I am concerned that the prescribed formatting, font and colour requirements for the standard notices relating to online medicine pricing may inadvertently convey the message that medicines are generally cheaper online, regardless of the actual wording. If clients interpret the notices in this way, it is likely to increase tension during discussions in consulting rooms and at reception, as expectations around pricing may be influenced before any clinical conversation takes place.

I also believe these requirements could unintentionally reduce consumer choice in two important ways.

First, they may discourage practices from exploring alternative pricing models. For example, some practices may wish to reduce medicine prices to cost price while generating revenue through professional services. If practices are required to display prominent notices directing clients' attention to potentially lower online prices, there is little commercial incentive to adopt innovative pricing approaches that could otherwise benefit clients.

Second, if a significant proportion of clients purchase long-term medications online, many practices will no longer be able to justify holding these medicines in stock. This could ultimately reduce convenience and choice for clients, as obtaining medication directly from their veterinary practice may no longer be a viable option.

I also have concerns regarding the proposed requirements for written estimates. I support the principle of providing estimates for cases where costs are expected to exceed £500, as transparency is important. However, the proposal that estimates should cover up to twelve months of care presents significant practical challenges.

Many clinical presentations are inherently unpredictable, particularly before a diagnosis has been reached. For example, patients presenting with chronic vomiting, diarrhoea, weight loss or polydipsia may have a wide range of potential underlying conditions, each requiring very different diagnostic investigations, treatment plans and ongoing care. Producing an accurate estimate for twelve months of care at this stage is often not feasible.

The additional requirement to explain how and when costs may vary from the estimate could result in lengthy, complex documents that are unlikely to improve clients' understanding or decision-making. Instead of increasing transparency, they may create confusion and place a substantial administrative burden on practices.

Furthermore, current veterinary practice management systems are not designed to produce estimates in this format. Complying with these requirements would require

considerable additional administrative time, which would inevitably increase practice costs and, ultimately, costs to clients.

I would therefore encourage the CMA to introduce more proportionate and practical requirements. This could include permitting standardised wording to explain common sources of variation in costs and allowing estimates to be prepared for clearly defined stages of care, such as investigation to diagnosis, treatment of a specific surgical condition, or a defined period of ongoing management (for example, the next six months), rather than requiring a single estimate covering twelve months regardless of clinical uncertainty.

Overall, I support the aim of improving transparency for clients, but I believe these aspects of the draft orders should be refined to ensure they are practical, clinically appropriate and do not create unintended consequences that reduce choice or increase costs.