Written Representations — Draft Veterinary Services Market Investigation Order 2026

From: Vets4u Limited (company number 13512818)

To: VetsMI@cma.gov.uk

Re: Notice of intention to make the Veterinary Services Market Investigation Order 2026 (the Substantive Order) and Notice of intention to accept the RCVS Substantive Undertakings

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1. Introduction and standing

1.1 Vets4u Limited (registered in England and Wales, company number 13512818) is an independent, family-owned UK online veterinary dispensary supplying prescribed veterinary medicines to pet owners. It holds an RCVS Veterinary Practice Premises registration covering its dispensary, is registered with the Veterinary Medicines Directorate for the retail and wholesale supply of veterinary medicines, and is accredited under the Accredited Internet Retailer Scheme. It is the kind of business the Final Report refers to as an online pharmacy. We operate no first opinion practice and no out-of-hours centre. We responded to the CMA's Remedies Working Paper on 27 May 2025 and to Defra's consultation on reform of the Veterinary Surgeons Act 1966 on 25 March 2026. In plain terms: we are one of the businesses a pet owner can send a written prescription to instead of buying the medicine from their vet, and our group also operates in human community pharmacy. Every working day we receive and dispense prescriptions written by first opinion practices (FOPs) — the everyday vet practices this Order is chiefly aimed at. We are, in practical terms, one of the channels through which the pet-owner savings identified in the Final Report are meant to be delivered.

1.2 We support the remedies package and the making of the Substantive Order. Nothing in these representations challenges the decisions in the Final Report. In line with paragraph 11 of the Notice, our representations address: (a) points where the drafting of the Order is narrower than the decisions it implements; (b) the manner in which the draft Order would give effect to those decisions; and (c) facts and matters, drawn from daily operating experience on the receiving end of the prescription process, relevant to whether the Order in its proposed form will deliver the intended remedy.

1.3 Our central observation is this: **the effectiveness of the medicines remedies depends almost entirely on what happens after the prescription leaves the consulting room — and that is the part of the process the draft Order leaves least specified.** The evidence gathered in the CMA's Provisional Findings (PF) and Provisional Decision Report (PDR), and carried into the Final Report's remedy design, records the failure points: prescriptions with no unique reference number (PDR Part B, para 5.140), a 20–30% rate of prescriptions needing follow-up with the issuing practice before they can be dispensed (PF Part A, paras 11.241–11.242), one-to-four-day delays before the medicine goes out (PF Part A, para 11.241), and no standard format and no confirmation of receipt (PF Part A, para 11.243). A pet owner who tries

the written-prescription route once, waits days, and does not get their animal's medicine on time, does not try it again. Uptake — and therefore the consumer benefit the Order exists to deliver — turns on the first-use experience.

1.4 **Our second observation is about pace, and it runs through everything that follows: not enough is being done quickly enough.** The UK's pet population expanded sharply in the 2020–21 pandemic — the "Covid puppy and kitten boom". That cohort enters middle age in 2026–27 — the point at which the incidence of chronic conditions requiring **ongoing, repeat medication** begins to rise, and therefore the point at which the purchases this Order targets start to recur. That moment is arriving now. Yet under the draft timetable, most pet owners will not be told they have a choice until June or September 2027, ownership transparency does not arrive until March 2027, and in the meantime the businesses on the other side of the information gap are enrolling customers into single-supplier schemes (R7 (timetable and lock-in)). Today, most pet owners simply do not know enough — that they can ask for a prescription, that the same medicine is often far cheaper elsewhere, or that the "cheapest online pharmacy" and their vet may share an owner. Every month between now and the Compliance Dates is a month in which that information gap is monetised. Where we press on timing in these representations, this is why.

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2. Summary of representations

The headline: the remedies are right, but as drafted they arrive too slowly, lean on signposts that are not neutral, and leave the prescription itself — the instrument the whole package depends on — under-specified and under-regulated. Our asks are drafting-level, low-cost, and directed at making the package work at the moment it is needed most.

- **R1** (prescription transmission and confirmation) — Article 15(1)(b): when a prescription is sent direct to a pharmacy, the pet owner should be told it has been sent; and the Explanatory Note should record that "by the end of the second Working Day" is an outer limit, not a service standard.
- **R2** (who can receive a prescription, and the word "pharmacy") — Article 15(1)(b)(ii): the drafted recipient is narrower than the Final Report decision — the VMD's distance-selling register by its nature lists only online sellers, so community pharmacies are excluded by drafting rather than by law — and the defined term applies the statutorily protected description "pharmacy" (Medicines Act 1968, s 78(4)) to retailers that are not pharmacies; widen the recipient, rename the term, and pair the widening with a formal competence framework for pharmacists, funded by industry cost-recovery.
- **R3** (a standard digital prescription, anchored on the VMD) — Article 15: require, or at least accommodate, a standard machine-readable prescription with a unique reference — with the VMD, as the medicines regulator, owning the standard. We disclose an interest: our group is one of the teams building such infrastructure.
- **R4** (the fee caps and pricing behaviour) — Article 18: the caps risk becoming a pricing anchor — "cheapest online price plus the applicable caps" — producing long-term price convergence that narrows customer choice; monitoring must watch for it.

