Veterinary Services for Household Pets Market Investigation

Response to the consultation on the draft substantive Order and Undertakings

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1. About this response

VIPG is a UK purchasing group for independently owned veterinary practices. We negotiate supply terms with veterinary pharmaceutical manufacturers on behalf of our members and return 100% of manufacturer rebates to those practices, charging only a flat monthly service fee. Our members are overwhelmingly single-site or two-site owner-operated businesses.

Our interest in this consultation is straightforward. Independent practices are the principal competitive constraint on the large groups examined in the Final Report. Any drafting that raises the fixed cost of operating a single-site practice faster than it raises the equivalent cost for a fifteen-site group will, over time, reduce the number of independents in the market. That is the opposite of what the remedies are intended to achieve.

We accept the scope of this consultation. We do not seek to reopen the Final Report, the adverse effect on competition, or the remedies the inquiry group has decided to implement. Every point below is directed at one or both of the questions the CMA has asked: whether the drafting is consistent with the Final Report, and whether the drafting achieves the aims of the remedies as set out in it.

Our central submission is that in a number of places the drafting will deliver less than the Final Report intends, and in a small number of places will deliver the opposite. Each of those points is capable of being fixed inside the remedies as decided. We have suggested specific wording changes rather than objections.

2. Summary of points

We comment on the following documents:

- Draft substantive Order — Articles 2, 3, 5, 7, 8, 14, 18 and 24
- Draft Schedule 1 — Price List Schedule
- Draft Schedule 3 — Standard Flyer for Ongoing Medication
- Draft Explanatory Note — paragraphs 34, 60, 129 and 145
- Draft Annex 1 — Indicative price list
- RCVS monitoring proposal — paragraphs 9 and 17

We make no comment at this stage on Schedule 2, Schedule 4, Annex 2, the draft notices, the draft substantive undertakings or Annex A.

3. Draft substantive Order, Articles 2 and 3 — the Small/Large threshold does not deliver proportionate implementation

Article 2 defines a Large Veterinary Business as one with 15 or more FOPs and/or OOH Centres, and a Small Veterinary Business as one with fewer than 15. Article 3 differentiates between the two solely by allowing Small Veterinary Businesses an additional three months in most cases, and no additional time at all under Articles 5, 21, 22 and 23.

The practical effect is that a fourteen-practice group and a single-vet practice are treated identically. They are not comparable businesses. A fourteen-site group implements the Order once, centrally, using an operations function, a marketing function and a shared website estate, and amortises that work across fourteen sites. A single-site independent implements the same list once, in full, usually by the owner, in the evening.

Read as a whole, the Order requires each practice to produce and maintain: practice information; a price list of up to 36 items across as many as six species and weight categories; a parasiticide price list with full product identification and all mandatory charges; pet care plan standard information including a documented savings methodology; a continuous data feed to the RCVS; a written estimates process; itemised billing to a prescribed standard; written policies and training on clinical independence; a two-working-day written prescription workflow; three separate mandated CMA and RCVS documents in prescribed sizes and locations; own-brand labelling changes; a written complaint process; a complaint log; an ADR contract; and staff training on all of the above. The absolute cost of that programme is not very different between a one-site practice and a fourteen-site group. The cost per practice differs by more than an order of magnitude.

This is a drafting question, not a challenge to any remedy. The Order draws only one line, and it draws it at fifteen. Drawing a second line does not alter a single remedy; it alters the timetable and the format in which the smallest businesses meet them.

> **Recommendation:** Introduce a third category — for example a "Micro Veterinary Business" operating three or fewer FOPs and/or OOH Centres — and in Article 3 allow those businesses 12 months for Parts 2 and 3 and 15 months for Part 4, together with the simplified price list format proposed at section 5 below.

4. Draft substantive Order, Article 5 — the ownership remedy is drafted so that it cannot be read by the pet owner it is designed to help

Paragraph 37 of the draft Explanatory Note states that the purpose of Article 5 is to ensure that pet owners can make informed choices between independent businesses and those in Groups or Networks. We support that aim without qualification. Ownership opacity is real and the remedy is right.

