Comments relating to the CMA Draft Substantive Order (August 2026) – [redacted]

In principle I am broadly supportive of the majority of what is included within the draft substantive order, although there are 2 sections that I would like to comment on. Both are within Part 3: Choice of Treatment, Referrals and Diagnostics and are as follows:

Part 3: Section relating to Written Estimates for Higher Cost Treatment

I have always believed it is important that clients are made fully aware of the likely costs of treatment that their pet requires before such treatment is started and I agree that in order to save any confusion, it is always better that such estimates are in writing. However, some of what the order requires seems either overly complicated, or unworkable / impractical in a 'real-life' situation in a veterinary practice:

- Where there is a good, trusted vet-client-pet relationship, in my experience, open discussions usually take place when deciding on which treatment option is likely to be most appropriate for that particular pet, in its particular set of circumstances. As I am sure you will be aware, this is what is now called 'Contextualised Care'. In such cases, it may become very clear as these discussions take place, that there is really only 1 appropriate way to proceed when aspects such as the welfare of the animal, the practicality of the owner administering any medication, the safety of possible surgery when the pet's concurrent illnesses are taken into account and ethical considerations relating to quality of life etc are taken into account. Thus, even if there are potentially 2 or 3 treatment pathways, only 1 is really appropriate, regardless of cost. On that basis, providing estimates for more than this single 'appropriate' pathway would be irrelevant and take unnecessary time. I would hope that when a relationship of the nature described above exists, veterinary surgeons should not be required to provide estimates for multiple treatment options where many are inappropriate.
- In cases where there is complex disease, there may be many potential differential diagnoses and no amount of 'professional judgement' on the part of the vet can narrow these down until some very basic diagnostics have been done. In my career, I have tended to try to avoid 'what if' conversations because, in my experience, they are time consuming and often cause clients significant worry over potential disease options which it is then discovered are not relevant to their pet. The order suggests that where a vet cannot be reasonably sure of the diagnosis, then potential costs for the most likely conditions should be provided; but this will involve complex discussions and explanations and lengthy 'what if' conversations that I believe are best avoided. Eg. if an elderly cat is presented with weight loss and a history of eating and drinking more than normal the main differentials are, Hyperthyroidism, Kidney disease and Diabetes. These are very different diseases, with different outlooks and treatment pathways that will have very different costs associated with them; to explain and estimate for all 3 will be protracted and take a lot of time and I believe will cause more worry and confusion for clients. In my opinion it would be better to take the approach (as I have always done) of stating the most likely diagnoses and explaining that some initial basic tests (eg. blood and urine samples) will be necessary to try to work out which of these the cat has (or if,

indeed' it has something entirely different), informing owners of the cost of those tests and then being able to provide more definitive answers and a more accurate estimate for any further testing and / or treatment that will be needed (and realistically if the owners are unable to afford the initial lab work, it's highly likely that they will not be able to afford ongoing treatment of any sort, in which case, in discussion with their vet they may opt to decide not to investigate and to treat on a 'best guess' basis).

- In a similar vein, I have concerns about how the requirement to provide estimates for costs over a 12-month period will work. Animals' bodies are dynamic organisms and individual patients may not respond to treatment as expected meaning that medication may need to be changed and / or a different approach tried in the future. So, estimates can only be created based on 'expected response' and as such, may well be inaccurate and result in frustration and / or complaints. It's different once a patient is stable on medication; then ongoing costs for medication and / or re-examination fees / recurring diagnostics can be reasonably predicted, but in the first few months after diagnosis, this is a lot more difficult.
- The £500 monetary limit should, perhaps be made variable depending on whether the pet is a cat, rabbit or large / small dog. This is because, whilst diagnostics such as lab work is usually a standard price, other things such as sedation / anaesthesia / surgery and medication will be size / weight dependant eg. it will cost a lot more to anaesthetise and x-ray a Great Dane compared with a Chihuahua! The flat rate limit will mean that large breed dogs need estimates for a greater percentage of treatment plans compared with cats, though owners may have opted for a smaller pet on the basis of cost, so a £400 bill for cat owners may 'feel' a lot more money than an £800 bill for owners of large breed dogs.
- In relation to Referral fees, the £500 figure seems low – there are very few conditions for which pets are likely to be referred where fees will be less than £1000. Perhaps this should be reviewed

