Dear CMA

We have provided some responses to the questions where we hope to have constructive input or insight. In addition, we would urge you to review the medicine market as we believe your earlier conclusion that all practices can access competitive buying prices through use of buying groups is inaccurate. It did not take into account the costs of being in a buying group or the reduction in wholesaler discount compared to LVG's. In addition, the buying groups may well have access to the same discount structure as the LVG's but they do not have the procurement power to access the higher discount levels.

Thus there is not a level playing field in medicine purchase price and given that the current structure of medicine purchase price is dependent on volume, your current remedy proposals are designed to consolidate buying into fewer places and whilst this may drive down buying price which has the potential to reduce selling price to the consumer, it risks also reducing both competition and access to the full range of veterinary medicines at the time the animals need them.

Please also consider the consequential impact on other sectors of veterinary species' care which you have not investigated but are inextricably linked and remedies are likely to impact these. Medicine supply into food chain animals has other considerations which are vital to both public health and animal health and welfare.

A further consideration is profit. The veterinary sector is a solely private market and there is variation in FOP profitability and not just due to inefficiencies. Please consider the non-urban environment in which FOP's also operate. Driving profit margin away from FOP's to a remote third-party, risks reducing access to veterinary care, often in areas which are more difficult to service.

Being transparent about price of care and care options with owners is absolutely the role of the veterinary professional. Please keep other consumer duties away from the consultation time and ensure they fall on the business entity. Putting these duties into the consult time not only risks driving up costs but negatively changes the relationship between vet and client and it is this relationship that enhances animal care. Veterinary health care in the UK is not a simple transactional market involving commodities and it will become poorer in many senses of the word if turned into one

Consultation questions

Implementation of remedies

● Question 1: We welcome comments regarding our current thinking on the routes to implementing the potential remedies set out in this working paper. Trialling of information remedies – important to try and do but CMA timeframe may not allow it to be done effectively

● Question 2: We invite comments on whether these (or others) are appropriate information remedies whose implementation should be the subject of trials. We also invite comments on the criteria we might employ to assess the effects of trialled measures. Please explain your views. If the preferred remedy for transparency of written prescription availability remains mandatory prescriptions, trialling this in particular to ensure it is reasonable and practical.

Remedy 1: Require FOPs and referral providers to publish information for pet owners

● Question 3: Does the standardised price list cover the main services that a pet owner is likely to need? Are there other routine or referral services or treatments which should be covered on the list? Please explain your views. Standardised price lists are limited as the areas that lend themselves to them are the elective work – discrete planned items such as cataract surgery, TPLO's and others in the specialist treatment and procedures list (7) etc and preventative health care. In addition, the cost of the corrective procedure is not the whole story. There is a more variable process which may be needed before knowing what treatment is needed and a standardised price list here is hard to communicate its meaning with clarity to a consumer.

The specialist items are not the long-term commitments or common items that owners need to understand. In general, people don't engage with such costs until they become relevant to them which they may or may not depending on their pet's health. The cost of a consultation in working hours and in emergency (whether at the FOP or with a third party) would be useful and then guides to other costs such as common laboratory work including sampling and imaging and anaesthetic costs (section 5 but with more context – eg ultrasound exams are highly variable depending on what is needing to be investigated). To be meaningful they are likely to be ranges and need context. Ambiguous procedures which vary considerably according to complexity- such as lump removals and stitch-ups, should be avoided in this list. Those that have been described as "routine" are highly problematic as have huge variability

● Question 4: Do you think that the 'information to be provided' for each service set out in Appendix A: Proposal for information to be provided in standardised price list is feasible to provide? Are there other types of information that would be helpful to include? Please explain your views.

Mostly the information is feasible to provide. Exceptions are lump removals (as too variable despite defining animal weight, unless example is given such as 2cm diameter benign mass on flank) and stitch-up (suggest defined, size, age of wound and location if

wish to persist with this such eg/ 2cm full dermal thickness, uncomplicated, non - contaminated fresh wound on ventrum).

