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20th August 2026

Response to the CMA Draft Veterinary Services Market Investigation Order 2026 and Draft RCVS Undertakings

We support many of the objectives behind the CMA's reforms, including clear pricing, informed consent, transparent ownership, meaningful consumer choice, effective complaints procedures and ensuring pet owners know that written prescriptions are available.

We particularly welcome greater transparency around veterinary business ownership, enabling consumers to distinguish between genuinely independent practices and those forming part of larger corporate or vertically integrated groups.

Our concerns therefore do not relate to transparency or competition themselves. They arise where implementation moves beyond providing neutral information and risks influencing consumers towards a particular commercial choice, oversimplifying complex veterinary services, reducing genuine choice or imposing disproportionate administrative burdens on smaller independent practices.

1. Written prescriptions and online medicine pricing

This is our strongest concern.

We support clearly informing clients that they can request a written prescription and choose where to purchase their pet's medication. However, the proposed notices go beyond informing clients of this right.

The prominent wording that medicines may be **"significantly cheaper online"** is potentially promotional rather than neutral. We are also concerned that the prescribed **formatting, font, colour and visual hierarchy** may itself convey the impression that medicines are generally cheaper online, regardless of the precise wording.

This matters because clients may form expectations about pricing before any clinical discussion has taken place, potentially increasing tension at reception or in consulting rooms.

There is a fundamental difference between:

"You are entitled to request a written prescription and can choose where to obtain your pet's medication."

and:

"The same medicines may be significantly cheaper online."

The first informs consumers of their rights; the second directs their attention towards an alternative commercial channel.

Whether an owner actually saves money depends on the medicine, quantity, treatment duration, practice and online prices, prescription and delivery charges, urgency and individual circumstances. Government-backed material should therefore provide genuinely balanced information rather than appear to endorse one purchasing route.

We suggest that the dominant message should instead be:

Written prescriptions are available. You can choose where to buy your pet's prescribed medication.

Supporting information could explain that prices vary between veterinary practices, authorised online pharmacies and other suppliers, and that owners may wish to compare the **total cost**, including prescription and delivery charges, as well as timing and convenience.

The requirement for very large notices in every consulting room should also be reconsidered. A prominent notice in the main client area, supported by appropriate information elsewhere, should be sufficient. Consumer awareness does not require repeated promotion through virtually every interaction with the practice.

Ongoing medication

We have particular concerns about proposed material illustrating cumulative savings from buying medication online.

A graphic demonstrating how small monthly savings can become hundreds of pounds over time is a persuasive marketing device rather than neutral information about consumer rights. Clients can be told that they may request a written prescription and compare prices without the Government effectively demonstrating the financial benefit of moving purchases away from their veterinary practice.

We therefore ask that savings graphs and promotional savings language are replaced with straightforward information about consumer choice.

Similarly, invoice and receipt wording should simply remind clients that written prescriptions and alternative suppliers are available for future medication where

clinically and practically appropriate. It is unhelpful for a client whose acutely unwell animal has appropriately received medication immediately to subsequently receive a message suggesting that the same medication could have been significantly cheaper elsewhere.

2. Unintended consequences for consumer choice

The proposals may also unintentionally reduce consumer choice.

First, prominent promotion of lower online prices could discourage practices from developing alternative pricing models that might benefit clients. A practice may, for example, choose to reduce medicine prices towards cost while recovering more of its costs through professional services. If it is simultaneously required to draw prominent attention to potentially cheaper online alternatives, there is little commercial incentive to adopt such models.

Second, if a significant proportion of clients purchase long-term medication online, practices may no longer be able to justify holding those medicines in stock.

This could mean that medicines which are currently available immediately from a veterinary practice instead need to be ordered by clients, potentially reducing convenience, continuity and genuine consumer choice.

The objective should therefore be to increase choice, not inadvertently shift the market towards a single purchasing model.

3. Competition and independent veterinary practices

There is a wider competition concern.

Promoting online pharmacies may disproportionately benefit a relatively small number of large suppliers, including businesses associated with vertically integrated veterinary groups. An independent practice losing a medicine sale loses that revenue entirely. A vertically integrated group may lose the transaction from its first-opinion practice while retaining the expenditure elsewhere within its wider group.

This creates a potential asymmetry which should be considered when designing competition remedies.

Genuine consumer choice means maintaining a diverse choice of veterinary businesses and ownership models, not simply increasing choice over where an individual box of medication is purchased.

Medicine sales form only one part of the economics of veterinary care. Independent practices fund veterinary surgeons and nurses, client care teams, premises, equipment, diagnostics, medicine stock and wastage, professional development, emergency availability, technology, regulatory compliance and future investment.

Medicine prices should remain subject to competition. However, if medicine income moves substantially away from veterinary practices, those costs do not disappear. Practices may instead need to recover a greater proportion through professional fees, potentially increasing costs elsewhere.

The CMA should therefore avoid unnecessarily accelerating this shift by moving from prescription transparency into active promotion of competing suppliers.

4. Parasiticides

We also have concerns about treating flea, tick and worming products primarily through price comparison.

These are veterinary medicines. Appropriate product choice, dose and frequency depend upon the individual animal, lifestyle, geography and parasite risk. Prominent annualised price comparisons risk encouraging owners to view preventative treatment primarily through retail price rather than appropriate veterinary advice.

Extensive publication requirements could also encourage smaller practices to rationalise the products they stock, potentially reducing rather than increasing consumer choice.

Any pricing information should therefore make clear that product choice and treatment frequency should be based on appropriate individual veterinary advice.

