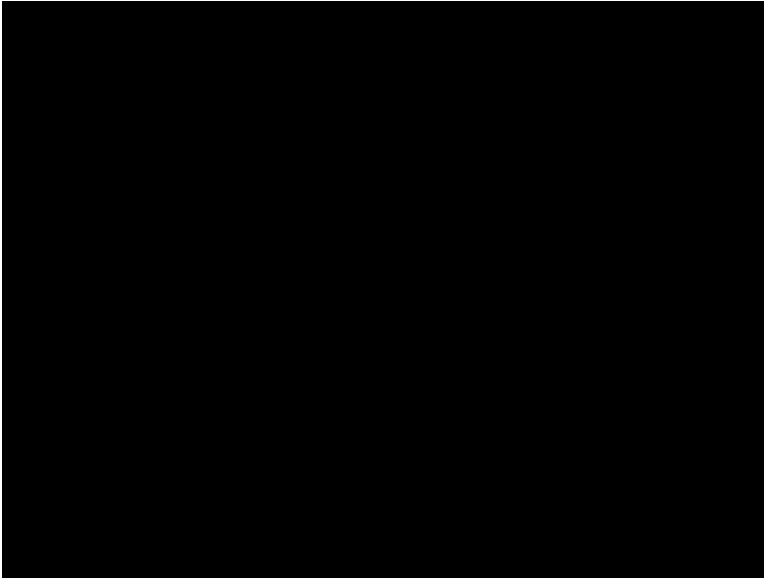


These opticians and audiologists may indeed “*own and run*” the business but our understanding is that with the joint venture model involved, they are not the only owners, they do not have overall control, and there are significant aspects of the running of the business (including costs to the business which impact the prices they need to charge) that they do not control. In our market survey we found that over 75% of members of the public did not understand the nature of ownership and business decision making in the Specsavers model.

[Redacted]

[Redacted]

[Redacted]



For Remedy 1 to be effective it must:

1. Require clear and unambiguous language
2. Require all ownership branding to be the **first brand of the LVG or owning organisation** and not a subsidiary brand
3. For all web **domain names** of internet pharmacies to include the name of the LVG within the domain name
4. Be **tested** with a cross section of pet owners to ensure that they are **not deceived** in any way
5. Require **disclosure** when a referral is made within the same LVG, making it clear to the client that the referring practice and the referral practice share common ownership.

## 2a Publish Basic Service Information

We **support** this Remedy.

## 2b Publish Standard Price Lists

We **strongly support transparency** of pricing for all clients and at all times.

We therefore **support** this Remedy, however we remain concerned about the risk of the gamification of published price lists, the opportunity for misleading loss-leaders, and hidden costs.

These concerns are particularly around the capabilities, motivation and resources of those market players who have the commercial expertise to model prices and sufficient market power to allow the use of low margin and loss-leaders.

The view expressed in the PDR is that there are sufficient checks and balances in the overall suite of remedies proposed to mitigate against these risks. We remain unconvinced by this argument.

Along with the advice that the CMA appears to have received from its veterinary advisory panel, there are considerable challenges in explaining the nuance of individual cases. However, any additional explanatory text will be lost in price-comparison websites. We accept that it was decided not to include specific surgical procedures on the required pricelists for websites. However, the example of pyometra surgery is useful to consider.

A survey of XLVet member practices showed that the differential between the cost of neutering a healthy female dog compared to the cost of pyometra surgery was a factor of between **1.6 and 3.7**. In our survey of LVG FOPs the cost differential factor between these two procedures was **up to 10**.

We note that clients may ‘shop around’ for elective surgical procedures such as neutering of a healthy dog and use this cost as a benchmark for overall practice pricing. However, once they are dealing with a sick animal with a pyometra they won’t even know what is required until they are “in the system” and at which point they are unlikely to start shopping around looking for different providers. By the time they are in receipt of a client satisfaction survey, will they be able to join the dots in their customer journey of price evaluation? Our market feedback is that pet owners are very shocked when they become aware of the cost of surgical procedures such as pyometra surgery from different providers.

We note that until practice management systems (PMS) develop capability and API connections for their systems, the process of updating price lists will be a very manual activity in many practices and as such increase administrative costs.

**We would encourage the CMA to make it a requirement of all PMS software to connect with website software seamlessly and without excessive charge imposed upon the FOP.**

## 2c Publish Parasiticide Price Lists

We **strongly support transparency** of pricing for all clients and at all times.

We therefore **support** this Remedy.

This is another example where PMS software could be greatly improved and utilised.

## 2d Publish Pet Health Plan information

We **strongly support transparency** of pricing for all clients and at all times.

We therefore **support** this Remedy.

We note the concerns raised in the PDR regarding the uptake of services that are included within some plans, and the proposal in the Remedy to cap the number of consultations etc that can be used in assessing the value of the overall plan. This is a disproportionate step for those practice businesses where the levels of uptake are in excess of the capped figures. We would therefore propose that FOPs should be allowed to state the level of uptake seen in their practice in order to justify breaching these caps for price comparison.