For atopic dermatitis it would be more appropriate to use the more commonly used oclacitinib or lokivetmab. Cyclosporine is more rarely used. As it is a common condition it would be a useful condition to include. Flea and tick and wormer prices – need to ensure clarity as one product may cover all or be specific to only one category and thus potential to mislead consumers over total spend for their particular animal. These are POM-V medicines which require veterinary input to ensure appropriate and responsible use and are not items to be shopped for and selected without understanding disease risk and health in context

● Question 5: Do you agree with the factors by which we propose FOPs and referral providers should be required to publish separate prices for? Which categories of animal characteristics would be most appropriate to aid comparability and reflect variation in costs? Please explain your views.

Species and animal size are the most important factors for most areas. Medical conditions, in particular, can be extremely variable independent of animal weight. For instance, diabetes mellitus – the cost of treatment and monitoring can vary enormously according to individual response to therapy. It should therefore state 'uncomplicated' to help standardise and allow standardisation. Arguably in many cases of diabetes, the first year is by far the most expensive requiring multiple visits and serial monitoring of glucose levels. There should therefore be a cost for initial year and then subsequent years (if stable) to give owners more realistic idea of ongoing costs.

● Question 6: How should price ranges or 'starting from' prices be calculated to balance covering the full range of prices that could be charged with what many or most pet owners might reasonably pay? Please explain your views. Price ranges should be calculated based on what the practice has charged for these services and meds over a dated period – it will be historic but give owners a real guide of actual treatment costs

● Question 7: Do you think that the standardised price list described in Appendix A: Proposal for information to be provided in standardised price list would be valuable to pet owners? Please explain your views. Only helps with the elective procedures – clear recent (with dates) actual charges will be the best guide for owners before they start and also guide them as to what needs to be in any current estimate for their situation. However, due to the complexity of medical conditions, they may give a guide but are unlikely to accurately estimate the true cost to the client for their individual pet.

● Question 8: Do you think that it is proportionate for FOPs and referral providers to provide prices for each service in the standardised price list? Please explain your views. More helpful would be the historic of what actually was charged to eg examine,

diagnose with any sampling and lab fees, or imaging and hospitalisation for a range of conditions

● Question 9: Could the standardised price list have any detrimental consequences for pet owners and if so, what are they? Please explain your views. Animals have variable health status at the starting point and thus care not to set an unrealistic expectation. There is also a danger the cost of this set of procedures is moderated heavily by FOPs due to competition drive, at the expense of others not listed.

● Question 10: Could the standardised price list have any detrimental consequences for FOPs and referral providers? Are you aware of many practices which do not have a website? Would any impacts vary across different types or sizes of FOP or referral provider? Please explain your views.

Those FOPs providing a higher standard of care may be disadvantaged by this list, as pet owners are purely seeing cost rather than the other important factors such as facilities, out of hours provision, staff qualification, and quality of care. A CMA investigation into price and competition is one thing, but an investigation due to public complaints about quality of veterinary care and standards of animal health and welfare in the UK would be an awful unintended consequence of focussing only on price without value considerations

● Question 11: What quality measures could be published in order to support pet owners to make choices? Please explain your views. It is very hard to find meaningful quality measures beyond the tangible – facilities, range of services offered at the premises and within the practice (ie what can be done at branch premises as well as at a central premises for the same practice) opening hours, where the emergency service is provided and whether the emergency provider has access to pet's clinical notes. Publishing measures that inform owners about the culture in a comparable way is difficult.

Practice standard scheme awards could be used to help pet owners differentiate between practices regarding quality but there would need to be significant spend on a public awareness campaign on what the accreditation scheme and its awards mean.

Remedy 2: Create a comparison website supporting pet owners to compare the offerings of different FOPs and referral providers

● Question 12: What information should be displayed on a price comparison site and how? We are particularly interested in views in relation to composite price measures and medicine prices. Composite is important as otherwise consumers don't know what things really mean in terms of cost. How are they supposed to know what services they may need? There are so many variables in treating the same condition between individual animals that we need to be careful a site doesn't just focus on the discrete

elective items that can be standardised and packaged as they are often performed on otherwise healthy animals and are by their nature a predictable procedure eg cataract surgery. However, these are not needed by the majority and are not long term. They also tend to be veterinary service dominated for costs whereas lifelong medical treatment includes costs of medicines as well as veterinary services and it is the combination of the two which owners would benefit from clarity on