- **R5** (the register pet owners are sent to) — Article 8(1)(a)(ii) and, at one remove, Schedule 2: the VMD Register of Online Retailers is published as an alphabetical list with no ownership information; it needs ownership disclosure, neutral ordering, tiering and a GPhC link — **immediately upon the Order coming into force**, not on any compliance wave.
- **R6** (who tells pet owners about buying elsewhere) — Schedule 2 / the RCVS literature: purchasing information should route pet owners to the medicines regulator's register directly, and the VMD should have a formal role in the literature.
- **R7** (the timetable, and what is happening in the meantime) — Article 3: the empowerment remedies arrive too late relative to the detriment, and the market is already re-positioning around the delay — membership and auto-ship schemes are attaching customers to single suppliers now, before transparency or portability exist.
- **R8** (making the transparency rules checkable) — Article 5(5): the "all reasonable representations and requests" safe harbour needs an evidence standard; compliance is independently checkable with ordinary search-engine-optimisation (SEO) and AI-optimisation tools, across both conventional search and AI assistants.
- **R9** (the 12-month wave and the Covid cohort) — the awareness materials are centrally designed under the Undertakings; shorten the RCVS's production deadlines and the display obligations can reach every practice by month six — before, not after, the pandemic-boom cohort's medication needs recur.
- **R10** (who the rules bite on) — retail-only businesses, mobile vets, single-vet practices, franchises and new entrants: proportionality for the businesses the Order channels demand toward, an explicit counting rule and service-area option for premises-free practices, and compliance clocks that run from first trading.
- **R11** (who regulates the prescription) — offered as a fact and matter under paragraph 11(c): the Order makes the prescription the market's key competitive instrument, yet no regulator clearly owns its form and integrity; the VMD should be front and centre, with medicines inspections separated from practice-standards assessments, and separately priced.
- **R12** (the RCVS Undertakings) — we support acceptance, with drafting representations mirroring R5, R6 and R11.

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3. Veterinary medicines, the written prescription and the online signpost

R1 — Article 15(1)(b): tell the pet owner their prescription has been sent — and keep two days as an outer limit, not a service standard

In short: when a prescription is sent straight to a pharmacy, the pet owner is never told — one line of drafting fixes that at no cost; and the Explanatory Note should record that "by the end of the second Working Day" is a maximum, not a target.

3.1 Article 15(1)(b) requires a vet practice to prepare a digital written prescription "by the end of the second Working Day" and then send it "as promptly as reasonably practicable" to the pet owner or, where the pet owner specifies one, direct to an online pharmacy. Around a weekend

or bank holiday, two Working Days can mean four or five calendar days before an animal's medicine can even be ordered.

3.2 We do not ask the CMA to alter the two-Working-Day period, which we recognise was settled in response to consultation feedback (Summary of responses to the provisional decision report, paras 1.106–1.108). Our representations go to how the drafting will operate:

(a) **When the prescription is sent direct to a pharmacy under Article 15(1)(b)(ii), the pet owner has no way of knowing whether, or when, it was sent.** The draft requires transmission but no confirmation. The pet owner cannot chase what they cannot see; the pharmacy cannot dispense what it has not received; the practice holds the only record. We ask that Article 15(1)(b) require the practice, at the moment of sending, to **confirm to the pet owner that the prescription has been sent and to whom**. This is one line of drafting, with no material compliance cost, and it requires no change to Schedule 2. Without it, the direct-transmission route — otherwise the most consumer-friendly feature of Article 15 — is the least transparent.

(b) **"By the end of the second Working Day" is, on its face, an outer limit — and it should stay one in practice.** The digital prescription is generated by the same practice-management software that generates the invoice for the consultation — a document the pet owner receives before leaving the building. In every practice-management system in general UK use of which we are aware, everything the prescription needs is already in the system at the moment of prescribing. We ask only that the **Explanatory Note record what the drafting already implies**: that the second Working Day is a maximum and not a service standard, so that the period is not adopted as default practice — which would codify, rather than remove, the one-to-four-day delay the CMA documented (PF Part A, para 11.241).

(c) **First-use failure kills the remedy.** As an online dispenser we see daily that a material share of incoming prescriptions need follow-up with the issuing practice before we can dispense — consistent with the 20–30% rate in the CMA's evidence (PF Part A, paras 11.241–11.242). Prescriptions that do not comply with the Veterinary Medicines Regulations in effect make retailers police the prescription process, adding days. A pet owner whose first attempt fails to deliver medicine on time reverts permanently to buying at the practice — with a direct animal-welfare cost wherever ongoing medication is interrupted. The remedy's uptake assumptions depend on the transmission leg working first time.