Part 4: Section relating to Pet Owner Awareness of Written Prescriptions

I always let clients know about written prescriptions when their pet is diagnosed with a condition that will require ongoing medication for the long-term and I agree that it can be helpful for owners. However, I do have some concerns in relation to this section, as follows:

- The proposed / draft poster and leaflet are inflammatory and misleading. These give the impression that there will always be 'significant' savings for clients who choose to purchase medicines online whilst this is NOT necessarily the case! Wording of the type on the draft with highlighting of certain sections is likely to result in clients making complaints and in teams in veterinary practices potentially receiving significant abuse. I think it's reasonable to make owners aware that they have an option to purchase medication elsewhere and that there MAY be savings, but the huge emphasis on 'significant savings' with the leaflet suggesting exponential savings with the curved arrow, while the bar chart shows a simple straight line is misleading and inappropriate. These materials must be changed to ensure they are informative without making false claims in a manner that is likely to result in confrontation (life in veterinary practice is

hard enough for the teams working there without material that encourages clients to feel that the businesses are money-grabbing!)

- The CMA talks about independent practices being able to be competitive with drug prices if they take advantage of savings by joining a Buying Group; I cannot agree with this! I ran my own practice for nearly 20 years and I can confirm that even with Buying Group discount, there were often medications that online pharmacies offered for sale to owners for less than the price I would have to pay my wholesaler! The medicines market is not a level playing field; the online pharmacies sell far larger quantities of medicines compared with small, single site, independent practices and so receive far greater discounts (even when practices are members of a Buying Group). Additionally, since the online pharmacies get daily deliveries of medicines from the Wholesalers and operate their businesses with a lag-time of a few days between clients placing an order and medication being dispatches, the pharmacies don't need to hold stock ....they can buy in what owners have ordered and then send it out. This means that the pharmacies are more efficient than it is possible for those in veterinary practices to be, reducing their costs and giving them a business advantage over small independent practices. These facts make the proposed wording in the poster and leaflet even more inappropriate!
- Loss of medicine sales will result in professional fees rising because practices use some of the profit from medicine sales to subsidise professional fees. The CMA has stated that an increase in fees won't necessarily occur, but sadly I think that, for many single site independent practices, this is incorrect. There simply isn't a large enough profit margin to lose drug sales without making some compensatory price changes.
- Because some owners will continue to choose to purchase medicines from their vets and some animals will require them for immediate use, practices will have to maintain a pharmacy. But with the loss of medicine sales, there is a risk that unused medication will go out of date and need to be disposed of. This will increase the costs of running an in-house pharmacy in practice, meaning not only will practices lose medicine income, but there will be further loss of profit as a consequence of waste.
- The draft Substantive Order suggests that veterinary surgeons are required to make an oral offer of a written prescription during a consultation when they decide to prescribe medication. There is a comment that this is not necessary when the patient needs to start the medication immediately or where it is required to be administered by a veterinary professional. However, often, when a patient is first diagnosed with a condition, there may be a choice of medication and / or a trial period may be required to adjust the dose to control the symptoms and / or to ensure that there are no adverse effects. This means that initially, it would not be appropriate to provide a prescription for a large amount of medication, or a prescription that could be repeated – this only becomes appropriate once a patient is stable on medication. As a consequence, bearing in mind the price of a written prescription, it is very unlikely that owners will save money if a prescription is provided at the very start of treatment for an initial short course of medication. On that basis, a discussion about a written prescription is likely to be unnecessary and take up time that could be better used explaining more about the pet's treatment plan. Why not simply require vets to offer a written prescription for medication for chronic conditions, once the patient is stable on the medication and it

can be reasonably expected that he / she will require that medicine at that dose for the foreseeable future? That would make a lot more sense and save wasted discussions about prescriptions and / or frustration for owners when they find they are only prescribed a short initial course and still have a prescription charge to pay.

- I am concerned about the loss of medicines revenue from small, independent veterinary practices to the online pharmacies, several of which are owned by the Large Veterinary Groups. This re-distribution of income (and thus profit) from the independent sector (which the CMA found in its investigation had not seen such an increase in the level of fees compared with practices that are part of the Large Veterinary Groups) won't improve competition. Instead, it will result in owners of independent practices considering selling, which will often be to Large Veterinary Groups and thus increase consolidation in the market and reduce competition.
- It is frustrating that this has been focused on, especially when the CMA's own research showed that a significant percentage of clients are already aware of the potential for buying medicines online and didn't feel that this was a particularly important area that needed to be addressed.