● Question 13: How could a price comparison website be designed and publicised to maximise use and usefulness to pet owners? Please explain your views. If there is enough demand in the market, a commercial entity will be able to make such a web site work as in other markets. The fact that to date no one has, despite the reported value of the veterinary market, suggests that it may be incredibly difficult to achieve reliably because of the complex and variable factors involved. However, with open access to information and regulation of practices, it could be achieved on a commercial basis and there are veterinary businesses working in this area

Location plays a huge part in which practice pet owners choose, particularly in cats or dogs that do not enjoy travel. To maximise the usefulness, distance from pet owner's home should be included in the comparison, including the distance from the out of hours provider (if different). By doing this, pet owners will be comparing the price of practices that are accessible to them and can factor in extra costs they may incur eg for further travel

● Question 14: What do you think would be more effective in addressing our concerns - (a) a single price comparison website operated by the RCVS or a commissioned third party or (b) an open data solution whereby third parties could access the information and offer alternative tools and websites? Why? Open data that self-funds and doesn't add costs to the consumer. Any solution needs to ensure that value as well as price is communicated

● Question 15: What are the main administrative and technical challenges on FOPs and referral providers in these remedy options? How could they be resolved or reduced? All these remedy options aim to provide clarity. They don't reduce costs in themselves yet have to be paid for. There is an underlying assumption that with clarity comes an incentive to lower prices. Consumers can pay less but this needs to be done in context of any impacts on outcome for the animal but also a different experience for the owner. When less information has been uncovered about the condition, there is likely to be less certainty on what to expect and when, what the detailed diagnosis is and thus the prognosis and time scale. Thus, even with the same outcome for the animal, owner anxiety increases, and this adds to the vet's load in managing cases and tends to reduce owner reported satisfaction with the veterinary care received.

● Question 16: Please comment on the feasibility of FOPs and referral centres providing price info for different animal characteristics (such as type, age, and weight). Please explain any specific challenges you consider may arise. Breed choice is a significant factor in the increase in veterinary costs and the issue around dog breeding and inherent poor health is a serious animal welfare issue. Average lifetime veterinary care costs for different breeds would be a really useful public message and very helpful for consumers but suspect out of scope

● Question 17: Where it is appropriate for prices to vary (eg due to bundling or complexity), how should the price information be presented? Please explain your views. Use of time dated historical actual costs with context

● Question 18: What do you consider to be the best means of funding the design, creation and ongoing maintenance of a comparison website? Please explain your views. Should be a third-party commercial website which if the market warrants will happen. If it doesn't then perhaps that is because it isn't a market that lends itself to it effectively. It is currently quite easy to compare medicine prices but because the medicine price is only part, but an integral part, of the care it isn't driving the market in the way the CMA expects a market to function. Before trying to create this, maybe we need to understand more why it hasn't happened organically.

Remedy 3: Require FOPs to publish information about pet care plans and minimise friction to cancel or switch

● Question 19: What would be the impact on vet business of this remedy option? Would the impact change across different types or sizes of business? Please explain your views. Part of the transparency piece and all can do this

● Question 20: How could this remedy affect the coverage of a typical pet plan? Please explain your views. Remedy won't affect the coverage

● Question 21: What are the main administrative and technical challenges on FOPs and referral providers with these remedy options? How could they be resolved or reduced? Nothing significant or detrimental to veterinary care or to the consumer

Remedy 4: Provide FOP vets with information relating to referral providers

● Question 22: What is the feasibility and value of remedies that would support FOP vets to give pet owners a meaningful choice of referral provider? Please explain your views. Situation dependent and shouldn't be standardised. What can be standardised is relationship clarity between FOP and referral businesses, articulate any business

barriers to referring elsewhere, qualifications and what they mean of the vets being referred to

● Question 23: Are there any consequences which may be detrimental and if so, what are they? Potential to add cost and cause delay and uncertainty