## 3 Submission of information to RCVS

We **strongly support transparency** of pricing for all clients and at all times.

We therefore **support** this Remedy.

It is imperative that this Remedy does not create a significant administration expense to practice businesses that is simply then passed on to pet owners as increased costs. It is not acceptable for this information to be manually loaded on a webpage portal and it **must** be a requirement of the Remedy that **the data can be transferred in an automated manner** e.g. automated file transfer from the commencement of the Remedy.

## 4 Pet Owner Satisfaction Survey

We **support** this Remedy.

We are concerned that independent practices can be very different from each other and so the sample of independent practices included within the survey may not be representative of the independent practices. We understand that it is not the intention to require independent FOPs to display the survey results but note that it will be published by the RCVS.

We would propose that the RCVS encourages independent FOPs to engage in the survey work, including freely releasing the methodology and questions used so that independent FOPs can proactively survey their clients and publish ‘apples with apples’ comparisons.

### 5a Written estimates

We **support** this Remedy.

In the case of referrals, we recognise the value of the referring First Opinion Practice (FOP) supporting their clients by providing a clear written indication of the likely costs involved in referred treatment. It is reasonable for the FOP to help the client understand the potential scope and indicative level of fees so that they can make an informed decision about proceeding with a referral. However, we have concerns about placing formal liability on the referring FOP for issuing a formal estimate for work that will be undertaken by a third-party referral practice over which the FOP has no operational or pricing control.

To ensure transparency while maintaining reasonable accountability, we would propose that the referring FOP can empower the client by:

- explaining the purpose and indicative nature of the referral cost estimate
- clearly advising that final and binding estimates will be provided directly by the referral practice;
- encouraging the client to request a detailed written estimate from the referral provider before consenting to treatment;
- ensuring that any known or likely factors that could materially affect the overall cost are communicated to the client in advance.

This approach reasonably balances clarity for the client with proportional responsibility for each party involved.

### 5b Itemised Billing

We **support** this Remedy.

## 6 Ensuring Clinical Independence

We **strongly support** this Remedy.

It is critical that the veterinary profession can be recognised as a separate entity from veterinary business. We note that the CMA’s summary statement that “*The main focus*

of our inquiry is into veterinary businesses not individual vets”, and the PDR strikingly and serially sets out repeated evidence as to how big the difference can be between veterinary businesses that are owned by veterinary professionals and those that are not.

**7 Internet medicines** (This Remedy is entitled: *“Information measures to increase awareness of online pharmacies and the amount that can be saved by using an online pharmacy rather than purchasing from the FOP”*)

We **fully support transparency** and client choice and XLVet member practices already provide written and verbal information on prescription options.

We are pleased to display clear, **neutral** signage and provide leaflets advising that clients can request a written prescription.

However we **strongly oppose the proposed Remedy**, which we maintain is **irrational** and **disproportionate** and will create **unintended harm** to pet owners.

We are surprised by the very directional nature, (and far from ‘channel agnostic’ approach) of the Remedy title; seeking to point animal owners towards online pharmacy (and a small handful of companies) despite the fact that this is highly likely to lead to a poorer performing market.

We **challenge the proportionality** of the Remedy and note the **relatively high level of awareness** of pet owners for the availability of medicines from internet pharmacies quoted by the CMA and that in addition this is now old data.

Our evidence is that the **vast majority of pet owners** are **well aware of the availability of medicines from internet pharmacies**.

We challenge the **assumptive and directional wording** proposed by the CMA and the **universal requirement** for it to be conveyed on all practice messages, many of which will have nothing to do with medicines.

We do not accept the proportionality of requiring the additional cost of **114 extra characters for all SMS messages** (to append prescription wording) which would increase messaging costs significantly for smaller practices. Independent practices rely heavily on SMS reminders; this change could add hundreds of pounds per year to our communication costs, with minimal public benefit.

Neither do we accept the proposed **consultation micromanagement** with the requirement for vets to verbally inform every client during every consultation. We consider this excessive and unnecessary. Not all consultations involve medication, and over-scripted interactions risk undermining professional trust and disrupting clinical flow.

We wish to challenge the rationality of this Remedy by examining the asymmetry in the MI process.

### **Concern regarding process asymmetry leading to an irrational Remedy**

We have throughout the MI raised our concerns regarding the **procedural and evidential asymmetry** that has been occurring. The Financial and Profitability Analysis paper, dated 23 October 2025, was made available to independent veterinary practices on that date, yet we are required to respond by 14 November 2025. In contrast, we understand that the large veterinary groups (LVGs) have been in receipt of earlier drafts and related working materials since May 2025 or earlier, and furthermore have had access to economic advisers who have had access to confidentiality ring materials that were not available to independent practices.