The drafting, however, imposes a positive obligation only on businesses that are part of a Group or Network. Independent businesses display nothing. The pet owner therefore sees a corporate name on one storefront and no ownership statement at all on the other, and has no way of knowing

whether that absence means "independently owned" or "has not complied yet". Absence of a signal is not a signal. The remedy delivers half the comparison it was designed to deliver, and it delivers the half that is least useful to the businesses the Final Report identified as the competitive constraint.

The fix costs nothing and reopens nothing.

> **Recommendation:** (a) Provide in the Order, or in the RCVS Written Prescription Literature workstream, a standard-form statement — for example "Independently owned and operated" — which a Veterinary Business that is not part of a Group or Network may display in the same locations and to the same prominence standard as Article 5 requires of Group members; and (b) require in Article 10, and in the RCVS Substantive Undertakings, that the Find a Vet platform carries a mandatory ownership status field which displays an affirmative "Independently owned" value where no Main Entity has been notified under Article 10(4). The data is already being collected; only the display of it is missing.

Separately, we note that the defence in Article 5(5) — that a business is not in breach of Articles 5(4)(c) and (d) provided it has made "all reasonable representations and requests" of the party controlling search and map results — is drafted broadly enough to absorb most of the obligation it qualifies. Search titles and map listings are configurable by the business in every mainstream platform. If the intention is that the defence covers only genuine platform refusal, the drafting should say so.

5. Draft substantive Order, Article 7; Schedule 1; Annex 1 — the price list drafting understates volume, removes pricing flexibility, and contains internal inconsistencies

5.1 Volume

Article 7(2)(c) requires prices to be displayed separately across six species and weight categories wherever price varies on that basis. Annex 1 confirms this by presenting the template as a separate list per category ("Price list for [Cats / Small dogs / Medium dogs / Large dogs / Extra-large dogs / Giant dogs]"). Against 36 defined items, a practice offering the full range can be publishing, displaying, maintaining and notifying to the RCVS in the order of 200 discrete prices.

> **Recommendation:** Permit — and show in Annex 1 — a single consolidated price list with the six categories presented as columns rather than as six separate lists. This achieves identical transparency, is easier for a pet owner to compare, and materially reduces the maintenance burden for practices without a marketing function.

5.2 Pricing flexibility

Article 7(5) requires the price list to be updated before any revised price is charged. Article 10(6)(b)(i) requires the RCVS to be notified of the change, again before the revised price is charged. Read together, a practice cannot pass through a supplier cost increase until it has updated its website, updated its in-practice display and completed an RCVS submission.

A large group runs that sequence through a content management system and a scheduled data feed. A single-site practice runs it by ringing its web developer. The drafting therefore imposes a

materially longer repricing lag on the smallest businesses in the market. Slower price adjustment by the competitive fringe is not a neutral outcome; it is a softening of the constraint the fringe applies.

> **Recommendation:** Provide in Article 7(5) and Article 10(6)(b)(i) that a Veterinary Business may charge a revised price from the date the price list on its own website is updated, with notification to the RCVS to follow within five Working Days. The pet owner-facing protection — that the published price is never lower than the price charged — is preserved in full.

5.3 Article 7(2)(e) rewards unbundling

Article 7(2)(e) requires the price stated for a dental assessment, castration or either form of spay to include those of seven listed components that the business considers typically necessary, with checkboxes indicating which are included. A practice that routinely provides pre-operative bloods, hospitalisation and monitoring, and post-operative checks will therefore publish a higher headline price than one that does not.

That is the correct design, provided the checkboxes travel with the price. The risk sits in Article 10 and the Find a Vet platform: if the RCVS publishes, sorts or shares with approved third parties a headline price field without the inclusions field carrying equal weight, the drafting creates a direct commercial incentive to move clinical components out of the standard price. That would be contrary to the Final Report and to the welfare interest the investigation was conducted to protect.

