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Dear CMA Vets MI Team

Response to CMA Consultation on the draft Order and Undertakings

XLVet UK Ltd (XLV) is a company owned by 71 independent veterinary practices based throughout the UK. Each veterinary practice is an autonomous and separate legal entity owned by veterinary professionals working in that practice, and each practice provides services to their local communities. XLV provides support to these practices and the people working within them.

We thank the CMA team for their considerable work in their Market Investigation (MI) and for the opportunity to respond to this consultation.

We would like to share our members views on the following areas:

1. Written prescription literature
2. Transparency of ownership
3. Administrative burden
4. Price lists
5. Written estimates

1. Written prescription literature

We fully support the CMA's objective of empowering Pet Owners to make informed choices about their veterinary care, including increasing awareness of the availability of written prescriptions, the option to purchase medicines from alternative suppliers, and the potential savings that may be available.

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We also support measures that make it easier for Pet Owners to obtain and use a written prescription. Our concerns are therefore not with the remedies set out in Article 14 itself, but with the proposed implementation through Schedule 2 (Standard Written Prescription Notice), Schedule 3 (Standard Flyer for Ongoing Medication), invoice and receipt notification and electronic appointment messages.

In our view, the proposed standardised client literature goes significantly beyond raising awareness of the right to request a written prescription and the potential benefits of alternative purchasing options. As drafted, parts of the literature risk presenting information in a way that is inaccurate, unbalanced and disproportionate to the stated intention of the remedy.

Our key concerns with the proposed standardised literature are that:

1. Certain statements may be factually inaccurate or potentially misleading.
2. The content appears to steer Pet Owners towards online and third-party medicine retailers, rather than providing neutral information to support informed choice.
3. The tone and messaging risk damaging trust and undermining the veterinary-client relationship.

We believe these concerns can be addressed without undermining the CMA's policy objective of improving consumer awareness and choice.

Schedule 2 – Standard Written Prescription Notice

While we acknowledge that medicines may in some circumstances be available at lower prices through online pharmacies or other authorised retailers, we are concerned that the statement *"The same medicines may be significantly cheaper online"* is presented as a prominent headline proposition without providing consumers with the context necessary to understand when, how often, or to what extent this is likely to be true. This statement has drifted from the conditional language in the final report, paragraph 5.44(b) which suggested "the possibility of" and "encouraging… own research".

The term *"significantly cheaper"* is not defined. The notice provides no reference product, representative price comparison, indication of the scale of potential savings, underlying dataset, or methodology by which the claim can be assessed. Whilst some medicines may be cheaper from an online retailer, in other cases the

savings may be modest or non-existent, once the total cost is considered. As drafted, the notice provides consumers with no means of understanding where on that spectrum their prescribed medicine is likely to fall.

Furthermore, the statement highlights only one potential market outcome, namely that medicines may be cheaper online. It does not acknowledge that prices may vary between veterinary practices, online pharmacies and other authorised retailers, nor that there may be circumstances in which there is little or no price difference. In doing so, the notice moves beyond providing neutral information and risks steering consumers towards a particular purchasing channel.

The CMA's stated purpose of Article 14 (which we support) is to ensure that Pet Owners are aware of their right to request a written prescription and to purchase medicines from alternative suppliers. That objective does not require the notice to make a comparative pricing claim. Pet Owners can be effectively informed of their options without being presented with a statement that implies a particular purchasing channel is likely to offer significantly lower prices.

The concerns outlined above are not simply matters of drafting or emphasis. They raise a more fundamental question about whether a standardised national notice is an appropriate vehicle for communicating a comparative pricing claim. The issue is not whether the CMA may amend the notice in the future, but whether the notice is capable of providing balanced and accurate information at any given point in time. A statement that medicines may be *"significantly cheaper online"* is necessarily dependent on individual products, suppliers and market conditions, all of which vary. We therefore question whether a standardised mandatory notice is an appropriate mechanism for making such a comparative claim. A more neutral statement encouraging owners to compare prices would achieve the CMA's objective of promoting awareness and informed choice without embedding a specific comparative pricing claim into a mandatory national notice.

The consequence of this approach is that veterinary practices may be required to display a mandatory notice that clients perceive as inconsistent with their own experience. This is likely to generate additional queries and explanations within practices and may lead some businesses to produce supplementary materials to provide the context absent from the standard notice. Rather than improving transparency, there is a risk that the notice creates confusion and reduces confidence in the information being provided. It may also encourage owners to spend time searching for anticipated savings that do not materialise, potentially

delaying treatment decisions for their pets without improving consumer outcomes.