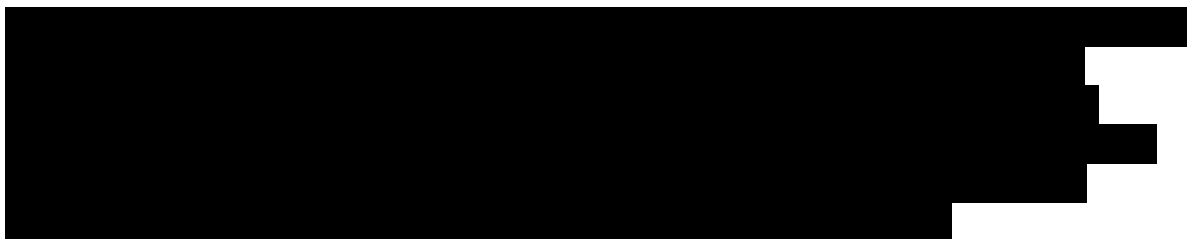
This significant disparity in access time and expert resource places independent practices at a **structural disadvantage**. Most independent veterinary businesses do not have established economists, financial analysts, or legal counsel, and unlike corporate groups, cannot rely on dedicated teams to interpret, challenge, or model the CMA's assumptions.

In a recent workshop with veterinary business owners, 100% of attendees agreed that they *“did not have the skills, competence, time, internal resources or funds to employ third parties to analyse and interpret the (heavily redacted) paper”* (Appendix C)

This has created an uneven evidential basis for policy and remedies, contrary to the CMA's own stated principles of proportionality, procedural fairness, and transparency.

The same business owners were incredulous that the views of LVGs on the appropriateness of the information and approach to profitability assessment of independent practices were reported within the paper (Appendix C) but there was **no inclusion of the views of independent practices** nor their advisers.

We understand that those independent FOPs who contributed financial information to the MI were given access to a very heavily redacted paper and five working days to respond. We understand that they did not all appreciate that they could request an extension of time and to request the opportunity to allow an adviser to their business to view the paper.



We are particularly concerned that the analytical basis of the CMA's assessment of profitability for independents is inherently limited. As acknowledged in Appendix C (paragraphs 12–14), the CMA's dataset on independent practices is narrow and

constrained, comprising a small, self-selecting sample of firms, for a restricted period (2021–2023), and with no comparable treatment to that afforded to LVGs (who were analysed over five years using detailed asset revaluations, intangible asset modelling, and sensitivity testing). The CMA itself notes that “*the smaller than planned dataset and the differences in operation of independent firms and the LVGs leads us to interpret any comparison... with caution*” (Appendix C, para 22). Despite this, the same document proceeds to draw comparative conclusions on margins and market profitability.

Furthermore Appendix C notes:

*5.48 However, the responses we received from those 56 firms, while all complete in terms of covering what we had asked from them, did not all cover a common period, and in order to be able to analyse trends across the same period (FY2021 to 2023) we had to exclude 19 firms from our dataset. This resulted in a dataset of 37 firms which is smaller than we had originally planned. As a result, we consider **that we cannot draw robust inferences from the results we see in the sample of independent firms to the rest of the population of independent firms.***

and

*5.50 Our analysis for 2021 to 2023 showed that there was a very wide distribution of EBIT margin for the independent firms in our sample from loss-making to over 30%. The firms in our sample had a range of EBIT margins of between -9% and 34%, with a weighted average EBIT margin for the three-year period of 11%. However, **we note this analysis is based on a small sample size.***

We submit that the risk of irrational remedies being proposed on the basis of such incomplete and asymmetric data and critical appraisal is material. Where one segment of the market (LVGs) has been analysed with extensive reconstruction of capital employed and intangible asset values, while another (independent practices) is represented by partial and unverified data, the risk of misinterpreting market profitability is substantial.

The CMA’s profitability analysis appears to conflate economic returns driven by acquisition models, leverage, and scale synergies within the LVGs with the performance of small, community-based independent practices that typically operate on modest margins and reinvest surpluses locally. Any Remedy based on such a blended or skewed understanding may unintentionally penalise independents, particularly if price interventions, or market separations are introduced without clear evidence that independents earn supra-normal returns.

We are further concerned by the CMA’s statement that it does not consider “waterbed effects” arising from its proposed remedies to have a detrimental effect on market choice for pet owners and consumers. We respectfully disagree: independent practices overall already face relatively constrained purchasing power and reduced access to labour and finance. Remedies that impose disproportionate compliance burdens will

inevitably reduce independents' viability, diminishing consumer choice and local accessibility.

One particular area that we are concerned about is the delivery of **Out of Hours (OOH)** services by independent FOPs

The provision of an OOH service by the FOP used in normal hours is something that is highly valued by clients who, at a time of significant emotional distress, would choose to see a veterinary professional they know, and in a physical location with which they are familiar.

However, providing this service has a significant cost base and increasingly makes recruitment of members of the veterinary practice team more challenging.

Practices have done this work, not only because they are professionally required by the RCVS Code of Conduct to ensure OOH provision is available to all animals that they have taken under their care, but because it has been a fundamental part of the old contract that has existed between the profession and the public. And clients have valued it and continue to value it.

Complaints from pet owners regarding FOPs that do not deliver their own out of hours appears to be high. Evidence from our member practices shows that this is a very significant cause of pet owners changing their FOP.