5. Written estimates and clinical uncertainty

We support the principle of providing written estimates where anticipated costs exceed £500. Transparency is important and clients should understand the likely financial implications of treatment.

However, the proposed requirement for estimates to cover up to **twelve months of care** presents significant practical and clinical difficulties.

Many presentations are inherently unpredictable, particularly before a diagnosis has been established. A patient presenting with chronic vomiting, diarrhoea, weight loss or increased thirst, for example, may have a wide range of possible underlying conditions, each requiring very different diagnostic investigations, treatment and ongoing management.

Producing a meaningful twelve-month estimate at this stage is often impossible. The additional requirement to explain how and when costs may vary could result in lengthy and complex documents which may actually make information harder for clients to understand.

There is also a significant practical issue: current veterinary practice-management systems are not designed to generate estimates in this format. Compliance would

therefore require considerable additional administrative time, increasing practice costs and ultimately potentially increasing costs to clients.

We would encourage a more proportionate and clinically realistic approach. This could include:

- standardised wording explaining common reasons why costs may vary;
- estimates covering clearly defined stages of care, such as investigation through to diagnosis;
- estimates for a specific procedure or treatment episode; and
- estimates for a defined period of ongoing management, rather than an arbitrary twelve-month period where clinical circumstances are uncertain.

This would improve transparency without creating documents that imply a level of certainty which does not exist.

6. Administrative burden

We support accurate and transparent information, but the cumulative administrative burden of maintaining pricing and practice information across multiple systems is a significant concern for independent practices.

Large veterinary groups may have dedicated IT, compliance, finance, marketing and regulatory teams. Independent practices generally do not. These tasks fall on a small leadership team already responsible for running the practice and investing in clinical services, staff and client care.

We therefore ask the CMA and RCVS to prioritise:

- integration with practice-management systems;
- automated data transfer wherever possible;
- a single source of information rather than duplicate entry;
- bulk updating functionality;
- reasonable implementation periods; and
- proportionate treatment of minor temporary discrepancies.

The objective should be accurate information with minimum administrative duplication.

7. Complaints and the five-working-day threshold

We support effective complaints procedures and believe complaints should be taken seriously, investigated properly and used as opportunities for improvement.

However, five working days can be insufficient for a complex veterinary complaint requiring review of clinical records, input from several team members, veterinary director involvement, diagnostic information or communication with laboratories, referral centres or out-of-hours providers.

A practice should not be encouraged to provide a hurried response simply to meet an arbitrary regulatory deadline.

What matters is that a complaint is acknowledged promptly, taken seriously, investigated objectively, communicated about appropriately and resolved as quickly as reasonably possible.

We therefore recommend extending the period to **ten working days**, or allowing a complaint to remain within the practice's normal resolution process where it has been acknowledged, is actively being investigated and the client has been given a reasonable timescale for a substantive response.

8. RCVS monitoring and proportionality

We recognise the need for regulatory monitoring and welcome an approach which helps businesses understand and correct compliance problems.

There should be a clear distinction between deliberate, material or repeated non-compliance and minor, temporary or technical administrative errors.

Independent practices should normally be given an opportunity to correct minor issues before regulatory escalation. The monitoring process should also avoid requiring practices to repeatedly provide evidence already available to the RCVS through existing regulatory or Practice Standards Scheme processes.

A proportionate, education-led approach is more likely to achieve sustainable compliance without creating an unnecessary culture of administrative enforcement.

9. Ownership transparency

We strongly support greater transparency over veterinary business ownership.

Pet owners should be able to determine easily whether a practice is genuinely independent, part of a larger veterinary group, or connected through common ownership to other veterinary services.

Where relevant, this should extend to associated referral centres, out-of-hours providers, laboratories, crematoria, pharmacies and online medicine retailers, particularly where a client is referred or directed towards another provider within the same wider corporate group.

If consumers are being encouraged to make informed choices about veterinary services, understanding **who owns the businesses involved** is at least as relevant as knowing the price of an individual medicine.

Conclusion

We support the central principles of transparency, informed consumer choice and fair competition. As an independent veterinary practice, we depend upon those principles too.

We want clients to understand what veterinary care costs, know their options, understand who owns the business they are choosing, and feel able to ask about alternative treatments, referrals, prescriptions and costs.

However, transparency must remain **neutral, contextual, clinically appropriate and proportionate**.

The proposed medicines material risks crossing that line. Prominent government-branded notices, prescribed visual formatting and repeated references to medicines being **"significantly cheaper online"** could influence consumer expectations and effectively promote one commercial route. The proposed savings material goes further still.

There are also important unintended consequences. Practices may have less incentive to develop innovative pricing models, while widespread online purchasing of long-term medication could make it uneconomic for practices to hold medicines in stock, reducing convenience and genuine choice.

Similarly, requirements for twelve-month cost estimates risk creating a significant administrative burden while offering limited additional clarity where clinical outcomes are inherently uncertain.

The CMA can achieve its objectives without creating these unintended effects.

We therefore ask that the final framework:

- clearly informs clients that written prescriptions are available;
- confirms that clients are free to choose where they purchase medication;
- provides genuinely neutral, comparable and contextualised information;
- makes veterinary ownership clear;
- allows estimates to reflect genuine clinical uncertainty and defined stages of care;
- reduces unnecessary administrative duplication;

- adopts proportionate complaints and compliance processes; and
- avoids requiring independent veterinary practices to become advertising space for competing retail channels.

True consumer choice requires more than transparency over individual prices. It requires a healthy, diverse and sustainable veterinary market in which independent practices can continue to compete, innovate, invest and thrive.

Yours Faithfully