Response to CMA consultation on the draft Veterinary Services Market Investigation Order 2026

Submitted by Rowan Tree Vets
A new independent first-opinion veterinary practice preparing to enter the market.

Executive summary

Rowan Tree Vets supports genuine price transparency, informed consumer choice, access to written prescriptions and effective complaint resolution. Our concern is that several provisions in the draft Order risk replacing meaningful transparency with rigid standardisation and imposing substantial fixed compliance costs on small independent practices and new market entrants.

The central problem is that veterinary services are not homogeneous products. If clinically different services are forced under identical prescribed descriptions, a mandatory comparison may make a more comprehensive service appear simply more expensive. At the same time, repeated mandatory messaging directing clients towards alternative retailers, extensive physical signage and administrative requirements create costs that large groups can spread across central compliance teams but small independent practices cannot.

> **A competition remedy should not inadvertently favour scale, lowest-headline-price service design, or established businesses over new independent entrants.**

1. Prescribed price lists risk false comparability

Article 7 and Schedule 1 require standardised prices for defined services. The Explanatory Note states that the prescribed name should be used and should not be accompanied by free-text description. It also requires all variants to be listed and the 'standard' option identified, with necessary components included in the price.

This approach assumes that services bearing the same heading are sufficiently equivalent to compare. In clinical practice they often are not.

Dentistry illustrates the problem particularly clearly

The proposed item 'Dental assessment (initial examination of mouth, scale and polish)' does not provide an adequate way to distinguish a practice whose standard dental protocol includes dental radiography from one whose does not. Rowan Tree Vets intends to use dental X-rays routinely where clinically appropriate as part of its dental standard of care.

If Practice A publishes a higher price which incorporates routine dental radiography while Practice B publishes a lower price without it, the mandated common heading encourages the client to interpret the difference as price rather than specification. Preventing concise explanatory text makes that distortion worse.

> **The result can be a regulator-created comparison between clinically different services presented as though they are equivalent.**

This may also create an undesirable incentive to unbundle clinically desirable elements, or make them optional extras, in order to achieve a lower headline price.

We ask the CMA to permit concise descriptions of clinically material inclusions and exclusions beside prescribed headings. For dentistry, dental radiography should be expressly recognised within the comparison framework, or practices should be permitted to state clearly when it forms part of their standard package.

2. Centralised RCVS publication amplifies any false comparison

Article 10 requires practices to provide public webpage URLs to the RCVS. The Explanatory Note expressly states that this will enable the RCVS to monitor compliance and scrape data from practice webpages. Price changes must be communicated before revised prices are charged.

This makes precision in the underlying definitions particularly important. A misleading comparison is no longer confined to an individual practice's own price list: the framework is intended to support central presentation and comparison through Find a Vet.

A centrally presented price of £X for one 'dental assessment' and £Y for another can appear authoritative precisely because both descriptions have been prescribed by the regulator. If the clinical content differs materially, the central comparison may actively mislead consumers about value.

We therefore ask that no central price-comparison functionality present unlike clinical packages as directly equivalent without displaying material differences in inclusions.

3. Variable fees cannot always be represented by one meaningful figure

Schedule 1 includes a dispensing fee and a medicine administration fee for injection to the skin or muscle. In practice, charges may legitimately vary according to medicine, quantity, presentation, consumables, handling, staff time and the nature of administration.

A compulsory single number can therefore be inaccurate; listing every possible variant can become unwieldy and less comprehensible. The Order should expressly allow a range, 'from' price, or transparent calculation basis where there is no genuine single standard charge.

4. The £500 treatment-pathway estimate creates a forecasting burden

Article 11 requires a written estimate where a recommended Treatment Pathway is reasonably likely to meet or exceed the initial £500 threshold, subject to the detailed conditions in the Order. The Explanatory Note makes clear that the pathway can include treatment already undertaken and treatment reasonably likely to be provided during the following 12 months, and that a pathway can evolve as diagnosis develops.

We support giving owners realistic cost information. The difficulty is that veterinary medicine is inherently iterative. A patient may begin with examination and basic diagnostics and, depending on findings or response, progress to imaging, surgery, referral, hospitalisation or chronic management.