R2 — Article 15(1)(b)(ii): who can receive the prescription — and the protected word "pharmacy"

In short: the draft routes prescriptions only to the VMD's online-sellers register — which a high-street community pharmacy cannot join however competent it is — and labels that register's members with a legally protected word most of them may not use; widen the recipient, rename the term, and build the competence framework that makes the widening safe.

3.3 Article 15(1)(b)(ii) permits direct transmission only to an "Authorised Online Pharmacy", defined as "a retailer listed on the VMD Register of Online Retailers". This drafting has two defects — one of consistency with the Final Report, one of terminology with the law.

3.4 **The consistency defect.** We understand the Final Report's decision to have been framed by reference to the pet owner's **chosen pharmacy**. The draft narrows this to retailers registered with the VMD for supply at a distance. That register, by its nature, lists only online sellers: a GPhC-registered community pharmacy that dispenses across a counter cannot appear on it, however competent, and is therefore excluded from Article 15(1)(b)(ii) by the drafting rather than by the law. Under the Veterinary Medicines Regulations 2013 (Schedule 3), a veterinary medicine classified as POM-V may be supplied by a veterinary surgeon **or a pharmacist**, and GPhC-registered pharmacy premises are lawful places to dispense from. Community pharmacies — for many rural and less-digital pet owners, the most accessible dispenser there is — are the most conspicuous omission, and the draft Explanatory Note does not explain it.

3.5 **The protected-word defect.** "Pharmacy" is not a free description; it is protected by statute. Medicines Act 1968, s 78(4): *"No person shall, in connection with a business carried on by him which consists of or includes the retail sale of any goods … use the description 'pharmacy' except in respect of a registered pharmacy or in respect of the pharmaceutical department of a hospital or a health centre."* A "registered pharmacy" means one registered with the General Pharmaceutical Council (GPhC). The Order does not itself engage that provision — but it places the word into consumer-facing use: Schedule 2 directs pet owners to "information on authorised online pharmacies", and the RCVS literature must explain what an authorised online pharmacy is (Undertakings paragraph 6.1(e)). The Order will therefore describe as "pharmacies" a class of retailers many of which could not lawfully so describe themselves — the VMD Register's own key distinguishes the GPhC-registered pharmacies on it precisely because many listed retailers are not pharmacies — while excluding registered pharmacies that are not distance sellers. We ask that the recipient class and the defined term be corrected together: widen Article 15(1)(b)(ii) to *"if the Pet Owner specifies a person lawfully entitled to dispense the medication (including a retailer listed on the VMD Register of Online Retailers or a pharmacy registered with the General Pharmaceutical Council), to that person"*, and rename the defined term (for example, "Authorised Online Retailer"). This is a consistency point under paragraph 11(a) of the Notice as much as a drafting point under 11(b).

3.6 **Widening must come with assurance.** We argue for including GPhC pharmacies from direct experience on both sides of the counter — and from that same experience we say plainly that **the veterinary knowledge of pharmacists working in the human market is today very limited**. We are not aware of any third-party assessment of veterinary-medicines competence anywhere in the pharmacist registration or revalidation framework: the standard is self-assessed. If community pharmacy is to take a growing share of veterinary dispensing — which is what this Order intends — that self-certification gap must be closed. We ask the CMA to pair the widening with a recommendation (to the VMD and GPhC, and to government in the context of the live Veterinary Surgeons Act reform (R11 (who regulates the prescription))) that a **formal veterinary-medicines knowledge base, training pathway and continuing-professional-development requirement for pharmacists** be established — demonstrated capability, not self-assessment, as the standard — with the regulator's costs recovered through **fees on the industry**, the same funding logic this package already applies to the RCVS Levy.

Upskilling pharmacists is not a barrier to the remedy; it is a precondition of the remedy working safely at scale.

R3 — A standard, machine-readable prescription with a unique reference, anchored on the VMD

In short: the Order should not freeze a paper-era process into the digital age — set (or let the VMD set) a standard digital prescription format with a unique reference, and collect the data that shows whether the remedy is working. We disclose an interest: our group is building such infrastructure.

3.7 The CMA's Provisional Decision Report records its expectation that the market will develop a technical solution to the written-prescription process, and that the CMA is aware of at least one such solution currently in development (PDR Part B, para 5.142; Final Report Summary, para 142). **We should disclose that our group is one of the teams building such a solution.** We raise it not to seek endorsement of any platform — we ask for none below — but because that development work has required us to map, field by field, what the current process actually lacks. That mapping is the substance of what follows: a solution built by a team already operating under VMD and GPhC inspection, designed around the exact weaknesses on the CMA's record:

(a) **a unique, auditable reference on every prescription** — fixing the absence of unique identifiers the CMA identified (PDR Part B, para 5.140), and making **prescription fraud** and repeat-use misuse visible systemically rather than through manual cross-checking between practices and pharmacies. Fraud is not our word: a significant number of consultees raised the growing prevalence of prescription fraud as their objection to digital prescriptions (Summary of responses to the provisional decision report, para 1.109) — a unique reference converts that objection into a design requirement;

(b) **closed-loop, real-time tracking** — the pet owner can see when their prescription was issued, sent and dispensed, and can switch supplier mid-prescription without losing the audit trail (which is the competition objective, made operational);

(c) **one standard machine-readable format** — removing the transcription and verification burden behind the 20–30% follow-up rate;

(d) **regulator-facing capability** — batch-level recall traceability, an audit trail against diversion and counterfeit supply, and antimicrobial-usage data generated as a by-product of normal operation — of direct value to the VMD's enforcement, safety-monitoring and antimicrobial-resistance work, and being developed with regulator input in mind.

