Whiskers Vets – Response to the CMA Veterinary Services Proposals

About Whiskers Vets

Whiskers Vets is an independently owned, first-opinion small animal veterinary practice serving a rural community in Devon. We operate in a mixed local market alongside both independent and corporate veterinary providers and believe strongly that a healthy veterinary sector should allow different practice models to compete on quality, service, accessibility, value and price.

Our model is deliberately centred on providing time, continuity and accessible professional advice. Our standard consultations are 20 minutes, allowing greater opportunity for examination, discussion and shared decision-making. We also fund a subscription to [redacted], providing our clients with access to immediate remote veterinary advice 24 hours a day, seven days a week, which is provided without additional charge to members of our pet health plan.

We have invested significantly in maintaining high clinical and professional standards and hold multiple accreditations, including RCVS Practice Standards Scheme Tier 2 accreditation, together with dog-friendly, cat-friendly and chicken-friendly accreditations. As an independent business, our decisions are made locally. We employ locally, purchase and invest locally wherever possible and place considerable importance on contributing to and supporting the community we serve.

We therefore welcome the CMA's overall objective of improving transparency, informed consumer choice and competition within veterinary services. However, we are concerned that some elements of the proposed requirements may have unintended consequences which could increase costs, reduce consumer choice and disproportionately affect independent veterinary practices.

Prescription notices and online medicine pricing

We fully support the principle that clients should understand their right to request a written prescription and should be free to choose where they purchase their pet's medication.

Our concern is not with informing clients of that right, but with the prescribed presentation, prominence, formatting and wording of notices relating to online medicine pricing.

In particular, we are concerned that the required formatting, font size, colour and repeated prominence of these notices may convey a stronger message than the wording alone. Clients may reasonably interpret the notices as meaning that veterinary medicines are generally or inevitably cheaper online.

That is not necessarily the case.

The total cost to a client can depend upon the medication, quantity, duration of treatment, the practice's pricing structure, prescription fees, the online supplier's price, delivery charges, the urgency with which medication is required and the convenience of obtaining treatment immediately.

A prominent notice emphasising that medicines may be significantly cheaper online risks moving beyond neutral information about consumer rights and towards actively encouraging one particular purchasing route.

This distinction is important.

We believe the appropriate message should be:

Written prescriptions are available. You can choose where to purchase your pet's prescribed medication. Prices vary between suppliers and you may wish to compare the total cost.

This provides clients with the information necessary to exercise genuine choice without implying that one option will automatically be better value than another.

Effect on conversations within the practice

We are also concerned about the effect that highly prominent price-comparison messaging may have on interactions between veterinary teams and clients.

If clients enter a consulting room having already received a strong visual message that medicines are likely to be cheaper elsewhere, expectations around pricing may have been established before the clinical discussion has even taken place.

This risks unnecessarily increasing tension during conversations at reception and within consulting rooms.

The decision to prescribe and supply medication is part of a wider clinical interaction. In many circumstances, particularly where an animal is acutely unwell or in pain, immediate access to medication from the veterinary practice is clinically appropriate and highly convenient for the owner.

A system intended to increase transparency should not inadvertently cause clients to question an appropriate clinical recommendation simply because a prominently displayed notice has created an expectation that obtaining medication elsewhere is inherently preferable.

Risk of reducing consumer choice

We are particularly concerned that these proposals could unintentionally reduce consumer choice in two ways.

Alternative veterinary pricing models

Firstly, the proposed requirements may discourage practices from developing alternative and potentially innovative pricing structures.

For example, an independent practice might choose to significantly reduce the margin it makes on medicines, potentially supplying some medications close to cost price, while recovering more of the true cost of providing veterinary care through professional service fees.

Such a model could provide clients with competitively priced medicines while creating greater transparency around the value of professional veterinary time.

However, there would be considerably less commercial incentive for practices to explore such models if they were nevertheless required to display highly prominent government-prescribed messaging suggesting that the same products may be "significantly cheaper online".

The regulatory framework should allow different veterinary business models to develop and compete rather than unintentionally steering the market towards a particular method of purchasing medication.

Availability of medicines within veterinary practices

Secondly, there is a longer-term risk to the availability of medicines directly from veterinary practices.

Holding medication in stock has a genuine cost. Practices must fund the stock itself, appropriate storage, stock management, regulatory compliance, staff time and the cost of medicines which expire or are never used.

If a substantial proportion of clients purchasing regular or long-term medication are encouraged to move those purchases online, practices may no longer be able to justify keeping a broad range of these medicines in stock.

The logical response for many practices, particularly smaller independent practices, would be to rationalise their stockholding.

This could ultimately leave clients with less, rather than more, choice.

A client who values the convenience of collecting medication immediately from their veterinary practice may find that the product is no longer routinely held because there is insufficient demand to make stocking it viable.

Consumer choice should therefore be considered more broadly than simply the ability to purchase a particular box of medication from different suppliers. Genuine choice also includes maintaining a diverse and sustainable network of veterinary practices capable of offering different services and business models.

Wider impact on the economics of veterinary practice

The cost of supplying veterinary care does not disappear if medicine purchases move elsewhere.