> **Recommendation:** Provide expressly in Article 10, or in the corresponding paragraph of the RCVS Substantive Undertakings, that where the Find a Vet platform displays or shares a price for any item at Article 7(2)(e), the inclusions recorded under Article 7(2)(e)(ii) must be displayed with equal prominence, and that the platform must not rank or sort practices on headline price for those items alone.

5.4 Inconsistencies between Schedule 1, Annex 1 and Article 7

Article 7(2)(a) requires items to be described using the names specified in the Price List Schedule and prohibits free text descriptions. The CMA's own indicative template at Annex 1 does not meet that requirement. We set the discrepancies out below so they can be corrected before the Order is made.

Where	Issue	Suggested correction
Annex 1, category 2	Headed "Prescription, dispensing and administration (5)" but six items are listed. Schedule 1 correctly states (6).	Correct the count to (6).
Annex 1 template, "Dental assessment"	Six checkboxes are shown. "Post-operative check-ups" is omitted, although Article 7(2)(e)(i)(7) applies to dental assessment as it does to the other three treatments.	Add the seventh checkbox.

Where	Issue	Suggested correction
Annex 1 template, all four asterisked treatments	Checkboxes read "Post-treatment pain relief". Article 7(2)(e)(i)(4) reads "post-operative pain relief".	Align the wording to the Order.
Annex 1 template, "Animal health certificate (including consultation)"	Does not match the Schedule 1 name, which is "Animal health certificate, including any relevant charges for additional animals included on the certificate". Article 7(2)(a) requires the Schedule 1 name.	Align the template to Schedule 1, or amend Schedule 1.
Annex 1 template, "Inclusions" column	Contains free text (standard durations, third-party provider names and hyperlinks). Article 7(2)(a) prohibits free text descriptions.	Amend Article 7(2)(a) to permit the specific fields the template requires, so that a practice following the CMA template is not in breach of the Order.

6. Draft substantive Order, Article 8 — the comparison the remedy invites is not a like-for-like comparison

Paragraph 60 of the draft Explanatory Note states that the purpose of the parasiticide price list is, among other things, to facilitate price comparison with third party retailers. Article 8(1)(a)(ii) requires the practice to publish a link to the VMD Register of Online Retailers alongside its own prices.

The obligation is asymmetric in a way that defeats the aim. The practice must publish the full authorised product name, brand name, own-brand status, active ingredients, quantity, strength, dosage size, every charge the owner is required to pay, and VAT. Nothing in the Order requires the retailers on the other side of that link to present anything on a comparable basis. Delivery charges, minimum order values, differing pack sizes and the prescription fee that must be paid to access the online price all sit outside the comparison the pet owner is being invited to make.

We are not asking the CMA to regulate online retailers through this Order; we accept it cannot. We are asking that the mandated link carry the qualification necessary for the comparison to be accurate, which is squarely a drafting matter and squarely within the aim of the remedy.

> **Recommendation:** Amend Article 8(1)(a)(ii) to require the link to the VMD Register to be accompanied by standard wording drafted by the CMA to the effect that: prices shown by online retailers may exclude delivery charges and may be subject to minimum order values; pack sizes may differ; and a prescription fee is payable to the practice in order to purchase elsewhere.

7. Draft Schedule 3 — the Standard Flyer omits the single figure that determines whether a saving exists, and is inconsistent with Article 14(13)

Article 14(13) requires every invoice and receipt to state the practice's actual prescription fee for the first medicine prescribed in a consultation, alongside the statement that the owner may be able to

buy more cheaply online. The CMA has therefore already decided that the fee is material information at the point of decision. We agree.

Schedule 3 omits it. The flyer as drafted asserts that the same medicines may be significantly cheaper online, presents a three-bar chart with no values, no axis and no source, and makes no reference to the prescription fee, to delivery charges or to pack size. The package is internally inconsistent: the same information is mandatory on an invoice and absent from the document specifically designed to prompt the owner to act.