The drafting risks turning evolving clinical judgement into a quasi-contractual forecasting exercise. Practices are simultaneously expected to avoid systematic overstatement and to update estimates as the expected cost changes. The foreseeable responses are defensive over-estimation, very broad ranges, or repeated administrative updates. None necessarily improves the owner's understanding.

The requirement should focus on the reasonably foreseeable next stage or agreed clinical plan rather than requiring speculative costing of remote possibilities over an extended pathway. Safe-harbour wording should make clear that genuinely unforeseeable clinical developments do not indicate a defective estimate.

5. Pet care plan rules can disadvantage new entrants

For unlimited services, the draft requires savings calculations to use mean utilisation at that FOP during the previous 12 months. Where that cannot be calculated, the fallback is no more than two uses per year.

A new independent practice necessarily has no 12-month utilisation history. An established competitor can therefore describe savings using its actual utilisation data while a new entrant must use a regulator-prescribed fallback regardless of its anticipated service model.

> **A competition remedy should not create a different marketing constraint simply because a competitor is new to the market.**

We ask that new practices be allowed to use a reasonable, evidenced forecast based on comparable data, with an appropriate disclosure, until sufficient practice-specific data exists.

6. Prescription transparency becomes repeated regulatory steering

The prescription provisions are not limited to a single notice. The draft requires prescription literature at registration, website information, an A2 minimum notice in each waiting/reception area, an A3 minimum notice in every consulting room, prescription wording in consultation emails/texts, specified wording on invoices/receipts after medicines are sold, an oral offer of a written prescription during relevant consultations, and an A5 flyer when ongoing medication is first or second dispensed. Ongoing medication includes parasiticides.

We support making clients aware that written prescriptions are available. We question the proportionality of repeating essentially the same regulatory message throughout the client journey.

The invoice wording goes further than neutral disclosure by stating that clients 'may be able to buy medicines significantly cheaper online' and telling them to compare third-party prices. Whether any saving is significant depends on the medicine, quantity, prescription charge, delivery charge and retailer.

No equivalent requirement is generally imposed on ordinary retailers or professional-service businesses to repeatedly advertise competing suppliers at the point of sale. Veterinary practices should be required to disclose the client's choice, not to promote a particular purchasing channel.

We ask that the wording be neutral: written prescriptions are available; clients may obtain prescribed medicines from the practice or another authorised retailer; prices may vary.

7. Mandatory A2/A3 signage is disproportionate, particularly cumulatively

Article 14 specifies at least A2 for the primary prescription notice and at least A3 in every consulting room. Article 21 additionally requires prominent reception signage displaying the RCVS complaint/redress Decision Tree. Other information obligations apply throughout the premises and website.

For a small practice deliberately designed to provide a calm, reassuring and uncluttered clinical environment, these notices are not minor disclosures. An A2 poster is approximately 594 x 420 mm and an A3 notice in every consultation room becomes a dominant visual feature.

The cumulative impact appears not to have been adequately considered. Individually reasonable disclosure requirements can collectively turn reception and consulting rooms into regulatory noticeboards.

The requirement should be based on legibility and prominence rather than prescribed large paper sizes. Practices should be permitted to integrate mandatory information within their own design and branding, supplemented by QR codes or digital information where appropriate.

8. Cremation provisions require promotion of bypassing the practice

Article 20 requires practices to present with equal prominence the option of purchasing cremation through the practice, making separate arrangements directly with a crematorium, or taking the deceased pet home for burial, and to discuss these options before the owner decides.

We understand the objective of informed choice. However, a practice arranging cremation is providing more than the crematorium's underlying service: it handles and stores the deceased animal, manages transport, administration, payment and client support. Requiring equal promotion of a direct route risks presenting these as equivalent propositions when they are not.

This is also an unusually sensitive point in the client relationship. The obligation should be to explain the available choices neutrally when relevant, without requiring equal-prominence promotion of an external supplier on the practice's own website.

9. Complaint and governance requirements impose substantial fixed compliance costs

A complaint that cannot be resolved within five working days becomes an Actionable Complaint. The draft then requires a written complaint process, acknowledgement and response requirements, a named contact, staff training, prominent display of the Decision Tree, complaint logs, retention, periodic review and engagement with

an approved ADR provider.