In our analysis of XLVet member practices we have **assessed the marginal income attributable to the delivery of OOH** through some basic cost-centre accounting. It is not always straightforward to obtain precise numbers (that correlate income with cost of goods or provision of service) but nonetheless the calculations show that the net position for such work is poor and normally negative (and as such has been subsidised by medicines margin)

In our model of assessment, attributable contributing margin is defined as :

- Total income received from work undertaken out of hours

*less*

- The cost of goods associated with that work delivered (medicines and consumables used)

*less*

- The cost of labour (which can most easily be considered through a lens of how many fewer vets and nurses might the business need to employ if the business did not provide OOH services)

In our assessment the range of attributable margin for the OOH work delivered was from **+5% to -91%**. Furthermore there was a data distribution **skewed towards the**

**negative** end of the scale and with a correlation with businesses located in more **remote and rural locations**.

We accept that the CMA do not like cross subsidies and that, as we understand it, from an economic perspective the delivery of OOH service is a completely different market. But for many of our members, the delivery of this service is inherent to the contract that they have with their local communities.

It could be economically considered more robust to have fewer OOH surgeries delivering emergency care to a greater number of animals across the UK. But we would assert that argument does not stack up.

- The consolidated model for OOH cover is now available (VetsNow) and it is significantly more costly to pet owners than the provision of the service through all independent practices that we have examined.
- Even with the full proposed suite of proposed remedies, the cost of veterinary care through a FOP during normal hours plus the cost of OOH cover by a consolidated third-party provider will be more than the current costs of a holistic service through an FOP that undertakes its own OOH service. The CMA's data shows that the current total cost of veterinary care per animal per year (which for many independent FOPs includes OOH provision) is less than the cost of veterinary care through an FOP that does not provide OOH (and as such the costs for OOH care are not included)
- The drive time is often much greater, compromising animal welfare
- It's rarely what clients want. They would choose (at a time of high anxiety) to see a trusted professional that they know.

A well-functioning market offers choice to clients. We are very concerned that the removal of the ability to cross subsidise OOH care will have profound impacts upon the cost and availability of OOH cover.

We are not alone in our fears for OOH provision. We note that in Appendix A, the CMA recognises the “potential vulnerability” in the provision for OOH services. We would assert that there will be significant waterbed effects that will destabilise this vulnerable position.

The CMA notes in Appendix I that for many independent FOPs the marginal income made on medicines exceeds the overall operating profit.

This Remedy, as proposed, is only likely to decrease choice of provider available to a pet owner and their choice as to how they buy a total veterinary service.

In the words of one of our members: *“The MI has demonstrated that the 'supermarkets' have been shown to be more expensive than the 'independent corner shops' and yet the Remedies are to demand that corner shops direct pet owners go to the webshops of the supermarkets, but are required to continue to be 'open all hours' at a charge that does not compromise animal welfare”*.

Section 5.137 from Section B of the PDR recognises the potential for waterbed effects.

It states

*We recognise the potential for some effect on other prices, however we also note:*

*a) Veterinary businesses that represent a substantial part of the market are, in our provisional assessment, making profits that are in excess of the cost of capital. Therefore, they should not need to increase other prices;*

*(b) For the rest of the market, we are proposing to give the smallest businesses (which constitute around 40% of all veterinary businesses) additional time to implement, and to adjust to the effects of, the remedies where we consider it is required;*

There is price inelasticity shown within this market, and apparently it has been exploited by some LVG's strategies. This inelasticity will weaken the market's ability to prevent a response involving waterbed effects.

Time is a useful resource to help make transitions, but we would do not believe that addresses the impact of absolute marginal income. The waterbed effects arising from Remedy 7 are inevitable. The cost of veterinary professional time will go up. The total cost for veterinary care will increase.

#### **Irrationality of Remedy 7 leading to market consolidation:**

We have conducted a preliminary survey of our members regarding the internet pharmacies used by their clients to whom they issue written prescriptions.

Data from a practice based in the Midlands shows that in the last 12 months they have issued just over 2000 written prescriptions. Of these the split of dispensing online pharmacy was:

- Pet Drugs On Line (PDOL) 62%
- Animed 15%
- Viovet 8%
- VetUK 4%
- The remaining prescription related mostly to the provision of medicines by human pharmacies

This is a trend seen by others. In an open question to all XLVet member practices, PDOL had a majority share of dispensing pharmacies in **all practices** capturing this data.

We would assert that this Remedy is fundamentally irrational. It seeks to drive market consolidation. It will encourage market dominance to be placed into the hands of a single international business. We do not believe that is the description of a well-functioning market.

Has the CMA modelled the prospective rebates that independent practices will be able to achieve from manufacturers in the face of declining volume of sales? How will that impact upon market choice and a well-functioning market?

Finally, this Remedy significantly penalises the ‘bargain hunters’ in the marketplace. They are currently enjoying services subsidised by the sale of medicines to others, and the availability of ‘cheap’ medicines from online pharmacies. But will internet prices change?