The consequence is not theoretical. With the Primary Prescription Fee Cap set at £21 inclusive of VAT, any repeat item on which the annual saving available online is less than £21 leaves the owner worse off for having followed the flyer. That is a material proportion of low-value repeat medication. A remedy whose aim is better-informed choice should not, as drafted, produce worse-informed choice for a predictable subset of the people it addresses. We also note paragraph 34 of the draft Explanatory Note, which confirms that the Order's information requirements sit alongside and do not displace the fairness requirements of the DMCCA.

> **Recommendation:** Amend Schedule 3 to (a) include a field for the practice's own prescription fee, mirroring Article 14(13); (b) add a single line to the effect that whether a saving is achieved depends on the prescription fee, delivery charges and pack size; and (c) either attribute the chart to a stated source in the Final Report or replace it with text. None of these changes weakens the message that written prescriptions are available and that savings are often available online.

8. Draft substantive Order, Article 18(1) — repeat prescriptions requested outside a consultation appear to be uncapped

Article 18(1) caps the fee chargeable for a Written Prescription for "the first medication prescribed within a consultation" and for "each additional medication prescribed within the same consultation". Both limbs are anchored to a consultation.

Article 15(1)(b) expressly contemplates a request made outside a consultation, and both Schedule 1 and Annex 1 require publication of a separate line item, "Prescription fee (repeat)". On the face of the drafting, a repeat written prescription requested outside a consultation falls within neither cap.

Repeat requests are, in practice, the majority of written prescription requests for ongoing medication — which is the very category the Final Report was most concerned with. If the caps are intended to apply, the drafting does not achieve it. If they are intended not to apply, that should be stated, because Schedule 1 requires the fee to be published and pet owners will reasonably assume it is capped.

> **Recommendation:** Amend Article 18(1)(a) to read "for providing a Written Prescription for the first medication prescribed within a consultation, or for the first medication in respect of any request made outside a consultation", with a corresponding amendment to Article 18(1)(b); alternatively state the position expressly in the Explanatory Note.

9. Draft substantive Order, Article 2 and draft Explanatory Note paragraph 145 — the definition of Ongoing Medication conflicts with the guidance on it

Article 2 defines Ongoing Medication as a prescribed medication involving a second or further issue of the same medication, to prevent or treat the same condition, "without any interruption or gap in the course of the medication". Paragraph 145 of the draft Explanatory Note states that the definition includes parasiticides.

Many parasiticide regimes are intermittent by clinical design — seasonal tick cover, lungworm prophylaxis adjusted to local risk, or worming intervals varied on the basis of the individual animal. On the wording of Article 2, those regimes involve a gap and are not Ongoing Medication. On paragraph 145, they are. The person who has to resolve that conflict is a receptionist or a nurse at the dispensing bench, in real time, with a penalty regime attached.

> **Recommendation:** Delete "without any interruption or gap in the course of the medication" from the Article 2 definition and substitute a repeat-issue test, or alternatively deem Parasiticides to be Ongoing Medication expressly within Article 2.

10. Draft substantive Order, Article 14(7) — the mandated notice sizes are not proportionate to the aim

Article 14(7) requires the Standard Written Prescription Notice to be displayed at not less than A2 (420 × 594 mm) in the waiting or reception area and not less than A3 in every consulting room. In a typical independent practice consulting room, an A3 notice will be the largest single item of signage present, and A2 in a small waiting room is close to the practical maximum the wall will take.

The aim stated at paragraph 129 of the draft Explanatory Note is awareness. Awareness is delivered by six separate touchpoints in the Order as drafted: the RCVS literature at registration (Article 14(2)); the notice (Article 14(6)); the standard message on every appointment confirmation and reminder (Article 14(10)); the invoice and receipt notification, in the same font as the body text (Article 14(12)–(14)); the oral offer in consultation (Article 14(15)); and the Standard Flyer (Article 16). We do not object to any of them. We do say that the marginal awareness delivered by A2 over A3, on top of the other five, does not justify the drafting.

> **Recommendation:** Amend Article 14(7) to require the Primary Notice at not less than A3 and Secondary Notices at not less than A4.