3.8 Our representation is not that the Order should mandate any particular platform. It is that the Order should not entrench the current paper-derived process for a decade — and that whoever sets the standard should be the right regulator. **The prescription is a medicines document; the VMD is the medicines regulator; the VMD should be the primary regulator for veterinary medicines and prescriptions, including any standard governing their digital form.** We ask that:

(a) the definition of "Written Prescription" and Article 15 expressly accommodate transmission through secure digital prescription infrastructure — not only an emailed PDF;

(b) the CMA provide (in the Order or Explanatory Note) for a **standard minimum data schema** for digital prescriptions — the fields already exist in the definition; the ask is that they be machine-readable — specified or approved by the **VMD**, rather than left to emerge practice-by-practice. A single standard is also the answer to the practice management system concerns consultees raised (Summary of responses to the provisional decision report, para 1.108): one format that PMS vendors implement once, rather than every practice improvising its own, is what makes compliance cheap for exactly the small practices the timetable is trying to protect; and

(c) the RCVS's compliance-monitoring data collection under the Undertakings capture prescription volumes, transmission times and rejection rates — the numbers that will show whether Article 15 is working — and share them with the VMD (see R11 (who regulates the prescription)).

R4 — Article 18: the fee caps will anchor to the cheapest online price — and risk long-term price convergence

In short: the caps will not just limit prescription fees — they hand every vet practice a simple pricing formula ("cheapest online price plus the applicable caps") whose reference price is set by retailers the big groups own; watch for it, or the remedy will look like it is working while it quietly stops.

3.9 We offer the following as facts and matters under paragraph 11(c), from the retail side of the market. By "Large Veterinary Group" (LVG) we mean, throughout, a Group or Network within the meaning of the Order whose Main Entity operates, or which together operates, 15 or more FOPs and/or OOH Centres — that is, a Large Veterinary Business together with the other businesses in its Group or Network. The largest online veterinary retailers are owned by such groups. In-practice medicine pricing is already commonly set by reference to the cheapest widely-available online price. Once the Primary Prescription Fee Cap (indicated at £21 including VAT, to be adjusted for CPI before the Order is made) is in force, the economically rational in-practice price for a medicine becomes **the cheapest online price plus the applicable cap or caps**: below that line, the pet owner has no financial reason to take their prescription elsewhere. Three consequences follow:

(a) the caps function as a **pricing anchor**: in-practice prices can be expected to drift toward "cheapest-online-plus-cap", pegged to a reference price largely set by retailers the same groups own;

(b) vertical integration means the groups subject to the caps also control the online reference price against which the caps' benefit to consumers will be measured; and

(c) over time this tends toward **price convergence rather than price competition, at the cost of customer choice**. An independent online retailer is squeezed from both directions: it cannot match the practice's structural advantage of handing over the medicine there and then in the consultation, and online it competes against reference

prices set by retailers owned by the same groups whose practices it is supposed to be disciplining. If independents exit, the "online alternative" the Order relies on will itself be owned by the businesses it is meant to discipline — and the remedy will appear, on paper, to be in force while it quietly stops working.

3.10 We do not ask the CMA to revisit the level of the caps. We ask that the CMA (i) note these dynamics in the Explanatory Note as conduct the monitoring regime should watch; (ii) ensure monitoring collects the data needed to detect cap-anchored repricing and the health of independent online retail — in-practice medicine prices against online benchmarks before and after the Compliance Dates, and the LVG-versus-independent share of online dispensing; and (iii) confirm that the annual publication of the adjusted caps will be accompanied by review if the evidence shows the caps operating as a floor rather than a ceiling.

3.11 We also ask for two anti-avoidance clarifications to Article 18 itself. Article 18(2) (duration parity) closes the most obvious workaround — writing short prescriptions for external dispensing and long ones in-house — and we support it. But as drafted, nothing in Article 18 prevents the capped fee being rebuilt under other names, and nothing states how the caps apply when a prescription is re-issued. We ask that:

(a) Article 18(1) (or the Explanatory Note) make clear that a Veterinary Business may not levy **any charge in connection with requesting, preparing, providing or transmitting a Written Prescription other than the capped fees** — no administration fees, processing fees, email or postage fees, or similar. Every uncapped add-on narrows the online saving the caps exist to protect, and renaming a fee should not defeat a price cap; and

(b) the application of the caps to **repeat prescriptions and re-issues** be addressed expressly. Pet owners on ongoing medication — the largest source of savings, and the pandemic-boom cohort now arriving (R9 (the Covid cohort)) — will interact with the caps mainly through repeats, and the Order is currently silent on them. We ask for clarity, not for a particular answer: businesses and pet owners alike should be able to tell what may lawfully be charged when a prescription is renewed.