We would propose that a more neutral statement along the lines of:

"You can request a written prescription and choose to buy your pet's medicine from an alternative supplier, where it may be possible to make a saving. We'd encourage you to research and compare the total cost, including prescription fees and delivery fees, before deciding where to purchase."

would be more accurate and proportionate to achieving the intention set out in Article 14. It tells Pet Owners that alternatives exist but it does not suggest there are significant price advantages to other routes of purchase that may be untrue for that particular practice. We propose that this statement would also be more appropriate for Invoice and Receipt notification and standard electronic messages.

Schedule 3 - Standard Flyer for Ongoing Medication

The proposed Standard Flyer for Ongoing Medication raises all of the same concerns set out above in relation to the statement *"The same medicines may be significantly cheaper online"*. We will not repeat those observations here as we believe our proposed statement above would be appropriate to replace the same statement on this flyer. However, Schedule 3 goes significantly further through both its wording and its graphical presentation.

The flyer states that *"For repeat prescriptions small monthly savings can become hundreds of pounds over time"* and presents this message using a graphic comprising a rising curved line, increasing bars and a time axis progressing from "Month 1" to "Year 1" and then "Long-term treatment".

We have significant concerns that this graphic gives a stronger visual impression than the proposition it seeks to illustrate. The cumulative effect of a fixed monthly saving increases in a linear manner over time. For example, a saving of £10 per month would result in cumulative savings of approximately £120 after one year and £240 after two years. A correctly scaled representation of such a relationship would therefore be a straight line. The curved upward trajectory shown in the flyer instead creates the impression of accelerating savings, suggesting a relationship that does not exist.

We are also concerned that the horizontal axis lacks a meaningful or consistent scale. "Month 1", "Year 1" and "Long-term treatment" are presented as successive stages along the same axis despite representing fundamentally different periods of time. One point refers to a single month, another to twelve months, while the final category has no defined duration at all. Their visual presentation invites interpretation as comparable intervals when they are not. If the graphic is intended to represent the passage of time, the intervals should be accurately scaled. If it is intended only as a conceptual illustration, it should not adopt the visual conventions of a quantitative chart.

The use of progressively taller bars further compounds the issue. No figures, assumptions, methodology or source data are provided. The consumer is therefore presented with the visual language of quantitative evidence, including axes, bars and a trend line, without any information that would allow the proposition to be interpreted or verified. The flyer provides no indication of the medicines concerned, the prices being compared, prescription fees, delivery costs, duration of treatment, expected level of saving, or the source of the underlying data. As a result, the graphic has the appearance of evidence-based information without the evidential characteristics necessary for meaningful interpretation.

We also believe that the statement *"small monthly savings can become hundreds of pounds over time"* requires a clearer evidential basis. Whilst the statement may be true in some circumstances, the flyer does not specify either the level of monthly saving or the period over which such savings are expected to accumulate. A saving of £5 per month and a saving of £20 per month represent very different consumer propositions, as does the difference between one year and several years of treatment. The phrase "long-term treatment" is effectively undefined, meaning that almost any recurring saving can eventually become "hundreds of pounds" if a sufficiently long period is assumed. This makes the statement technically capable of being true whilst potentially creating a misleading impression of the savings that a typical consumer might reasonably expect.

Taken together, the wording and graphical presentation move beyond informing consumers of their options and instead create a strong impression of substantial and increasing financial benefit associated with purchasing medicines online. We do not believe that mandatory consumer information should rely on implied savings claims that are unsupported by clearly presented evidence. The purpose

of Article 14 is to support awareness and informed choice. That objective can be achieved without the use of graphics and messaging that risk overstating potential financial gains.

We therefore propose replacing the current wording with a more neutral statement such as:

"If your pet needs medication regularly, differences in price can add up over time. You may wish to compare the total cost of obtaining the medicine from your veterinary practice and from other authorised retailers, including the prescription fee and delivery fees."

We believe this wording would achieve the CMA's objective of promoting awareness and informed choice whilst remaining accurate, balanced and proportionate. We further recommend that the savings graphic in Schedule 3 be removed entirely. The current graphic conveys an impression of quantified and escalating savings without providing the evidence, assumptions or underlying data necessary to support that impression. As a result, it risks overstating the scale of potential financial benefit and is not appropriate for mandatory consumer information. If a visual aid is retained, it should be limited to illustrating the availability of consumer choice rather than implying specific savings outcomes.

Practicality and Proportionality of the Proposed Display Requirements

We also have concerns regarding the practicality and proportionality of the proposed display requirements associated with Schedule 2 and Schedule 3. Whilst we support the objective of making information readily available to Pet Owners, the draft requirements are highly prescriptive in relation to format, size and placement, despite the considerable variation that exists across veterinary premises.