**Case Study: Evidence from similar markets that medicine prices on internet pharmacies may rise as a result of this Remedy.**

In watching the online market for veterinary medicines over the last 15+ years, we would maintain that there have been two websites that have consistently been the price setters for all online Internet pharmacies. These sites are Animed and PDOL.

We have seen these sites consistently setting a price position in the market and following and using each other in their pricing position. It makes sense. They have been the biggest purchasers of these products, have commanded the best net-net buying prices, and have used their scale to sell at low prices, and have been seeking to build market share.

The CVS published accounts over the years have shown that these low prices also translate into consistently low gross margins and low EBITDA (absolute and relative to FOPs).

As such, if LVGs are now faced with losing significance volume from their FOPs to their internet pharmacies, or marginal income from their FOP sales as a result of needing to price match with their own internet pharmacies, we would predict that the average price of medicines from Internet pharmacies will increase as a result of this Remedy.

This will be as a result of these LVGs seeking to maintain overall marginal income on medicines. As the price setters in the market, there will be a ripple effect and those other businesses whose marginal income was suppressed by the LVGs internet pricing approach will take the opportunity to increase their margin.

We note that a version of this has already been seen in the market for farm medicines. The pharmacy.co.uk site which used to be the price leader in the marketplace, albeit probably making unsustainably low margins, is now in the ownership of VetPartners. This business also owns a number of FOPs for farm services which also have medicine sales as a part of their overall offering. Since purchase by VetPartners, there has been a considerable increase in prices on pharmacy.co.uk as the new LVG owner seeks to make sustainable margin across its businesses. The internet is now not the cheapest place to buy farm medicines.

We challenge the CMA to reconsider the rationality and proportionality of this Remedy.

We would propose at the very least amendments to this Remedy that allow all independent FOPs a period of time to appraise their medicines pricing policies after the impact of this Remedy as applied to the LVGs has been made visible, and before requiring that independent FOPs direct their clients to online pharmacies.

And we propose that the language in signage and client communications be made neutral and fact-based (e.g., “**Medicines prescribed by your vet may be obtained from this practice or any registered veterinary or human pharmacy, including online providers.**”)

## 8 Timely Written Prescriptions

We **support transparency** and agree that written prescriptions should be made available promptly upon request.

However, the CMA’s proposed requirement to issue prescriptions by the end of the consultation or same day currently imposes **significant administrative cost** and is not operationally realistic for most independent practices without considerable investment in technology. Without such investment the Remedy leads directly to a reduction in productivity, and an increase in costs to owners. At 5 minutes per consultation this could lead to an increase in the cost of consultation by 20%.

Current practical and technical barriers include

- Most Practice Management Systems (PMS) do not allow seamless “one-touch” prescription generation from existing clinical records.
- Issuing a written prescription requires multiple steps, manual data entry, and accuracy checks.
- This adds significant time pressure, especially where multiple medicines are prescribed or where the attending vet is in surgery or emergency consultations later that day.

Many practices have experienced fraudulent prescription activity; as a result, most of our members now will only issue electronic prescriptions directly to the nominated online pharmacy. But current PMS software does not yet automate this safely. Issuing prescriptions directly to the online pharmacy requires an owner to have chosen which online pharmacy to order from, to have already have placed an order online and then come back to the practice with an order number, which additionally makes the proposed timescales unmanageable in practice.

The PDR asserts that the Remedy will not increase the likelihood of fraud, but any rise in the volume in written prescriptions will see a commensurate increase in the total amount of fraud and illegal medicine availability. How can we economically account for that? Police time, social costs, animal welfare, safety to humans handling illegally acquired medicines?

We would support the development of integrated electronic portals that link prescribers with dispenser, but we note that this will take time and money.

We would propose that this Remedy is phased in alongside the PMS development timelines.

## 9 Own-Brand Medication Clarity

We **strongly support** this Remedy.

## 10 Default Repeat Prescription Preference

We recognise the CMA's aim to make repeat prescriptions more convenient for clients and to monitor online uptake.

Overall, we **accept that this may contribute** to a better functioning market, but we consider that this Remedy falls disproportionately upon independent FOPs in its administrative burden.

- The proposed mechanism of asking and recording every client's default preference, would currently be labour-intensive and technologically unsupported.
- PMS systems do not yet provide the appropriate fields or workflow to capture and update default preferences automatically.
- Practice teams would need to ask, record, and update data manually across thousands of clients which is a major administrative exercise.
- Reporting of usage percentages would be challenging without built-in data tracking functions.

We would propose that this Remedy is phased in alongside the PMS development timelines. It could be phased in, in line with PMS upgrade cycles.

It could be started with a voluntary reporting pilot with a sample of independent practices to test data capture methods.

The CMA could meet with and encourage PMS vendors to create a "repeat prescription preference" field before mandating universal adoption.

## 11 £16 Prescription Fee Cap

We **support the principle** of reasonable and transparent prescription fees.

However, a fixed £16 cap is not proportionate given the time and accuracy checks required to issue and verify prescriptions for multiple medicines.