R5 — The register pet owners are signposted to is not yet a neutral signpost

In short: the Order makes an alphabetical list with no ownership information the market's official shop window; fix the list — ownership labels, neutral ordering, tiers, a GPhC link — and fix it on day one, because it is a webpage, not a compliance programme.

3.12 Article 8(1)(a)(ii) — within the Parasiticide Price List obligation, and so binding on practices that sell flea, tick and worm treatments directly to pet owners — requires publication of "a link to the VMD Register of Online Retailers". The same register sits behind paragraph 6.1(f) of the RCVS Undertakings (the literature must link to it) and, at one remove, behind Schedule 2, which routes pet owners to rcvs.org.uk/help for "information on authorised online pharmacies" — a page that will in turn carry the paragraph 6.1(f) link. The Order and Undertakings thereby make the Register the market's official shop window. As currently published, the Register is **an alphabetical list**: a retailer named "A…" appears at the top; a retailer named "V…" near the end. Position effects in lists are well documented, and the

beneficiaries of alphabetical priority include retailers owned by Large Veterinary Groups — which appear alongside independents with **no disclosure of that ownership**: the very information gap Part 2 of this Order exists to close.

3.13 We ask the CMA to pair the package's reliance on the Register with a recommendation to the VMD (or provision through the monitoring arrangements) that, **with effect immediately upon the Order coming into force** — these are changes to a webpage, not to business operations, and there is no reason for them to wait on any compliance wave:

(a) entries **disclose ownership**, so a retailer owned by, or in the same Group or Network as, a Large Veterinary Business is identified as such — the same transparency logic as Article 5; a separate, clearly-labelled section for such retailers would achieve the same end;

(b) ordering be **neutral** — randomised per visit, or sortable by the user — rather than alphabetical;

(c) the Register distinguish, by **tier**, veterinary-specialist online retailers from general GPhC pharmacies. From the pet owner's standpoint the two are not yet equivalent: a pharmacist's veterinary capability is currently subject to no third-party check — self-assessment only (R2 (pharmacist competence)) — and our direct experience of the human pharmacy market is that self-assessment overstates real veterinary experience. Tiering, connected to the competence framework proposed at R2, lets pet owners see what veterinary-specific assurance sits behind each listing while that framework matures; and

(d) a **link to the GPhC register of pharmacy premises** be required wherever the Order or the Undertakings require a link to the VMD Register (Article 8(1)(a)(ii); Undertakings paragraph 6.1(f)) — a second hyperlink to an existing public statutory register, at nil cost, complementing the Register's existing marking of GPhC-registered pharmacies.

Without (a) and (b), the signposting remedies channel the demand this Order creates disproportionately toward the incumbents whose market power the Order responds to.

R6 — Who tells pet owners about buying elsewhere: the literature and the rcvs.org.uk/help destination

In short: information about where to buy medicines should come from the medicines regulator; route pet owners straight to the VMD Register, and give the VMD a formal role in the literature.

3.14 Schedule 2 (the standard waiting-room notice) sends pet owners for "information on authorised online pharmacies and further advice" to **rcvs.org.uk/help**, and paragraph 6.1 of the draft Undertakings has the RCVS develop and produce the RCVS Written Prescription Literature. We support the literature remedy. However:

(a) information about **where medicines may lawfully be bought** is medicines-regulation subject matter. The authoritative source is the VMD, which regulates veterinary

medicines and hosts the Register of Online Retailers. The RCVS is the professional regulator of vets — the profession whose dispensing revenues this literature will, by design, redirect. Whatever the RCVS's good faith, the structure invites the perception, and the practical risk, that purchasing-choice information reaches pet owners filtered through the prescribing profession's regulator;

(b) we therefore ask that the literature be developed **jointly with, or subject to review by, the VMD**, and that the VMD Register link (already required by Undertakings paragraph 6.1(f)) be the primary purchasing signpost; and

(c) at minimum, Schedule 2 should link pet owners **directly to the VMD Register of Online Retailers** for "information on authorised online pharmacies", keeping rcvs.org.uk/help for professional-conduct advice. Putting an RCVS landing page between the notice and the Register adds a step, and every added step loses users.

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4. Timetable, verification and scope

R7 — Article 3: the timetable is asymmetric — and the market is already re-positioning around it

In short: the businesses the Order constrains have until mid-to-late 2027; the online retailers they own are constrained by almost nothing and are enrolling customers into single-supplier schemes right now — bring the online transparency rules forward and put the implementation window on watch.