For example, the requirement to display an A2 notice in waiting areas and an A3 notice in every consulting room does not adequately reflect the diversity of practice environments. In a small branch practice, an A2 poster may dominate the waiting area and become the most prominent piece of client-facing communication. In a large hospital reception area, the same poster may be substantially less visible. The impact of the notices will therefore vary considerably depending on the size, layout and design of individual premises. We question

whether a single prescribed format can achieve a consistent consumer experience across such varied settings.

Many veterinary businesses have also moved away from extensive use of printed posters, particularly within clinical spaces, in favour of digital displays and other communication methods that provide greater flexibility and are easier to maintain. Requiring large printed notices in every consulting room runs counter to efforts in many practices to minimise unnecessary surfaces and materials within clinical environments, supporting effective cleaning, biosecurity and infection prevention and control measures.

The practical implementation of the proposed requirements should also be considered. Many practices do not have ready access to A2 or A3 printing facilities and would therefore incur additional cost and administrative burden in sourcing, printing and maintaining the materials. Printed notices inevitably become worn, damaged and outdated over time, particularly in high-traffic environments, creating an ongoing requirement for replacement and monitoring.

We are additionally concerned that the proposed requirements may extend beyond the intended scope of the remedy in mixed veterinary practices. In such settings, the same mandatory notices may be displayed to equine, farm animal and other clients for whom the concerns underpinning the Market Investigation are not relevant. This creates a risk that the communications become broader in their reach than the issues the remedy is intended to address.

Taken together, these concerns suggest that the CMA should adopt a more flexible approach focused on ensuring that the required information is communicated effectively, rather than prescribing specific poster formats, sizes and locations. Such an approach would allow practices to deliver the required consumer information in ways that are proportionate, practical and appropriate to their individual circumstances.

Pet Owner feedback on the proposed standardised literature

To better understand how the proposed standardised literature may be interpreted by consumers in practice, we undertook a small piece of consumer testing with Pet Owners.

Participants were divided into two groups. Group A was shown the proposed Schedule 2 Standard Written Prescription Notice, whilst Group B was shown the proposed Schedule

3 Standard Flyer for Ongoing Medication. Each participant was shown only one piece of literature.

Participants were asked questions designed to explore:

- the message they took from the communication;
- the action they would be most likely to take after seeing it; and
- whether it would affect their perception of their veterinary practice.

The testing included both free-text responses and multiple-choice questions. The free-text responses provided insight into how Pet Owners interpreted the materials in their own words, whilst the multiple-choice questions allowed a more consistent assessment of behavioural intent and message comprehension across respondents. The survey questions and a full breakdown of responses are included in Appendix A.

The materials were distributed using a simple online survey. Participants were provided with the image alone, without any explanation of its purpose or origin, replicating as closely as possible the experience of encountering the literature in isolation.

Group A: Schedule 2 Written Prescription Notice (18 respondents)

Responses suggest that most participants understood the primary purpose of the notice to be informing them that they had a choice about where to purchase medicines and that a written prescription could be requested.

Many respondents described the poster as informing them of options available to them and encouraging price comparison. Whilst some respondents inferred that medicines may be cheaper elsewhere, the dominant interpretation remained one of consumer choice and awareness.

However, a minority of responses went further and interpreted the notice as implying that veterinary practices routinely charge excessive prices for medicines. Illustrative comments included:

"That we are being over charged by vets"

"Your vet is likely overcharging"

Overall, feedback suggests that Schedule 2 predominantly communicates consumer choice, but it also risks creating negative perceptions regarding veterinary pricing.

Group B: Schedule 3 Ongoing Medication Flyer (7 respondents)

Responses to Schedule 3 differed markedly.

Rather than focusing on awareness of consumer choice, participants frequently interpreted the flyer as actively encouraging them not to purchase medicines from their veterinary practice and instead seek online alternatives.

Illustrative comments included:

"Not to buy from your vet and look around and see where is cheapest first."

"To buy the treatment online instead of with the vet."

"It might be cheaper to buy medication for my pet online rather than buying it from the vet practice."

Notably, no respondents reported that the flyer improved their perception of their veterinary practice, whilst the majority (71%) described a more negative impression after viewing it.

Key Observations

Although the sample size was modest, a clear pattern emerged.

The Schedule 2 notice was generally interpreted as information about consumer choice, albeit with some unintended implications regarding veterinary pricing which echoes our concerns.

By contrast, the Schedule 3 flyer was more commonly interpreted as a message that consumers should purchase medicines elsewhere because significant savings were available. In many responses, the emphasis shifted away from informed choice and towards avoidance of purchasing medicines through the veterinary practice.