● Question 24: What do you consider are likely to be the main administrative, technical and administrative challenges on referral providers in this remedy? Would it apply equally to different practices? How could these challenges be reduced? Referral providers need to be clearer with how they title their staff – increased use of publicly recognisable titles which imply a certain status (usually in human medicine) but that have no legitimacy in veterinary eg consultant

● Question 25: If you are replying as a FOP owner or referral provider, it would be helpful to have responses specific to your business as well as any general replies you would like to make. Businesses need to ensure they have up to date knowledge that is easily accessible within the business of all local referral options

● Question 26: What information on referral providers that is directly provided to pet owners would effectively support their choice of referral options? Please explain your views. Availability and location are the commonest drivers accompanied by FOP vet recommendation

Remedy 5: Provision of clear and accurate information about different treatments, services and referral options in advance and in writing

● Question 27: If a mandatory requirement is introduced on vet businesses to ensure that pet owners are given a greater degree of information in some circumstances, should there be a minimum threshold for it to apply (for example, where any of the treatments exceed: £250, £500, or £1,000)? Please explain your views. It is the circumstances that are important as opposed to the threshold. Looking at medicine, take care that more information doesn't land with consumers as indecision on the part of the vet which breeds distrust due to uncertainty. Cost is always relevant

● Question 28: If a requirement is introduced on vet businesses to ensure that pet owners are offered a period of 'thinking time' before deciding on the purchase of certain treatments or services, how long should it be, should it vary depending on certain factors (and if so, what are those factors), and should pet owners be able to waive it? Please explain your views. This is a worrying concept to see. Thinking time is often appropriate but is again situation dependent and the consumer may not be in a position to know when to waive it or not. The factors are not standard and in fact also depend on an owner's appetite for risk. Veterinary decision making really doesn't lend itself to a standardised or mandated structure without introducing significant inefficiencies which will ultimately increase cost to the consumer. Look at productivity levels in medicine as

a guide to how inefficient things can become with mandated standardised procedures and protocols.

● Question 29: Should this remedy not apply in some circumstances, such as where immediate treatment is necessary to protect the health of the pet and the time taken to provide written information would adversely affect this? Please explain your views. Written information isn't appropriate for all. Informed consent though is with allowance for exceptional circumstances

● Question 30: What is the scale of the potential burden on vets of having to keep a record of treatment options offered to each pet owner? How could any burden be minimised? We do this currently in clinical records. Avoid mandating excess recording of avenues not followed. The need to record every interaction whether or not it is relevant to next steps has negatively impacted care delivery in the human health sector with significant clinical staff time being spent on "negative" record keeping

● Question 31: What are the advantages and disadvantages of using treatment consent forms to obtain the pet owner's acknowledgement that they have been provided with a range of suitable treatment options or an explanation why only one option is feasible or appropriate? Could there be any unintended consequences? This is likely to be an added cost with limited actual benefit to the consumer. This is just a tick box, what we want is the meaningful conversation to have been had and understood. Such a form won't increase the impact of this actually happening and is just an admin process and risks leaving owners overwhelmed and nervous. At the end of the day, owners look to the vet to take responsibility for the agreed treatment path and this remedy could be interpreted as vets placing the responsibility on the owner. Risk of breeding mistrust

● Question 32: What would be the impact on vet businesses of this remedy option? Would any impacts vary across different types or sizes of business? What are the options for mitigating against negative impacts to deliver an effective but proportionate remedy? A better remedy would be evaluation of clinical notes to check for this as part of the enforcement. AI evaluation of free text is now possible making the remedy enforceable and affordable - would require regulatory change to be achievable

● Question 33: Are there any barriers to, or challenges around, the provision of written information including prices in advance which have not been outlined above? Please explain your views. Not all consumers absorb written information well – need to offer other communication channels as well for optimal impact

● Question 34: How would training on any specific topics help to address our concerns? If so, what topics should be covered and in what form to be as impactful as possible? Training vets to understand the commercial platform they need to deliver care would improve their ability to have good quality impactful conversations around the economics of the treatment plan. This would apply even where vets are not responsible

for the provision of this platform and have no say in the commercial structure of the particular business they work in or any contact with the decision makers who do