4.1 Under the Article 3 table, the remedies that most directly empower pet owners on medicines — Articles 14–17 (awareness, prescriptions, flyers, own-brand disclosure) — do not bite until 9 months (expected June 2027) for Large Veterinary Businesses and 12 months (expected September 2027) for small ones; the fee caps (Article 18) at 6 and 12 months; and even ownership transparency (Article 5) not until 6 months (expected March 2027) for **all** businesses. Meanwhile the online retailers owned by the Large Veterinary Groups sit outside almost all of Articles 6–23 (which attach to businesses providing vet-practice or out-of-hours services) and remain free, throughout the implementation window, to consolidate their position.

4.2 **This is not hypothetical: the re-positioning is already happening.** LVG-owned online retailers are now operating paid membership and auto-ship subscription schemes — [redacted], being a live example. Whatever the commercial rationale for such schemes, their effect is to attach pet owners to a single LVG-owned supplier during precisely the window before ownership transparency (Article 5) or prescription portability (Articles 14–16) takes effect. Every month between the Final Report and the Compliance Dates is a month in which customer relationships can be locked in on pre-remedy terms; a pet owner enrolled in such a scheme in 2026 will experience the 2027 remedies as largely academic. And as set out at §1.4 (the pace problem), this window coincides exactly with the pandemic-boom cohort entering the years in which ongoing medication begins — the recurring demand such schemes capture.

4.3 Facts and matters (paragraph 11(c)): the Large Veterinary Groups have known the substance of these remedies since the Final Report of 24 March 2026 — by September 2026, when the Order is expected to be made, they will have had roughly six months' notice before any compliance clock starts. We ask:

(a) that the **online elements of Article 5** (websites, metadata, search results — Article 5(3)–(5)) be brought forward for Large Veterinary Businesses from 6 months to 3 months. Updating website banners and page metadata is not a shop-front refit; it is routine web work. Ownership transparency is the gateway remedy — the one that lets a pet owner see that "the cheapest online pharmacy" and "my vet" may be the same company — and it should arrive first, not alongside premises signage in March 2027;

(b) that the CMA state in the Explanatory Note that conduct during the implementation window that pre-empts the remedies' effect — in particular, lock-in schemes that condition pet owners against switching before Articles 14–16 arrive — will be relevant to its review of the Order's effectiveness.

R8 — Article 5(5): make the transparency safe harbour checkable — in search results and in AI answers

In short: "we asked Google nicely" should not be a defence nobody can test — require records, verify independently with ordinary SEO and AI-optimisation tools, and say now that "search engine results" includes AI-generated answers.

4.4 Article 5(5) excuses a business from the search-result and map-result requirements in Articles 5(4)(c)–(d) where it has "made all reasonable representations and requests" of whoever controls those results. As drafted, this is a safe harbour with no evidence standard: a business can assert it; nobody can test it. Yet these are among the most **independently checkable** obligations in the Order — search-result titles, metadata and map listings are publicly observable and auditable at scale with standard, commercially-available search-engine-optimisation (SEO) tools.

4.5 The same logic must now extend beyond conventional search. Pet owners increasingly find and choose services through **AI assistants and AI-generated answers**, which draw on the same page titles, metadata and structured data that Article 5(4)(b)–(c) regulates — and which are just as open to optimisation by the businesses concerned (the emerging discipline of AI optimisation, alongside SEO). If ownership is transparent in the blue-links results but absent from how the same practices are presented in AI-generated answers, the remedy will be bypassed by the channel growing fastest. We ask:

(a) that Article 5(5) (or the Explanatory Note) require businesses to **keep records of the representations and requests made and the responses received**, and to produce them to the RCVS on request under the Article 25 information powers;

(b) that RCVS monitoring include periodic independent sampling of search results, map results **and AI-assistant answers** for Large Veterinary Businesses, using standard SEO and AI-optimisation tooling; and

(c) that the Explanatory Note make clear that "search engine results" in Article 5(4)(c) includes AI-generated search and answer results, so the obligation does not quietly expire as discovery habits shift.

We would be pleased to share the methodology by which this verification can be done with off-the-shelf tools.

R9 — The 12-month wave: the awareness materials are centrally designed — shorten their production, and display them everywhere by month six

In short: the notice and flyer are CMA-drafted materials each practice only has to complete and print; shorten the RCVS's eight-month production deadline to five, let the display obligations take the six-month date for all businesses, and the biggest pet cohort in modern UK ownership is not left in the dark until September 2027.