Current PMS systems require manual entry and double-checking for each item: there is no single-entry, automated workflow.

A £16 total cap per consultation can equate to less than 5 minutes of clinical time, yet many prescriptions take longer to prepare safely.

The administrative cost per prescription (including vet time, record-keeping, and verification) often exceeds this threshold.

There will be waterbed effects. Practices may need to increase other fees for consultations, vaccines, or out-of-hours work to recover lost income.

This will raise overall client costs rather than reduce them.

A constructive alternative would be to utilise a banded fee model, e.g.:

- Up to £16 for one medicine,
- Up to £25 for 2–3 medicines,
- Up to £35 for complex multi-drug cases.

## 12 Contractual Terms with OOH providers

We **strongly support** this Remedy

## 13 Cremation Transparency

We **support** this Remedy.

Clear communication of costs, at all times, is an important aspect of maintaining client trust and informed consent.

However, we are concerned that mandating a specific process for discussing charges at such a highly sensitive and emotional time could unintentionally undermine the trust and compassion central to the client – veterinary surgeon relationship.

While we do not wish to challenge the framework provided by the Remedy, it would be reasonable for the precise timing and manner of these discussions to remain at the **discretion of the veterinary surgeon**, who is best placed to judge the individual circumstances, the client's emotional state, and the clinical urgency of the situation.

## 14 Standardised In-House Complaints Process

We **support** this Remedy.

We support effective client redress and the continuous professional development (CPD) for the whole practice team that arises from assessing complaints data.

## 15 Engaging in good faith with Mediation

Overall, we **support** this Remedy.

We are broadly supportive of the intention behind Remedy 15 to ensure fair, accessible resolution of client complaints. However, practice experiences with the current Veterinary Client Mediation Service (VCMS) have been highly variable, and there are concerns that the process too often defaults to a “resolution by money off” approach, regardless of whether this outcome is fair or proportionate.

This risks encouraging some clients to “try it on” in the expectation of a financial concession, which could increase the volume of unfounded or opportunistic complaints and erode confidence in the mediation system. It would therefore be reasonable to require that clients either settle any outstanding bills or make payment into an account held by the mediator before the start of mediation to ensure that the process is used in good faith and to prevent misuse as a means of avoiding payment.

We also question whether VCMS currently has the capacity and capability to manage a potentially significant increase in case numbers if participation becomes mandatory. The RCVS should consider how the auditing of quality, consistency, and independence of mediators will occur, and how professional competence will be assured across the service. In addition, payment for the mediation service should be based on actual usage rather than the size of the business, reflecting the principle of proportionality. Independent practices, in our experience, tend to resolve issues more effectively and locally, often through direct access to a senior business owner, resulting in fewer formal complaints per Full time vet equivalent (FTE) than large veterinary groups. We would encourage the CMA to undertake further work to verify this pattern and ensure that any cost-recovery mechanism for the service fairly reflects differences in complaint frequency and resolution pathways across the sector.

In Appendix 3, we present the results of feedback regarding the VCMS which support and explain why we do not unequivocally support this Remedy as proposed.

## 16 Decision Tree for client redress and collation and publication of complaints

We **support** this Remedy.

We propose that the RCVS works with independent practices to ensure that data transfer is as automated and mitigates against any administrative burden.