Veterinary practices must continue to fund veterinary surgeons, Registered Veterinary Nurses, client care teams, premises, equipment, diagnostic facilities, professional development, regulatory compliance, technology, medicine storage, emergency stock and investment in future services.

For an independent practice, these costs are borne directly by the individual business.

If a significant proportion of income currently associated with medicines moves away from practices, those costs will inevitably have to be recovered elsewhere.

This is likely to mean increased professional fees for consultations, diagnostics, procedures and other veterinary services.

There is therefore a risk that a measure designed to help some consumers obtain individual medicines at a lower price could contribute indirectly to higher professional fees for the wider client population.

We are not suggesting that medicine prices should be protected from competition. They should not be.

However, the regulatory objective should be to ensure clients understand their options, rather than actively promoting one route to market in a way that could distort the wider economics of delivering first-opinion veterinary care.

This is particularly relevant to independent practices which, unlike some vertically integrated veterinary groups, may have no ownership connection with online pharmacies or other parts of the veterinary supply chain.

Written estimates

We support the principle of providing clients with written estimates where the anticipated cost of treatment is significant, including cases where costs are expected to exceed £500.

Clear financial communication and informed consent are fundamental parts of good veterinary practice.

However, we have substantial concerns regarding a requirement for estimates to cover up to twelve months of care.

Clinical uncertainty

Veterinary medicine is inherently unpredictable, particularly during the early investigation of an undiagnosed illness.

A patient presenting with chronic vomiting, diarrhoea, weight loss, excessive thirst or another non-specific clinical sign may have a very wide range of possible underlying conditions.

Depending upon the diagnosis eventually reached, appropriate investigation and treatment might range from relatively simple blood or urine testing through to diagnostic imaging, specialist testing, surgery, long-term medication or referral.

At the first consultation, the veterinary surgeon often cannot reasonably know which of these pathways will become necessary.

Producing a meaningful estimate for twelve months of care at this stage is therefore frequently impossible.

An estimate created under such circumstances would either be so broad as to offer the client very little useful information or would risk creating an expectation around future expenditure which could rapidly become inaccurate as further clinical information emerges.

Neither outcome meaningfully improves transparency.

Explaining potential variations in estimates

We are also concerned about the requirement to explain how and when costs might vary from an estimate.

In principle, explaining uncertainty is sensible.

In practice, however, attempting to anticipate every possible variation over a twelve-month period could result in extremely lengthy and complicated documents.

The veterinary surgeon might have to describe numerous potential diagnostic outcomes, complications, responses to treatment, additional investigations and alternative treatment options simply to ensure that all possible eventualities had been identified.

There is a real danger that this would produce documents that are technically comprehensive but practically less useful to clients.

Greater volume of information does not necessarily result in greater understanding.

Clients need clear information about the decisions immediately in front of them, together with an understanding that plans and costs may change as their pet's condition develops.

Administrative burden and resulting costs

There is also a significant practical issue.

Current veterinary practice-management systems are generally designed to create estimates for identifiable procedures or defined episodes of treatment. They are not designed to generate complex twelve-month projections incorporating multiple possible clinical pathways and extensive explanations of uncertainty.

Creating, explaining, documenting and regularly updating such estimates would therefore require substantial additional administrative and veterinary time.

This burden will be particularly significant for independent practices.

Large veterinary organisations may have central compliance, administrative, finance, IT and legal teams. Smaller independent practices generally do not. Regulatory and administrative requirements therefore fall on the same people responsible for managing staff, providing veterinary care and running the day-to-day practice.

Those costs will ultimately form part of the cost of delivering veterinary services and will consequently be borne by clients.

We would encourage the CMA to consider whether the additional administrative burden is proportionate to the actual benefit clients are likely to receive.

A more practical approach to estimates

We believe a more clinically appropriate and useful approach would be to permit estimates to relate to clearly defined stages of treatment.

For example:

- investigation up to the point of diagnosis;
- treatment of an identified surgical condition;
- a defined hospitalisation or treatment period;
- commencement and stabilisation of treatment for a newly diagnosed chronic disease; or
- a defined period of ongoing management, for example the following three or six months.

Once a diagnosis is established and the likely treatment pathway is clearer, a further estimate could then be provided where appropriate.

This reflects the way clinical decision-making actually takes place and would provide clients with information that is relevant to the decisions they are being asked to make at that point in time.

We would also strongly support permitting standardised wording explaining common causes of variation in veterinary estimates.

For example:

"This estimate is based on the information currently available and the expected treatment plan. Costs may change if your pet's condition, diagnosis or response to treatment differs from what is currently anticipated. We will discuss material changes to the treatment plan and expected costs with you wherever reasonably possible."

Such wording would provide clients with a clear explanation of the nature of an estimate without requiring every practice to repeatedly create lengthy descriptions of all conceivable future clinical scenarios.

Price transparency must include context and value

More generally, we support greater transparency of veterinary prices, but believe that price comparisons must contain sufficient context to be meaningful.

Veterinary services are not necessarily directly comparable simply because they share the same name.

A "consultation" at one veterinary practice may differ substantially from a consultation elsewhere in terms of appointment duration, staffing, continuity, facilities and services available.