4.6 For small Veterinary Businesses, Articles 11, 12 and 14–16 (estimates, itemised bills, prescription awareness and provision, flyers) all arrive at 12 months (expected September 2027) — 18 months after the Final Report. We recognise what the phasing protects, and we do not oppose it for obligations that genuinely require practice-management-system change: written estimates (Article 11), itemised bills (Article 12), digital prescription workflows (Article 15). But Articles 14(6)–(7) (displaying the Standard Written Prescription Notice) and 16 (giving pet owners the Standard Flyer for Ongoing Medication) are **display obligations**: the materials are centrally designed under the Undertakings — the CMA sets their contents, the RCVS distributes them in printable form (Undertakings paragraphs 6.7–6.8, 6.13–6.14) — and the act of compliance is inserting the practice's own prescription-fee figure, printing, and displaying or handing over. We therefore ask two things together:

(a) that the RCVS's implementation deadlines for producing and distributing the Standard Written Prescription Notice and the Standard Flyer for Ongoing Medication (Undertakings paragraphs 6.11 and 6.17) be shortened from eight months to five months — these being materials whose contents the CMA provides, which the RCVS distributes rather than designs; and

(b) that, once so shortened, the display-dependent obligations (Articles 14(6)–(7) and 16) take the **6-month Compliance Date for all Veterinary Businesses**, with the system-dependent elements (Articles 11, 12, 15) keeping 9/12 months.

4.7 The timing matters more than it may appear, because of who the delay lands on. The pets acquired in the 2020–21 pandemic boom enter middle age in 2026–27 — the point at which the incidence of chronic conditions requiring **ongoing, repeat medication** begins to rise. Repeat medication is precisely where written-prescription savings are largest, and precisely what Article 16's flyer for ongoing medication is aimed at. Pet owners today do not know enough to protect themselves: not that they can ask for a prescription, not what the same medicine costs elsewhere, not who owns the retailer at the top of the list. Deferring the awareness remedies to September 2027 means the largest cohort of pets in modern UK ownership moves into its most medicated years with owners still unaware they have a choice — the exact detriment the Final Report quantified, at its demographic peak. This, together with R7 (timetable and lock-in), is

the core of our message on pace: **not enough is being done quickly enough, and the moment the remedies were designed for is now.**

R10 — Scope: retail-only businesses, mobile and single-vet practices, and the innovation cost

In short: the compliance machinery should not weigh heaviest on the businesses the Order channels demand toward, or on the one-vet, mobile and franchise models new competition actually comes from.

4.8 The definition of "Veterinary Services" (limb (h): supply of prescribed veterinary medicines) brings retail-only online pharmacies within "Veterinary Business", while every substantive obligation in Articles 6–23 attaches to FOP, out-of-hours or referral services they do not provide. The result: retail-only businesses fall within Article 25 (supply of information and record-keeping, which applies to any person to whom the Order applies) and Article 26(2) (RCVS inspection) — and within the Levy — while being the businesses the remedies are designed to channel demand **toward**. The Notice itself contemplates obligations applying across the different business types only "as the case may be" (Notice, paragraph 5). We ask the CMA to confirm, in the Explanatory Note or by drafting in Part 8, that the information and monitoring obligations apply to retail-only Veterinary Businesses only to the extent proportionate to the obligations that actually bind them.

4.9 Separately, the Order does not specify how a **mobile or premises-free practice** is counted for the Large/Small threshold (15 or more FOPs and/or OOH Centres), while disapplying premises-based requirements for mobile facilities. The consequence is stark: on one reading, a provider running fifteen mobile units operates one FOP; on another, fifteen — which under Article 3 would classify a business with no premises at all alongside a fifteen-clinic group and bring every compliance date forward. We ask that the counting rule be made explicit, so the threshold cannot be managed through fleet structuring and so mobile providers can tell which compliance wave they are in.

4.10 Two related gaps affect the same businesses. First, **Article 10 (Find a Vet) requires a "postal address" for each practice** — which a premises-free mobile practice does not have. A head-office address is not where care is delivered and would mislead the platform's users. We ask that Article 10 permit a premises-free practice to notify a **service area** (for example, the postcode districts served) in place of a postal address, and that the Find a Vet platform's location filtering (Undertakings paragraph 4.6(b)) accommodate service areas. Second, **the Order contains no machinery for new entrants**: a business that opens its first practice after the Compliance Dates has no stated period in which to come into compliance. We ask that the Order or Explanatory Note confirm that a new entrant's compliance clocks run **from the date it first provides veterinary services to pet owners** — a business should not have to be compliant before it has traded, and prudent pre-registration should not start the clock early.

4.11 We also draw attention to the **proportionate weight of the compliance load on single-vet practices, mobile practitioners and franchise models**: the fixed cost of the same compliance architecture that a Large Veterinary Group spreads across hundreds of sites falls, for a sole practitioner or small franchisee, on one. These are exactly the low-capital, flexible models through which new entry and innovation reach this market. If the Order's fixed compliance costs make those models marginal, the Order will have entrenched the consolidated

incumbents it was made to discipline. We ask that the Explanatory Note acknowledge this, and that monitoring track entry and exit among these models as an indicator of the Order's effect on competition — not only incumbents' compliance.

R11 — Who regulates the prescription?