The findings therefore provide directional evidence that the Schedule 3 flyer is considerably more likely than Schedule 2 to be perceived as steering consumers towards alternative suppliers, rather than simply informing them of consumer choice. They also suggest a greater risk that the flyer could weaken trust in veterinary practices and the veterinary-client relationship by creating the impression that veterinary medicines are routinely and substantially overpriced.

Taken together with the concerns outlined above regarding the wording and graphical presentation of Schedule 3, we believe these findings reinforce the need for the flyer to be revised so that it informs Pet Owners of their options in a neutral and balanced manner, rather than appearing to advocate a particular purchasing channel.

A full description of the methodology, survey questions, quantitative results and qualitative responses is provided in Appendix A. Whilst the sample size was modest, we

believe the consistency of the themes identified across responses provides useful insight into how Pet Owners may interpret the proposed communications in practice.

The Cumulative Impact of the Proposed Measures

It is also important to recognise the limitations of the consumer testing described above. Participants were shown a single piece of literature in isolation, either the Schedule 2 Standard Written Prescription Notice or the Schedule 3 Standard Flyer for Ongoing Medication. They were not exposed to the wider package of communications required under the proposed remedies.

In practice, as set out in the draft Order, Pet Owners will encounter these messages repeatedly through multiple channels, including information provided at registration, communications to existing clients, information displayed on practice websites, reminders sent before appointments, information included on invoices and receipts, verbal discussions when medicines are prescribed, waiting-room and consulting-room notices, and the ongoing medication flyer itself.

We have a specific concern regarding the requirement to include this information within Standard Electronic Messages sent in advance of consultations. Whilst we support the principle of ensuring that Pet Owners are aware of their rights, the proposed requirement does not appear to account for circumstances where a client may receive multiple appointment-related communications within a short period of time. For example, a Pet Owner may receive reminder messages for a pre-operative consultation and a post-operative review on the same day, or have multiple pets booked for separate appointments, resulting in the same mandatory information being delivered repeatedly through text messages or emails.

In these circumstances, the repeated delivery of the same message is unlikely to improve awareness or understanding, but may instead contribute to communication fatigue and client frustration. Repetition on this scale risks diminishing the effectiveness of the information and may lead Pet Owners to disengage from appointment communications more generally. Given the number of other mandatory touchpoints proposed within the Order, including registration communications, websites, invoices, prescriptions, posters and flyers, the marginal benefit of repeating the same information in every appointment reminder appears limited.

There are also practical concerns regarding implementation. Many practice management systems and automated reminder platforms are designed to append standard content to appointment communications and may not have the capability to

identify whether a client has already received the same information earlier that day, or within a recent period. As a result, practices may have limited ability to prevent unnecessary duplication without significant systems development, additional costs or manual intervention.

We therefore encourage the CMA to consider a more proportionate approach, whereby the information is required to be communicated at an appropriate frequency rather than attached to every appointment-related message. This would achieve the objective of informing Pet Owners whilst reducing unnecessary repetition, communication fatigue and administrative complexity.

More broadly, a Pet Owner could reasonably encounter ownership information, website notices, appointment reminders, waiting room notices, consulting room notices, verbal explanations, invoice messages and medication flyers within a relatively short period of time. The CMA should therefore consider the cumulative effect of the communication package as experienced by a Pet Owner, rather than assessing the effectiveness of each individual measure in isolation. Whilst each requirement may appear proportionate when considered independently, their combined impact may be substantially greater than intended.

The cumulative effect of these requirements will be materially different from the effect of viewing a single communication in isolation. Our findings should therefore be viewed as a conservative assessment of impact, given that respondents were exposed to only one communication rather than the full suite of mandatory messages proposed within the draft Order. Our consumer testing suggests that the Schedule 2 notice is generally interpreted as informing owners of their right to request a written prescription and purchase medicines elsewhere, albeit with some unintended implications regarding veterinary pricing. By contrast, the Schedule 3 flyer was more frequently interpreted as encouraging owners to purchase medicines from alternative suppliers rather than simply informing them of consumer choice.

Whilst each communication is being considered individually within this consultation, Pet Owners will experience them as a combined package of messages delivered repeatedly throughout the client journey. We are therefore concerned not only with the effect of individual measures, but with the overall impression created by the package as a whole.

When viewed cumulatively, the proposed communications risk creating a persistent narrative that medicines are likely to be significantly cheaper elsewhere and that Pet Owners should actively seek alternative suppliers. This is particularly relevant given that

similar themes are repeated across multiple mandatory touchpoints before, during and after veterinary consultations. In our view, this goes beyond the stated objective of Article 14, which is to ensure awareness of written prescriptions and consumer choice.

We are also concerned that the prominence and authority of the proposed communications may amplify this effect. Materials carrying HM Government branding are likely to be afforded a high degree of credibility by Pet Owners and may therefore be perceived not simply as factual information, but as an authoritative endorsement of particular conclusions about medicine pricing and purchasing behaviour. This makes it particularly important that the content is demonstrably balanced, evidence-based and proportionate.