## 17 Recommendation for Regulatory Reform

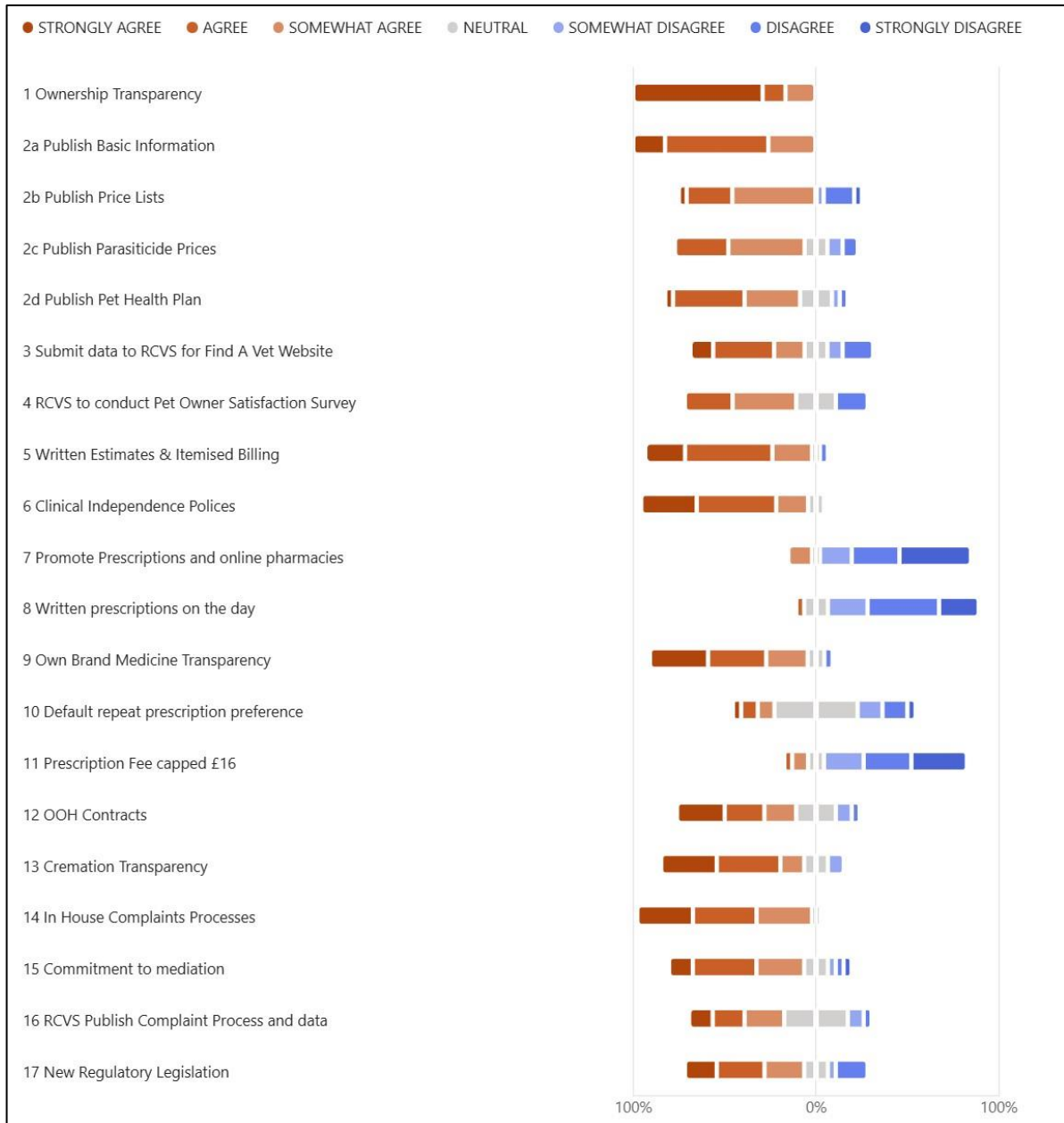
We **support** this recommendation.

We recognise the importance of modernising the regulatory framework to reflect the evolving structure and expectations of the veterinary profession. However, we urge the CMA and Government to consider the particular impact of any reform on independent veterinary practices, **including those delivering mixed, farm, and equine services**. Relative to LVGs, these practices are often smaller, community-based businesses that already face increasing regulatory and administrative pressures. Any move toward a new or expanded regulatory body risks introducing significant additional cost and complexity, which could disproportionately affect independents and rural providers, ultimately reducing client choice and access to essential animal health services.

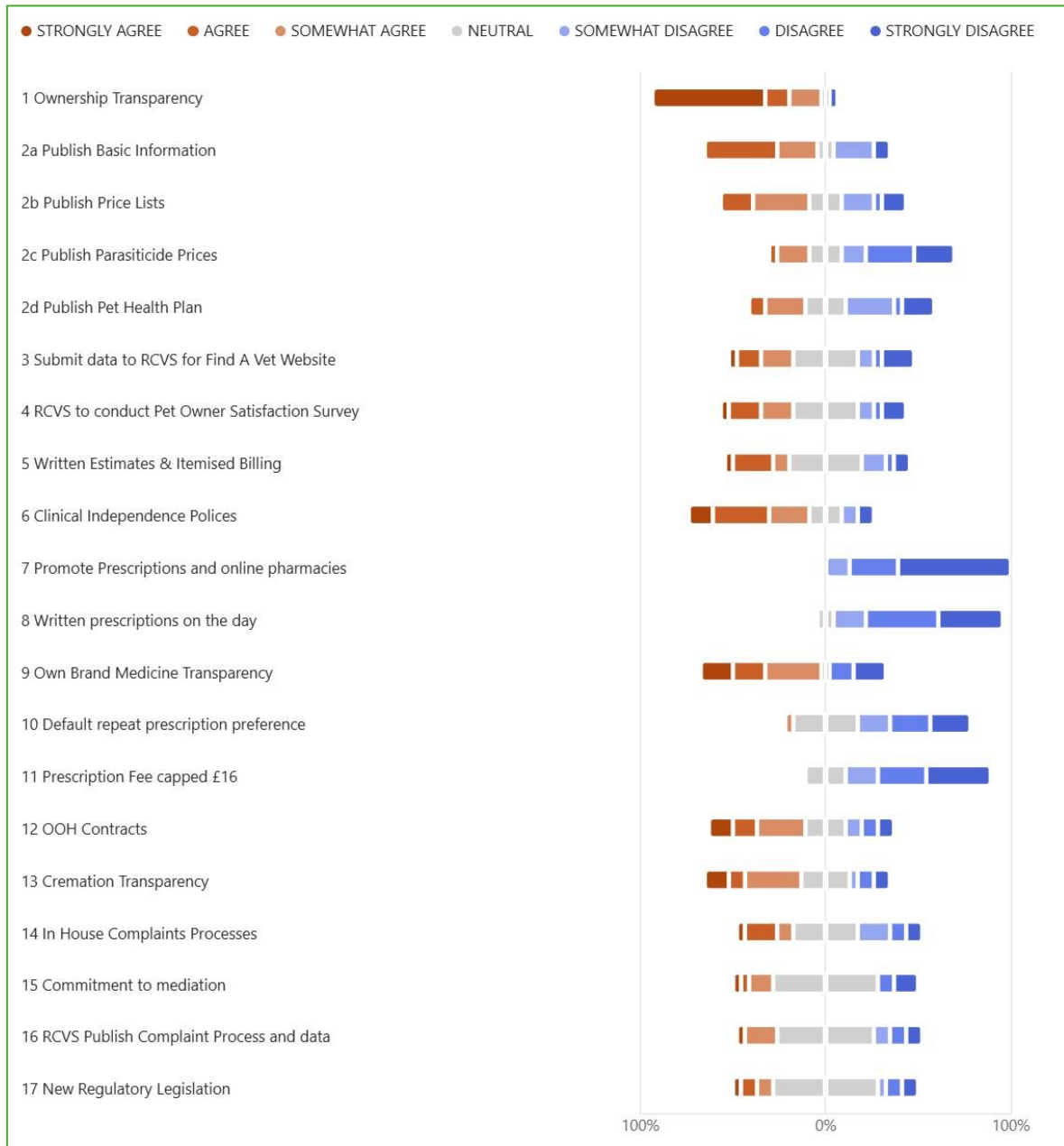
**We strongly support the continuation of a “Royal College that regulates” model**, in which professional oversight, education, and standards are integrated within a single collegiate framework. The creation of a new General Veterinary Council would risk fragmenting this system and introducing a bureaucracy that has not served other professions well. The experience of the General Medical Council is that it has failed to manage the integration and accountability of Physician Associates and Anaesthetic Associates and maintain public trust and professional confidence under a purely regulatory model. Similarly, the Nursing and Midwifery Council has faced well-documented challenges around governance, transparency, and responsiveness. The veterinary profession should learn from, not repeat, these experiences.