11. RCVS monitoring proposal, paragraphs 9 and 17; draft substantive Order, Article 24(1) — reactive monitoring hands the initiative to whoever can afford to watch competitors

Paragraph 17 of the RCVS monitoring proposal confirms that there will be reactive monitoring only, in response to information received, with no routine monitoring of practices. Paragraph 9 records that information about alleged non-compliance is likely to be received from third parties, customers "or other veterinary businesses".

Article 24(1) then limits the attestation obligation to Veterinary Businesses operating more than one FOP or OOH Centre. A single-site practice therefore files nothing, so the RCVS has no routine visibility of it, and in a purely reactive model the practical trigger for scrutiny becomes a report from someone else.

The capability to monitor several thousand competitor websites for price list currency, one-click accessibility, metadata compliance and notice display does not sit with the independent sector. It sits with businesses that already operate compliance and competitor-intelligence functions. We do not suggest any party intends to use the process tactically. We do say that a design in which the only routine input is a competitor report, and in which the smallest businesses are invisible until reported, is not a neutral design.

We also note that the Article 24(1) threshold of "more than one FOP" sits inconsistently with the Small/Large threshold of 15 elsewhere in the Order: a two-site independent carries the same attestation obligation as a fourteen-site group, and a greater obligation than a single-site practice subject to identical substantive duties.

> **Recommendation:** (a) Provide in the RCVS Substantive Undertakings that spot-checks are drawn on a stratified random basis across business size bands, and not solely reactively; (b) require the RCVS, in its annual reporting, to publish in aggregate the number of non-compliance reports received from other veterinary businesses, so that any pattern is visible; and (c) align the Article 24(1) attestation threshold with the Small/Large threshold, or with the Micro tier proposed at section 3 above.

12. Conclusion

We support the objectives of this package. Ownership opacity, unexplained pricing, weak estimating practice and poor complaint handling are real problems and independent practices have no interest in defending any of them. Our members compete on precisely the transparency this Order is trying to mandate.

Our concern is with implementation, and it reduces to one proposition: the drafting currently applies a single compliance model to businesses that differ in scale by a factor of hundreds, and in several specific places it places the heavier obligation on the smaller party. Every recommendation in this response can be adopted without altering a single remedy the inquiry group has decided upon, and most of them cost nothing to implement.

We would welcome the opportunity to discuss any of these points, and to provide practice-level cost data on the implementation burden if that would assist the CMA.

Summary of recommendations

Provision	Recommendation
Order, Articles 2 and 3	Add a Micro Veterinary Business tier (three or fewer FOPs/OOH Centres) with extended compliance dates and a simplified price list format.
Order, Article 5	Provide a standard "Independently owned and operated" statement for non-Group businesses, and an affirmative ownership status field on Find a Vet.
Order, Article 5(5)	Narrow the search and map results defence so it covers genuine platform refusal only.

Provision	Recommendation
Order, Article 7(2)(c); Annex 1	Permit a single consolidated price list with weight and species categories as columns.
Order, Articles 7(5) and 10(6)(b)(i)	Allow a revised price to be charged once the practice's own website is updated, with RCVS notification within five Working Days.
Order, Articles 7(2)(e) and 10	Require Find a Vet to display inclusions with equal prominence to price, and prohibit ranking on headline price alone.
Schedule 1 and Annex 1	Correct the five discrepancies identified at section 5.4.
Order, Article 8(1)(a)(ii)	Require standard qualifying wording alongside the VMD Register link covering delivery, minimum order values, pack size and the prescription fee.
Schedule 3	Add the practice's prescription fee and a line on what determines whether a saving is achieved; source or remove the chart.
Order, Article 18(1)	Extend the prescription fee caps to requests made outside a consultation.
Order, Article 2; Explanatory Note ¶145	Resolve the conflict over whether intermittent parasiticide regimes are Ongoing Medication.
Order, Article 14(7)	Reduce mandated notice sizes to A3 primary and A4 secondary.
RCVS monitoring proposal; Order, Article 24(1)	Add stratified random spot-checks, publish aggregate competitor-report data, and align the attestation threshold.