We also note concerns from practices that the repeated delivery of the same information through multiple mandatory channels may contribute to client frustration and communication fatigue. There is a risk that consultations become less efficient as veterinary teams are required to revisit information that clients have already received through other touchpoints. The CMA may therefore wish to consider whether mechanisms such as recording a client's information preferences or acknowledgement of receipt could achieve the same policy objective in a more proportionate manner whilst reducing unnecessary repetition.

We encourage the CMA to consider the cumulative impact of the proposed measures, rather than assessing each communication in isolation. The overall consumer experience should be one of being informed about the availability of written prescriptions and alternative purchasing options, and being supported to make their own decisions, rather than repeatedly receiving messages that may be interpreted as encouraging a particular purchasing channel.

Given the scale, prominence and repetition of the proposed communications, we would encourage the CMA to undertake its own independent consumer testing before finalising the wording, design, graphical presentation and placement requirements of the mandatory materials. Such testing should assess not only how individual communications are interpreted in isolation, but also how the package of measures is understood when experienced collectively throughout the client journey. We would also encourage the CMA to publish the methodology, findings and conclusions from any such testing, to provide confidence that the final materials have been shown to communicate the intended message in a balanced and proportionate manner.

In our view, this would provide greater assurance that the proposed communications achieve the CMA's stated objective of increasing awareness and supporting informed

consumer choice, whilst avoiding unintended consequences such as confusion, reduced trust in the information being provided, or the perception that Pet Owners are being encouraged towards a particular purchasing channel.

In summary, we ask that the CMA consider more neutral language that is in line with the stated aims of its measures.

We suggest the below statement would be more appropriate where the wording *"The same medicines may be significantly cheaper online"* is currently proposed:

"You can request a written prescription and choose to buy your pet's medicine from an alternative supplier, where it may be possible to make a saving. We'd encourage you to research and compare the total cost, including prescription fees and delivery fees, before deciding where to purchase."

We suggest that this statement would be more appropriate on the long term medication flyer:

"If your pet needs medication regularly, differences in price can add up over time. You may wish to compare the total cost of obtaining the medicine from your veterinary practice and from other authorised retailers."

2. **Transparency of the ownership of Veterinary Businesses**

We are fully supportive of the measures to ensure that Pet Owners are clear who owns Veterinary Businesses to empower them to make informed choices about which practice they use. Article 5 of the draft Order states that Ownership information must be displayed in a Clear and Prominent manner at the premises of each FOP and includes the information on storefront signage, in pet owner communications, websites, online data and the RCVS Find a Vet platform.

We believe the draft Order does not at present reference the need for this to be also Clear and Prominent on social media, while it could be interpreted that is part of "online data" or "pet owner communications", we would propose ownership transparency on social media is explicitly included within the Order given it is such a key method of communication with clients.

While online pharmacies are listed within the description of a Group or Network within the draft Order, we don't believe it explicitly states that online pharmacies are also subject to disclosure of ownership obligations. The RCVS monitoring proposal does

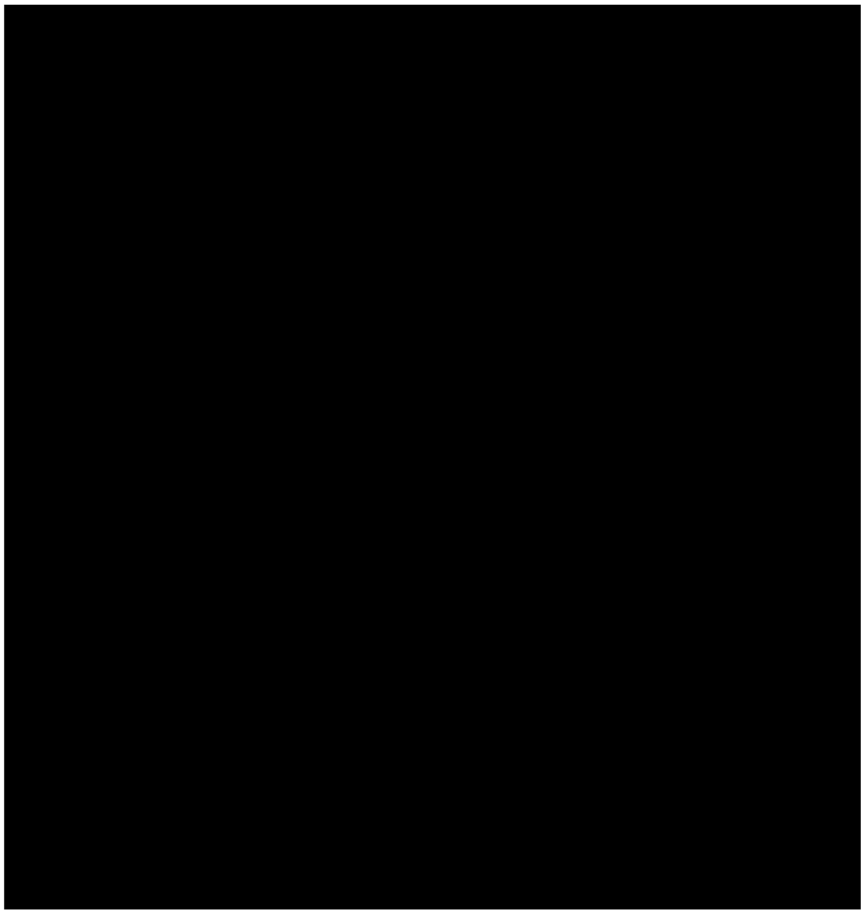
state that displaying common ownership “applies to all services”. We believe that it is a significant omission to not explicitly include ownership transparency of online pharmacies within the Order itself. Many of the Large Veterinary Businesses have already begun their rebranding process, however the two largest online pharmacies Pet Drugs Online and Animed do not yet display any Clear and Prominent ownership information.