If new inspectorate or inspection regimes are to be introduced, it is vital that they are **outcome-based** rather than rules-based, focusing on standards of care and professional judgement rather than rigid procedural compliance. The aim should be to support continual improvement and accountability, not to foster a culture of fear or confrontation. We would be deeply concerned about any approach that mirrors the experience of Ofsted within the education sector, where inspection has too often been perceived as punitive rather than developmental. A proportionate, risk-based, and supportive mode, one that reflects the diversity of veterinary practice settings, would better protect animal welfare, sustain professional morale, and preserve public confidence in the sector.

**Appendix One:** A survey of XLVet Members *For each of the proposed remedies, to what extent do you consider that "This Remedy will contribute overall to a better functioning veterinary services market" from "Strongly Agree" through to "Strongly Disagree". For clarity, if you disagree with this statement, you consider that the Remedy will undermine market function.*



**Appendix Two:** A survey of XLVet Members *For each of the proposed remedies, to what extent do you consider that "This Remedy favours smaller businesses rather than larger ones". From "Strongly Agree" through to "Strongly Disagree". For clarity, if you disagree with this statement you consider that the Remedy favours larger ones against smaller ones*



### Appendix Three: Net Promoter Score(NPS) feedback for the VCMS

“Based upon your experiences how likely would you be to recommend the Veterinary Client Mediation Service (VCMS) to a good friend or colleague in another veterinary practice? (0 is lowest, 10 is highest)”

NPS = **-38%**



**‘Detractors’** (scores 0 to 6) Comments included:

1. This is based upon the last case we had that went to the VCMS - I did not find them helpful and had to phone them to find out what the outcome was. They didn't follow the case through with us.
2. For many cases mediation is not very successful unless the client is willing to compromise. We have used the mediation service more than once and found that it did not help resolve the issue. Just more time wasted.
3. I used the service once, the client was refusing to pay a £3500 bill for a dead pet, both parties spoke to VCMS and the outcome remained unchanged. The client didn't pay the bill. Not really sure if it says more about the client or the service, but it made no difference.
4. We have not found it to be effective to date. We have either successfully managed a complaint internally or both parties have been so far apart that mediation has not been a viable option.

**Those scoring 7 or 8** (neutrals in the NPS methodology) comments included:

1. They have been easy to deal with (n=2) and same person both times, pragmatic and helpful.
2. Easy to deal with, enables clients somewhere else to go that's independent if not happy with our resolution, saves time. Although tendency for resolution request to be financial although not always.
3. I have used them before. Whether the outcome is successful is difficult to assess, but for those tricky cases it helps diffuse the situation and make the complaint a problem shared! Almost always need to give up some money
4. Having referred a couple of clients to the VCMS after not being able to come to a resolution between ourselves, I have found having an independent view really beneficial. The process is easy and straightforward, the staff we have dealt with always very knowledgeable.
5. Non-confrontational and relaxed procedure