● Question 35: What criteria should be used to determine the number of different treatment, service or referral options which should be given to pet owners in advance and in writing? Please explain your views. Again this is trying to standardise a non standard type of work. Sometimes there is only one appropriate option and just because something is possible doesn't make it appropriate. Vets are responsible for the health and welfare of animals under their care and need to be able to guide owners clearly without potential confusion. We have to leave room for trust and integrity in treatment options. Business regulation has the potential to ensure commercial barriers to this are removed

Remedy 6: Prohibition of business practices which limit or constrain the choices offered to pet owners - there shouldn't be any constraints by the business on the clinical autonomy of veterinary professionals. As a 97% vet owned business, we use our professional regulatory obligations to determine and guide business practices around consumer focus, informed consent, care standards, integrity and ethics etc

● Question 36: Are there any specific business activities which should be prohibited which would not be covered by a prohibition of business practices which limit or constrain choice? If so, should a body, such as the RCVS, be given a greater role in identifying business practices which are prohibited and updating them over time? Please explain your views. Systems or processes that make it time consuming to actually exercise clinical autonomy should be prohibited as these lead to autonomy that is only theoretically available. Enforcement that is proportionate and achievable would depend on an active declaration being made by either the regulated business, if that becomes a reality, on licence renewal or by the senior appointed vet. There then needs to be the option to spot check which can be done by video call or in person if risk analysis demands it

● Question 37: How should compliance with this potential remedy be monitored and enforced? In particular, would it be sufficient for FOPs to carry out internal audits of their business practices and self-certify their compliance? Should the audits be carried out by an independent firm? Should a body, such as the RCVS, be given responsibility for monitoring compliance? Please explain your views.

● Question 38: Should there be greater monitoring of LVGs' compliance with this potential remedy due to the likelihood of their business practices which are rolled-out across their sites having an impact on the choices offered to a greater number of pet owners compared with other FOPs' business practices? Please explain your views.

Monitoring should be intelligence led

● Question 39: Should business practices be defined broadly to include any internal guidance which may have an influence on the choices offered to pet owners, even if it is not established in a business system or process? Please explain your views.

. Yes – any undefined practices should be considered as inactive and thus not in existence

Remedy 7: Changes to how consumers are informed about and offered prescriptions

● Question 40: We would welcome views as to whether medicines administered by the vet should be excluded from mandatory prescriptions and, if so, how this should be framed.

Mandatory prescriptions will add cost and delays and risk the demise of nation wide access to veterinary medicines in a timely manner. Administered medicines – is this to include in patient care and if not then what is different in the consult room? Making consumers aware of different ways to purchase medicines is reasonable and best done before any consultation occurs ie at registration. Consumers who do not register in advance of needing care might need to be the exception

Injectables: Medications administered by injection should be excluded from mandatory prescriptions- for reasons of animal and public safety and law. Injections require owner training, and injectables often carry significant risks if self-injection occurs. It is vital also that injectables are maintained and stored correctly to reduce bacterial contamination and maintain efficacy, which is impossible to control if owners are giving these at home.

Hospitalised patients; When animals are hospitalised with significant disease, their medication regime can be altered daily according to their changing health status. It would be impractical to expect every new medication required to result in a new written prescription to be physically handed to the owner to determine whether they prefer us to dispense each medication or source themselves. As in such acute situations, the medication is required immediately, it is not in the animal's best interest to have a delay in this medication due to online ordering and delivery.

● Question 41: Do these written prescription remedies present challenges that we have not considered? If so, how might they be best addressed?

To mitigate the risks, would need any pharmacy supplying veterinary medicines to have an obligation to stock a wide range of medicines and be prepared to dispense in part vials. Segmenting the medicine market and allowing some to just supply the high

volume non urgent meds risks making other time critical meds harder to access and potentially more expensive.