We note that ownership transparency is arguably of even greater importance in relation to online pharmacies, where consumers may have fewer visual cues regarding common ownership than when visiting a physical veterinary practice. For this reason, we believe online pharmacies should be explicitly referenced within the ownership disclosure requirements set out in the Order rather than relying on interpretation of broader provisions. It is critical that the Order explicitly states all public facing digital channels must display Clear and Prominent ownership information to ensure that Veterinary Businesses implement the requirements consistently across all services owned by them.

We are concerned that the current draft Order focuses heavily on *where* ownership information must be displayed, but provides insufficient assurance that ownership information will be displayed in a way that is genuinely understood by Pet Owners.

The draft Order requires that the Main Entity is published in at least equal prominence to any other names published or displayed with it (such as the name of a particular FOP). The need for equal prominence is to take into account the size and legibility of the respective names, their proximity to one another, the hierarchy of the text used, their positioning, colour schemes, typography and any other stylistic elements. And it must be clear to Pet Owners that the name of the Main Entity is the name of the Main Entity not a description of a business or services it offers. We are fully supportive of this approach, however we do not feel that this has been achieved in all cases and would like to share some thoughts below.

[redacted]



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The CMA's stated objective is not merely disclosure of a name, but enabling Pet Owners to understand whether a practice is independently owned or forms part of a larger Group or Network. We do not believe that objective is consistently achieved if ownership information can be presented in a manner that resembles branding, marketing or descriptive text, rather than a statement of ownership.

The CMA's stated purpose is that Pet Owners should be able to make informed choices between independent businesses and those in Groups or Networks. It also says the name used must unambiguously denote commonality of ownership, control or influence. We therefore recommend that Article 5 requires an explicit ownership statement wherever ownership information is displayed. Reliance on the Main Entity name alone may not be sufficient to ensure that ownership is understood by a reasonable Pet Owner, particularly where the Main Entity name resembles a brand, strapline, family of practices or marketing concept rather than the legal owner of the business.

For example:

"Owned by [Main Entity]"

or

"[FOP Name] is owned by [Main Entity]"

or for online pharmacies:

"[Online Pharmacy Name] is owned by [Main Entity]"

We further recommend that the Main Entity is **always** displayed using its full registered name, including "Limited" where applicable. An explicit ownership statement would significantly reduce ambiguity and provide greater consistency than reliance on the Main Entity name alone, helping to ensure the CMA's objective of meaningful ownership transparency is achieved in practice.

3. Administrative burden

We are concerned that the requirement to provide data to the RCVS for the Find a Vet website is not proposed to have an automated option. While most of our practices review and update their pricing for services annually or six monthly, the pricing for medicines is often updated more frequently as it is determined by changes to the net-net pricing of those medicines. This is something we expect to be updated on an increasingly frequent basis as practices restructure their pricing models in response to

this Market Investigation. We would strongly encourage that the ability to provide information to the RCVS is as seamless as possible.

4. **Price lists**

We are supportive of measures to provide Pet Owners with greater transparency of pricing through standardised Price Lists in order to support informed decision-making. However, we remain concerned about the potential for unintended behavioural responses and "gamification" of the published data. We would encourage the CMA to make this an area of particular focus for monitoring and review following implementation.