At Whiskers Vets, for example, our standard appointments are 20 minutes. We have deliberately chosen this model because we believe additional consultation time supports thorough clinical assessment, communication and shared decision-making. Our service offering includes a team of five Veterinary Surgeons ranging from 10-20+ years qualified - their experience and skills rewarded by an appropriately matched salary. Our clients often choose us for a service reflective of their experience.

We also fund 24/7 access to immediate remote veterinary advice through [redacted] for members of our pet health plan.

These elements form part of the service and value offered to our clients but would not necessarily be visible in a simple comparison of consultation fees.

Similarly, professional accreditations and independently assessed standards provide relevant information to clients. Whiskers Vets maintains RCVS Tier 2 accreditation and a number of species and welfare-focused accreditations, including cat-friendly, dog-friendly and chicken-friendly standards.

We therefore believe that any system enabling consumers to compare veterinary providers should allow practices to explain concisely what is included within their services.

Price should form part of the client's decision, but should not be presented in isolation from quality, appointment length, accessibility, professional standards, ownership and other relevant characteristics.

Importance of independent veterinary practices and local communities

The CMA's consideration of consumer choice should also recognise the broader role played by independent veterinary practices.

For Whiskers Vets, independence means that decisions about our services, employment, investment and community involvement are made locally.

Money generated by the practice enables us to employ local people, invest in our facilities and team, maintain professional standards and contribute to the community in which our clients live.

We also compete directly with both independent practices and larger corporate veterinary providers.

A competitive veterinary market should preserve this diversity.

Measures which inadvertently weaken the viability of independent practices may ultimately reduce consumers' choice of veterinary provider, even if they increase choice in relation to an individual medicine purchase.

We therefore strongly support clear and prominent transparency regarding veterinary business ownership so that clients can readily understand whether a practice is genuinely independently owned, part of a larger veterinary group or linked through common ownership to pharmacies, referral centres, laboratories, crematoria or other veterinary businesses.

Our requested changes

We respectfully ask the CMA to consider the following refinements:

1. Make consumer choice and the availability of written prescriptions the dominant message of prescription notices, rather than the suggestion that medicines may be significantly cheaper online.
2. Use neutral wording acknowledging that medicine prices vary between veterinary practices, authorised online pharmacies and other legitimate suppliers.
3. Reconsider the prescribed prominence, size, colour and repetition of online medicine pricing notices, particularly within consulting rooms.
4. Ensure that notices do not inadvertently imply government endorsement of online purchasing over obtaining medicines directly from a veterinary practice.

5. Consider the potential effect of the proposals on medicine stockholding and the consequent risk of reducing clients' ability to obtain medicines directly and conveniently from their veterinary practice.
6. Ensure the regulatory framework does not discourage practices from developing alternative and innovative medicine and professional-fee pricing models.
7. Recognise that moving medicine income away from veterinary practices may result in the cost of providing veterinary services being recovered increasingly through professional fees.
8. Permit written estimates to cover a defined and clinically meaningful stage of care, rather than requiring a single projection covering up to twelve months irrespective of diagnostic uncertainty.
9. Permit standardised wording explaining common reasons why estimates may vary.
10. Require updated estimates when there is a material change in the treatment plan, rather than requiring practices to predict every possible eventuality at the beginning of an investigation.
11. Ensure regulatory requirements can be integrated practically into existing veterinary practice-management systems and minimise unnecessary duplication and administration.
12. Ensure price-comparison tools provide appropriate context, including appointment length, what is included, ownership, facilities, accessibility and relevant professional accreditations, rather than encouraging comparison on headline price alone.
13. Maintain clear and prominent transparency regarding veterinary business ownership and any ownership links with other veterinary service providers or medicine retailers.

Conclusion

Whiskers Vets supports the CMA's aim of improving transparency, informed consumer choice and confidence in veterinary services.

We want our clients to understand what veterinary care costs, to understand the choices available to them and to feel confident discussing costs, prescriptions and alternative treatment options with us.

However, transparency works best when information is neutral, proportionate and clinically meaningful.

We are concerned that the proposed presentation of online medicine pricing risks crossing the line between informing clients of their rights and actively influencing them towards a particular commercial choice.

This may create tension between practices and clients, discourage alternative pricing models, alter the economics of veterinary care and ultimately reduce the availability of medicines within veterinary practices.

Similarly, requiring twelve-month estimates before the clinical pathway is known risks creating documents that are complex but inaccurate, while generating considerable additional administrative cost.

A staged approach to estimating, combined with clear standardised explanations of uncertainty and updated information as a case develops, would in our view provide clients with substantially more useful financial information.

As a rural independent practice competing alongside both corporate and independent providers, we believe genuine consumer choice depends upon maintaining a diverse and sustainable veterinary market.

That means ensuring clients have transparent information about price and prescriptions, but also allowing them to consider service, quality, accessibility, professional standards, ownership, continuity and value.

We would therefore encourage the CMA to refine these aspects of the proposed requirements so that they achieve the intended improvements in transparency without creating unintended consequences that increase costs, reduce choice or disproportionately burden independent veterinary practices.