As a small animal vet, it can already be difficult to do everything required within the confines of a consult of an affordable length. Adding the additional time drain on consultation time by producing written prescriptions and complexity of prescribing generics with options (which need to be checked for suitability), plus the time required to explain the prescriptions to the owner, is likely to be at times extremely difficult or impossible. This will result in a combination of:

- less time spent on history taking, examination, discussion of options, treating the animal and clinical note writing

- longer consult times leading to increased costs to owners

-increased stress to small animal vets (who already have higher stress and anxiety levels than average)

This could be addressed by considering a different approach. For example, reception staff giving clients information as they wait to explain their right to request a written prescription, including cost of prescription, and how to go about getting the prescription fulfilled. Vets then verbally ask the client if they would like a written prescription before dispensing and note in the clinical notes that they have offered and whether owner declined or accepted (development of PMS systems could help with compliance here). A cap on prescription fee could also be considered in conjunction with this approach.

● Question 42: How might the written prescription process be best improved so that it is secure, low cost, and fast? Please explain your views.

Veterinary prescription security is weak. Direct vet to pharmacy with pre verified submission addresses would help but then means any repeats have to come from the same pharmacy which reduces choice on subsequent purchases. The costs of a prescription are in the decision, selection of the particular product, determining dosage and administration instructions. There is an associated admin process which can be efficient but that's not the main part of a prescription

Keeping the process digital, with digital signatures, would speed the process and reduce costs. There are two issues with this however;

- incompatible however with the proposed remedy of mandatory prescriptions where the client is presented with the hard copy.
- security with digital prescriptions is a concern, as there may be nothing to stop the owner emailing the prescription to multiple online pharmacies, unless there is a hard copy sent.

A solution could be digital prescriptions with the veterinary practice emailing the pharmacy directly, and an option for an alternative solution to mandatory prescriptions as previously discussed. The practical limitation here is that few owners have selected in advance their choice of pharmacy (quite reasonably as until they know what medicine they need they cannot choose as pharmacies vary widely in prices of particular medicines) so would need to contact the practice later with the appropriate instruction of where to send the prescription. This adds a further workload onto the practice and thus cost likely to be passed on to the consumer

● Question 43: What transitional period is needed to deliver the written prescription remedies we have outlined? Please explain your views.

It will depend on how certain you are that you can maintain nation wide access to the necessary range of veterinary medicines if the written prescription remedies result in FOP's choosing to no longer supply a broad range of meds but just compete on the high volume chronic meds and lose the costs associated with running a complete pharmacy

The option of capping written prescription fees could be implemented quickly.

However mandatory prescriptions would require a substantial transition period to allow improvement in communication between IT systems in practices and pharmacies through API's, creating a database of trade names of generics for staff to refer to (along with pertinent data such as allergens and licensing) if mandatory generic prescribing is pursued, staff training and owner education.

Remedy 8: Transparency of medicine prices so pet owners can compare between FOPs and other suppliers

● Question 44: What price information should be communicated on a prescription form? Please explain your views.

A prescription form could include the price of the medicine if supplied from the premises where the vet writing the prescription is working – assuming they stock it at all. It could include a link to a price comparison web site if there was demand for one

Having on the prescription the lowest cost that the medication could be obtained for online is problematic, as they are constantly changing. This may lead to frustration and mistrust if the figure is not accurate. Even an e portal may not provide certainty as although the information may be correct at the time of prescribing, it may not be when the owner makes the decision to purchase the meds. To guarantee this price information, an e portal would need to have reliable access to all UK providers of veterinary medicines and factor in associated delivery costs and delivery time and delivery requirements which all effect consumer choice of appropriate supplier. This level of reliability, coverage and trust would incur significant cost. A commercial e portal where suppliers of veterinary medicines choose and pay to be part of its price

comparison to increase visibility and drive footfall is very achievable but a different service.

● Question 45: What should be included in what the vet tells the customer when giving them a prescription form? Please explain your views.

The role of the vet is to ensure the owner understands how to administer and handle the prescribed medicine as well as all the information written on the prescription. How to use a written prescription should be part of the consumer information package completed at registration and renewed appropriately to ensure consumers remain well informed

If this route is pursued, the vet would tell the owner:

- That the prescription is for x.... , for reason y.
- Explain verbally any dosing and storage instructions as would do currently.
- That they can redeem it in house, which will cost z, or redeem it via a veterinary pharmacy which might be on line or another local premises
- That they should use a registered source as per the VMD guidance

● Question 46: Do you have views on the feasibility and implementation cost of each of the three options? Please explain your views.