Our concern is that the proposed approach may create a perception of comparability where, in practice, meaningful comparisons are difficult to achieve. For example, the draft requirements reference the cost of parasiticides for a "typical Pet", yet no definition of a typical Pet is provided. If one practice interprets this as a 10kg dog and another as a 25kg dog, the resulting prices may differ significantly despite neither practice charging more for an equivalent treatment regimen. This risks creating comparisons that are not genuinely like-for-like and may therefore mislead rather than inform Pet Owners.

We are also concerned that the proposed approach does not sit comfortably alongside the increasing adoption of risk-based parasite control. Veterinary practices tailor parasite prevention plans according to the individual pet, its lifestyle, clinical needs and the preferences of the Pet Owner, rather than advocating a standardised year-round treatment approach for every animal. The requirement to publish a standalone annual cost for Parasiticides may inadvertently encourage comparison of fixed treatment packages and could undermine efforts to promote evidence-based, risk-based parasite control.

We therefore encourage the CMA to consider whether additional guidance is required to ensure that Pet Care Plan price lists are comparable, meaningful and consistent with modern approaches to preventative healthcare. We ask that the CMA defines a "typical Pet", and to ensure that the information does not inadvertently incentivise standardised treatment approaches where a more tailored approach would be clinically appropriate.

5. **Written estimates**

We support the principle of providing written estimates to improve transparency and help pet owners make informed decisions. However, we are concerned that the current drafting does not reflect the realities of veterinary clinical practice.

It would be helpful to clarify what constitutes a "treatment pathway" for the purposes of the estimate requirement. Whilst an overall estimate may be appropriate for a planned procedure or discrete episode of care, many conditions involve an evolving diagnostic process or lifelong management where the overall treatment pathway, duration and cost cannot reasonably be predicted at the outset.

We also have concerns regarding the requirement to provide updated estimates where costs increase by more than 20% or exceed the monetary threshold. Whilst the principle is sensible on paper, it is unclear how practices are expected to monitor this over the course of long-term or lifelong conditions. For these cases, providing an estimate of anticipated ongoing monthly or periodic costs, with updated estimates where there is a material change to the treatment plan or expected ongoing costs, would be more meaningful for pet owners and more practical to implement.

Finally, clarification is needed regarding referral services. A First Opinion Practice cannot accurately estimate the costs of services delivered by an independent referral provider and should only be expected to estimate the costs of services it reasonably expects to provide itself.

Conclusion

XLVets remains supportive of the CMA's overall objectives of improving transparency, increasing consumer awareness and supporting informed decision-making by Pet Owners. We believe that many of the proposed remedies have the potential to deliver meaningful benefits for consumers and welcome the opportunity to contribute to their implementation.

However, across several areas of the draft Order we are concerned that the proposed implementation goes beyond the stated policy intent and may create unintended consequences. Our principal concern relates to the written prescription communications, where the combination of the proposed wording, graphical presentation, mandatory channels and frequency of communication, risks moving beyond informing Pet Owners of their options and towards influencing purchasing

behaviour. Our consumer testing suggests this risk is particularly acute in relation to Schedule 3, Standard Flyer for Ongoing Medication.

We are also concerned that the cumulative impact of the proposed measures has not been fully considered. Whilst individual requirements may appear proportionate when assessed in isolation, their combined effect, delivered repeatedly through multiple mandatory touchpoints and reinforced by HM Government branding, may be substantially greater than intended. We therefore strongly encourage the CMA to undertake and publish independent consumer testing of the complete communications package before final implementation.

In relation to ownership transparency, we are supportive of the remedy and believe it can play an important role in helping Pet Owners make informed choices. However, we encourage the CMA to strengthen the requirements to ensure ownership is genuinely understood by consumers and applied consistently across all channels and services, including online pharmacies and social media.

Overall, we believe the CMA's objectives can be achieved through clearer, more neutral communications, greater flexibility in implementation, and a stronger focus on how consumers experience the remedies collectively rather than individually. We would welcome continued engagement with the CMA as the final Order and associated guidance are developed.

Thank you for giving this matter careful consideration and attention.

Best wishes

Kerrie Hedley

CEO

XLVet UK Ltd

On Behalf of the XLVets Community

Appendix A – Pet Owner feedback on the proposed standardised literature

Methodology

To better understand how Pet Owners may interpret the proposed standardised literature, XLVets undertook a small piece of consumer testing using an online survey.

Participants were Pet Owners, and were shown a single item of literature in isolation and were not provided with any explanation regarding its origin, purpose or relationship to the CMA Market Investigation. This was intended to replicate, as closely as possible, the experience of encountering the literature without additional context. Participants were shown only one piece of literature and did not complete more than one survey.