In short: offered as a fact and matter bearing on the Order's effectiveness — the Order makes the prescription the market's key competitive instrument, but no regulator clearly owns its form and integrity; the VMD should be front and centre, with medicines inspections separated from practice-standards assessments, and separately priced.

4.12 We make this representation under paragraph 11(c) of the Notice — as a fact and matter relevant to whether the Order in its proposed form will deliver the intended remedy — and not as a request to revisit the recommendations decided in the Final Report. This Order places the written prescription at the centre of the market's competitive architecture: it is now the instrument through which pricing discipline, consumer choice and demand portability are all meant to flow. The Order's effectiveness therefore depends on the prescription functioning as a trusted, portable instrument — and it remains unclear, as a matter of regulatory architecture, **who regulates the prescription itself**: its form, its integrity, its transmission, its misuse. The vehicle for answering that question exists right now: the government's reform of the Veterinary Surgeons Act 1966 is live, with Defra's White Paper "Our vision for a thriving veterinary sector" published on 9 July 2026 and the sector's representative body, the British Veterinary Association, publicly supporting legislative reform. Notably, the White Paper already points in the direction we describe: it keeps pharmacies and SQP retailers under **VMD** oversight rather than sweeping them into new veterinary-business licensing. Our submission is that **the VMD, as the medicines regulator, should be front and centre of prescription regulation**, and we ask that the Explanatory Note record the point so that it is carried into the CMA's engagement with government and the VMD while the legislative window is open.

4.13 The current arrangements illustrate the gap. As we understand the position — and as set out in the RCVS's own guidance to practices — the VMD does not routinely inspect vet-practice premises that have applied to join the RCVS Practice Standards Scheme (PSS), except where there is an enforcement investigation. In practice, then, for accredited practices **medicines oversight is folded into a voluntary professional-standards scheme** run by the profession's own regulator — the same body this package now also makes the Order's compliance monitor. A practice-standards assessment and a medicines inspection are different disciplines with different purposes: one looks at the standard of veterinary practice, the other at the integrity of the medicines chain — storage, supply, records, prescriptions. We ask the CMA to recommend that these be **two separate inspections, separately priced** — a practice-standards assessment under the RCVS, and a medicines inspection under the VMD — so that medicines and prescription oversight is neither invisible inside an accreditation badge nor priced as an afterthought, and so that the regulator accountable for medicines is actually the one looking at them.

5. The RCVS Substantive Undertakings

R12 — We support acceptance, with drafting representations

In short: accept the Undertakings — and wire the VMD into the literature, the links and the monitoring data.

5.1 We support the CMA's acceptance of the RCVS Substantive Undertakings; a functioning monitoring regime is in the interests of every compliant business, and the reactive, attestation-based approach in the RCVS monitoring proposal is a proportionate starting point.

5.2 Our representations on the Undertakings mirror R5 (register neutrality), R6 (literature and links) and R11 (who regulates the prescription): the paragraph 6.1 literature should be developed with VMD involvement and reviewed for purchasing-choice neutrality; the paragraph 6.1(f) link should lead directly to the VMD Register; and the monitoring data the RCVS collects should include the Article 15 transmission metrics described at §3.8(c) (volumes, transmission times, rejection rates), shared with the VMD — without which neither regulator will be able to see whether the written-prescription remedy is being frustrated in operation.

5.3 On paragraph 4 (Find a Vet data sharing with Approved Third Parties), two representations. First, we **support Undertakings paragraph 4.7(b)**: the bar on any third party using Find a Vet data "for any paid or promoted ranking process, service or application" is exactly right — it prevents the comparison layer being captured by pay-to-rank intermediaries, the failure mode of comparison platforms in other markets. Second, the **Sharing Criteria and the RCVS-administered approval process (Undertakings paragraphs 4.7(a) and (c)) should be objective, transparent and non-discriminatory**, with decisions made within a stated period and reasons given for refusals. The businesses most likely to apply for access are innovators building comparison tools and digital prescription services — often small, and often competing with the veterinary businesses whose data is being shared and whose regulator is administering the gate. Eligibility should turn on the paragraph 4.7(a) standards (security, reliability, accuracy, transparency, fair competition), not on the applicant's size, incumbency, or commercial relationship to veterinary businesses. Access to this data on fair terms is what will make the Find a Vet remedy generative — one platform is a website; an open, well-governed dataset is an ecosystem.

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6. Closing

6.1 We would be glad to assist the CMA further on any of the matters above — in particular the operational realities of prescription verification and transmission (R1–R3), pharmacist upskilling for veterinary dispensing (R2), independent verification methodology across search and AI channels (R8), and the data the monitoring regime should collect. As an independent dispenser, our commercial interest is aligned with the Order working: we gain nothing unless pet owners actually receive usable prescriptions, quickly, and can act on them — and the moment they most need that to be true is now.

6.2 We are content for this response to be published in full and attributed to us.

16 August 2026

[redacted]
Managing Director, Vets4u Limited
[redacted]