



Hook Norton
Veterinary Group



Vets MI
CMA
25 Cabot Square
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20th August 2026

Dear CMA Vets MI Team,

Response to the Vets market investigation: draft substantive Order and Undertakings

Thank you for the opportunity to respond to the CMA's consultation on the draft Veterinary Services Market Investigation Order 2026 and associated schedules and undertakings. We support the CMA's objectives of improving transparency, informed client choice and effective complaints handling. However, we are concerned that several provisions in the draft Order are overly prescriptive, insufficiently clear, and likely to impose a disproportionate operational burden on independent first opinion practices.

Our principal position is that the remedies should inform clients clearly and neutrally, not require veterinary practices to advocate for competing suppliers or deliver repeated promotional messaging. The Order should regulate outcomes, not be rigidly prescriptive or duplicate processes and manual administration tasks where the same consumer benefit can be achieved through proportionate measures.

Cumulative compliance burden on independent multi-site practices

The draft Order appears to treat independent multi-site practices in a similar way to large corporate groups, despite significant differences. For an independent practice group operating multiple locations, obligations may need to be duplicated across websites, signage, communications, practice-management systems, RCVS submissions, price lists, complaints processes and annual attestations.

Large corporate groups can draw on central compliance teams, IT support, administrative capacity and economies of scale. Independent practices may have no comparable central compliance function, meaning responsibility falls on practice owners, clinical directors or small management teams alongside clinical and operational duties. The cumulative burden risks undermining the financial resilience and competitiveness of independent practices, which would reduce consumer choice rather than improve it. Where information can be provided centrally, automated through RCVS mechanisms, or maintained once at group level, the Order should permit that approach. The CMA should avoid repeated manual submissions and duplicated local requirements unless there is a clear, evidence-based consumer benefit.

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Remedies should inform, not advocate

We are particularly concerned that the proposed prescription notices and related communications go beyond informing clients of their rights and choices. Wording such as “the same medicines may be significantly cheaper online” and “compare prices online...to see the savings” places disproportionate emphasis on price and risks requiring practices to act as a promotional channel for online or third-party medicine suppliers. There is a material distinction between saying, “You can request a written prescription and choose where to buy your pet’s medication,” and saying, “The same medicines may be significantly cheaper online.” The former is neutral information about client choice. The latter gives prominence to the potential commercial advantage of competitors and may be misleading where no saving exists, where delivery charges apply, where urgent supply is needed, or where practice supply provides value through immediate availability, clinical integration, safe dispensing and access to veterinary advice.

We ask the CMA to amend the standard wording so it is clear, accurate and neutral. A proportionate wording would be: “You can request a written prescription and choose where to buy your pet’s medication. Prices may vary between suppliers, and you may wish to compare your options.” This preserves consumer choice without requiring practices to highlight the commercial advantage of competitors.

Prescription notice requirements should be proportionate

The proposed A2 waiting-room poster and A3 consulting room poster requirements are disproportionate, particularly for small and independent practices with limited reception and consulting room space. Practices already display statutory, safety, clinical and operational notices. The CMA should require that information is visible and accessible, rather than prescribing a specific physical poster size. Digital displays should expressly be permitted, including rotating waiting room screens, provided the information appears at reasonable intervals and for sufficient time to be read. If paper notices are required, an A4 or A3 printer-friendly version should be sufficient. Specialist A2 printing should not be necessary.

We also object to any standard prescription notice that includes a graph or visual comparison without clear, substantiated figures and methodology. Any visual comparison must be evidence-based, balanced and capable of being understood by clients without implying that online supply is always cheaper or clinically equivalent. Finally, the Order should not require practices to provide paper written prescriptions where secure electronic prescribing is used. Paper prescriptions can increase fraud risk and therefore the Order should permit secure digital prescriptions as the default, with paper copies available only where clinically, legally or practically appropriate.

Ongoing medication information should be digital by default

The Standard Flyer for Ongoing Medication would create a significant administrative process: identifying qualifying medication, checking whether information has already been provided, ensuring staff use the correct version, adapting dispensing workflows, monitoring future updates and replacing obsolete material. This is materially more than a simple client information requirement.

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Digital delivery should be permitted by default, including by email, client portal, text link, app notification or practice management system (PMS) message. A paper copy should only be available where requested or where digital communication is unsuitable. This would reduce printing, paper waste, staff handling, storage requirements and avoid unnecessary disruption to dispensing processes.

Written estimates: clinical practicality, animal welfare and legal certainty

We support clear cost communication, but the written estimate provisions must reflect the realities of clinical uncertainty. A £500 threshold may generate a high volume of estimates, including in situations where the next steps are not yet clinically clear. There is a real risk that practices will feel compelled to include every possible contingency to protect themselves from criticism or enforcement. This could inflate estimates, alarm clients and deter treatment, with adverse consequences for animal welfare. Estimates should relate to prospective costs for proposed future treatment. They should not require “backwards” costings for work already undertaken or costs already covered in a previous estimate, as that would confuse clients and create unnecessary additional work for vets.

The Order should also avoid arbitrary limits on the number of options discussed. In some clinical scenarios there may be more than three recognised treatment options. For example, in feline hyperthyroidism there are four recognised ways of treating this disease; ongoing oral medication, surgical thyroidectomy, radioactive iodine treatment or an iodine-restricted diet. Therefore, not mentioning one of these options would be clinically insufficient. A compliant framework should require clear discussion of reasonable options, not restrict practices to a fixed number that may be clinically incomplete. Several key terms require clearer definition, including “sufficient time”, “reasonably likely”, “significant factors”, “typical pet” and “consultation”. Ambiguous terminology creates enforcement risk for practices acting reasonably and should be clarified before any final Order is made.

Referral centres should be addressed consistently

The draft provisions on written estimates, itemised billing and complaints appear to focus on first opinion practices, out-of-hours first opinion services and out-of-hours providers. The CMA should consider whether equivalent requirements should apply to referral centres, which also provide veterinary services to household pets and where treatment costs are often substantially higher. If the policy objective is consistent transparency for clients, referral services should not fall outside comparable obligations without a clear justification.

Animal welfare and end-of-life decisions

End-of-life and cremation provisions should preserve informed consent while allowing practices discretion to respond compassionately and efficiently. Written documentation and repeated formal discussions may be inappropriate where families need timely, sensitive support. The Order should allow proportionate records of consent without delaying decisions or increasing distress.

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Implementation should depend on software capability

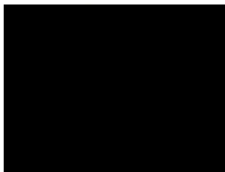
Many obligations will require changes to practice-management systems, websites, client communication platforms, prescription workflows, price-list maintenance and reporting processes. Compliance should therefore be realistic and take account of whether software providers can develop and deploy appropriate functionality. Manual workarounds should not be assumed to be practical or proportionate and we encourage the CMA to use their influence to ensure PMS providers can fully support the delivery of remedies through urgent software development.

Conclusion

We support proportionate, clear and neutral measures that help clients understand their choices and improve transparency. However, the current draft Order should be amended to avoid overly prescriptive and potentially misleading and/or incorrect physical notices and to reconsider the need for repeated promotional messaging. Furthermore, we encourage the CMA to review the use of unclear terminology, the requirement for unnecessary paper processes and the insistence on duplicating multi-site administration and manual compliance obligations.

We would be delighted to respond to any further queries you may have about our submission.

Yours faithfully,



Managing Director
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