Two groups were used:

Group A – Schedule 2, Standard Written Prescription Notice, 18 respondents

Group B – Schedule 3, Standard Flyer for Ongoing Medication, 7 respondents

Survey Questions

Group A – Schedule 2 Standard Written Prescription Notice

Participants were asked:

1. Having looked at this poster, what do you think it is trying to tell you?
2. After seeing this poster, what would you be most likely to do?
    a. Continue buying medication from my vet.
    b. Ask my vet about a written prescription.
    c. Compare prices online.
    d. Buy medication online.
    e. I'm not sure.
    f. Something else.
3. Thinking about your relationship with your veterinary practice, how might reading this poster in their waiting room change your perspective?
    a. Much more positive
    b. Slightly more positive
    c. No change
    d. Slightly more negative

e. Much more negative

Group B – Schedule 3 Standard Flyer for Ongoing Medication

Participants were asked:

1. Please imagine you've just finished a consultation with your vet and have been given this poster. Having looked at this poster, what do you think it is trying to tell you?

2. After seeing this poster, what would you be most likely to do?

    a. Continue buying medication from my vet.
    b. Ask my vet about a written prescription.
    c. Compare prices online.
    d. Buy medication online.
    e. I'm not sure.
    f. Something else.

3. Thinking about your relationship with your veterinary practice, how might reading this poster after your appointment change your perspective?

    a. Much more positive
    b. Slightly more positive
    c. No change
    d. Slightly more negative
    e. Much more negative

Results

Group A – Schedule 2 Standard Written Prescription Notice (18 respondents)

Question 1 - Having looked at this poster, what do you think it is trying to tell you?

1. That you do not need to get prescriptions through vet surgeries you are registered with due to inconsistent pricing across practices.
2. You don’t have to buy your pet’s medication from the vet you are registered with; you can pay for your consultation and then get a prescription to look for the best price.
3. My first thoughts are that I can, if I wish, obtain my pet’s prescription and choose where I want to purchase it from and search for a competitively priced supplier. It

also makes me aware that I still have to purchase the prescription from the veterinarian.

4. Buy your medicine online instead.
5. That some medicines are cheaper online.
6. Online medicines can be cheaper.
7. You could save money on medicine by searching online.
8. That the pet owner has the choice to purchase medicine online at a potentially cheaper fee. It also states that there is a written prescription available for a fee.
9. Pet medicine is cheaper online.
10. To search around before just buying pet medication from the vets.
11. Looks like it's a poster helping the general public understand there might be a cheaper way to purchase.
12. That you can get pet medication cheaper from other places than the vet.
13. The poster shows there is an official site to compare authorised pharmacies.
14. Where you can save money on pet medicines by shopping around.
15. That we are being overcharged by vets.
16. To shop around.
17. Your vet is likely overcharging.
18. Telling you to shop around because your vet might not be the cheapest option for you.

Question 2 - After seeing this poster, what would you be most likely to do?

Response	Number	Percentage
Continue buying medication from my vet	2	11%
Ask my vet about a written prescription	3	17%
Compare prices online	10	56%
Buy medication online	3	17%
I'm not sure	0	0%
Something else	0	0%

Question 3 - Thinking about your relationship with your veterinary practice, how might reading this poster in their waiting room change your perspective?

Response	Number	Percentage
Much more positive	5	28%
Slightly more positive	6	33%
No change	4	22%
Slightly more negative	3	17%
Much more negative	0	0%

Group B – Schedule 3 Standard Flyer for Ongoing Medication (7 respondents)

Question 1 - Please imagine you've just finished a consultation with your vet and have been given this poster. Having looked at this poster, what do you think it is trying to tell you?

1. That you can find pet prescriptions cheaper online.
2. Not to buy from your vet and to look around and see where is cheapest first.
3. That medicine for my pet might be cheaper online than from my vet.
4. You can save money by buying prescriptions online rather than from the vet, with greater savings for repeat prescriptions.
5. To buy the treatment online instead of with the vet.
6. Monthly subscription for medication.
7. It might be cheaper to buy medication for my pet online rather than buying it from the vet practice.

Question 2 - After seeing this poster, what would you be most likely to do?

Response	Number	Percentage
Continue buying medication from my vet	0	0%
Ask my vet about a written prescription	0	0%
Compare prices online	6	86%
Buy medication online	1	14%
I'm not sure	0	0%
Something else	0	0%

Question 3 – Thinking about your relationship with your veterinary practice, how might reading this poster after your appointment change your perspective?

Response	Number	Percentage
Much more positive	0	0%
Slightly more positive	0	0%
No change	2	29%
Slightly more negative	5	71%
Much more negative	0	0%

Limitations

This testing was undertaken using a modest sample size and should therefore be viewed as directional rather than statistically representative. The purpose of the exercise was to explore how Pet Owners may interpret the proposed materials in practice and identify themes for further consideration.