Article 13 separately requires written policies and processes, training and compliance-monitoring mechanisms relating to independent clinical advice.

The principles are reasonable. The concern is proportionality. A small owner-operated independent practice has fundamentally different governance needs from a national group with hundreds of sites and central legal, HR and compliance teams.

The CMA should permit proportionate, simplified compliance arrangements for small owner-operated practices where the underlying consumer protection outcome is the same.

10. The cumulative burden may itself distort competition

The most important issue is the interaction of the remedies. A new independent practice may need to maintain multiple prescribed price lists, report and update data for central publication, calculate plan savings, generate and retain treatment-pathway estimates, configure itemised billing, alter booking messages and invoices, distribute prescription literature and medication flyers, maintain large-format notices, operate complaint logs and ADR processes, and maintain written policies, training and monitoring systems.

These are predominantly fixed compliance costs. A large veterinary group can design a template once, integrate it into centrally controlled software and spread the legal, compliance and administrative cost across hundreds of practices. A single-site independent cannot.

> **The CMA should assess the package not only requirement-by-requirement, but as a cumulative regulatory cost which may raise barriers to entry and disproportionately burden precisely the independent competition the market needs.**

Longer implementation periods for small businesses are helpful but do not solve the structural issue: after implementation, the recurring burden remains.

11. A useful precedent already exists within the draft: fixed-price bundles

Article 12 recognises that where services are sold as a fixed-price bundle, forcing an artificial standalone price onto every component may be inappropriate or misleading. The bill can show the total bundle price and identify the main components.

We welcome that approach. We ask the CMA to apply the same principle consistently to the Price List remedy. If the Order recognises that clinical bundles cannot always be meaningfully decomposed for billing, it should also recognise that practices need enough explanatory freedom to distinguish differently specified clinical packages when prices are compared.

Requested drafting changes

Issue	Requested change
Price lists	Permit concise descriptions of clinically material inclusions/exclusions beside prescribed headings.
Dentistry	Recognise dental radiography explicitly or allow a practice to state clearly when it is included as standard.
Find a Vet	Do not present differently specified clinical packages as directly equivalent headline-price comparisons.
Variable charges	Permit ranges, 'from' prices or transparent calculation methods where no genuine single fee exists.
Written estimates	Limit speculative long-horizon forecasting and provide a safe harbour for unforeseeable clinical developments.

Issue	Requested change
New practices / care plans	Allow evidenced forecast utilisation until 12 months of practice-specific data exists.
Prescription information	Replace promotional 'significantly cheaper' language with neutral information about choice and price variation.
Prescription repetition	Rationalise multiple overlapping disclosures across registration, premises, reminders, consultation, dispensing and invoices.
Physical notices	Replace A2/A3 minimum sizes with outcome-based prominence/legibility requirements and allow practice-compatible presentation.
Cremation	Require neutral explanation of choices without mandatory equal-prominence promotion of external suppliers.
Small-business compliance	Introduce proportionate simplified governance, complaint and monitoring requirements for genuinely small owner-operated practices.
Review	Require an early review of cumulative compliance cost and effects on new entry and independent practices.

Conclusion

Rowan Tree Vets supports the CMA's objective of helping pet owners make informed choices. We believe the final Order would better achieve that objective if it standardised the information that must be available without suppressing clinically material differences between services.

Transparency should allow consumers to compare both price and what they receive for that price. It should not create an incentive to strip comprehensive care out of headline packages, nor impose a compliance structure whose fixed costs fall disproportionately on new independent competitors.

We therefore ask the CMA to revise the drafting to preserve meaningful clinical context, use neutral rather than promotional prescription messaging, reduce duplication and physical signage, and explicitly test the cumulative burden of the package against its impact on market entry and independent competition.

Source documents reviewed

Competition and Markets Authority, Draft Veterinary Services Market Investigation Order 2026; Draft Explanatory Note; Schedule 1 Price List Schedule; Schedule 2 Standard Written Prescription Notice; Schedule 3 Standard Flyer for Ongoing Medication; and associated consultation documents published 21 July 2026 and updated 3 August 2026.

Consultation page: GOV.UK, 'Vets market investigation: draft substantive Order and Undertakings'.