As in answer 41, the preferred option is not feasible within the confines of the current consultation period.

Putting a cap on written prescription charges would be feasible and carry low implementation costs.

Mandating a written prescription does introduce an inherent inefficiency to delivery of veterinary care. Mandating that clients are made aware of this option either at registration with regular reminders or before a consult (whether in person or on line and irrespective of whether medicines will be prescribed) is feasible. However, again need to allow for exceptional circumstances and also some predictable ones. Very worried owners or owners with a pet booked in for euthanasia do not respond well to repetitive and irrelevant (to them) in their situation mandatory processes – whether at reception or in the consult room. This is a real and everyday occurrence in practice

Remedy 9: Requirement for generic prescribing (with limited exceptions) to increase inter brand competition for medicine sales

● Question 47: How could generic prescribing be delivered and what information would be needed on a prescription? Please explain your views.

Mandated generic prescribing carries risk as the level of product knowledge of all generics for safe prescribing is an added prescribing load. Adjuvants and carrier products differ for the same active ingredient. Can be done more easily with some products than others. Need to be clear who is responsible for any errors and adverse reactions if generic prescribing is mandated

There are potential issues around generic prescribing. If only the active ingredient is listed, then the prescription could be redeemed against non-licensed products. If generic is listed with all of the trade name options listed against it, this would lead to increased work for vets investigating and listing current options (including any differences in licensing, and dosing instructions).

One solution is to list the generic with example trade names or mandate that on line sellers then group their products by generic active ingredient (to help the owner research costs) with stipulation that the product has a veterinary license for the species and condition or is being dispensed according to the cascade. This places more responsibility on the dispensing pharmacy to ensure the appropriate medication is dispensed but this isn't currently where the ultimate responsibility lies.

Worked example:

Active ingredient: Meloxicam

Stength: 1.5mg/ml

Formulation: oral suspension for dogs

Quantity: 100ml bottle x 1 (one).

Dosing instructions: 'Give a 20kg dose once daily on food, stop if any vomiting or diarrhoea occurs.'

Trade name examples: Metacam, Loxicom, Meloxidyl

Instructions to pharmacist: Licensed for chronic use in dogs for osteoarthritis.

Does this degree of expertise exist currently widely enough for current pharmacies to continue to operate? We also need to be clear where the ultimate responsibility would lie as it currently sits with the prescribing vet. VMD involvement might be needed here

● Question 48: Can the remedies proposed be achieved under the VMD prescription options currently available to vets or would changes to prescribing rules be required? Please explain your views.

Currently the cascade demands that vets prescribe medication with a market authorisation for the species and condition, where possible. To expect vets to be able to

evaluate all products containing the active ingredient for market authorisation data is unrealistic with time constraints of consultation. The onus would therefore need to be placed on vets employed by online pharmacies to assess if an alternative non listed product would be suitable according to the cascade. Thus VMD involvement is needed before these remedies can be achieved

● Question 49: Are there any potential unintended consequences which we should consider? Please explain your views.

With a generic prescription without proper controls, the prescription could be redeemed using a human pharmacy for a human formulation. These medications will not have been tested for safety or efficacy in the relevant species, and may even contain a dangerous ingredient such as xylitol.

Examples where there are generic human versions are carbimazole and methimazole.

● Question 50: Are there specific veterinary medicine types or categories which could particularly benefit from generic prescribing (for example, where there is a high degree of clinical equivalence between existing medicines)? Please explain your views.

Meloxicam is one example, as the formulation, medication strength and bottle sizes tend to be consistent.

● Question 51: Would any exemptions be needed to mandatory generic prescribing? Please explain your views.

Yes

- If some formulations would be dangerous to the animal (some human medications contain xylitol for instance) or detrimental to health (containing pork protein in dog with pork allergies) .
- Where pack sizes are very variable, it is difficult to prescribe a specific amount that is achievable without effectively prescribing a brand anyway

● Question 52: Would any changes to medicine certification/the approval processes be required? Please explain your views.

● Question 53: How should medicine manufacturers be required to make information available to easily identify functionally equivalent substitutes? If so, how could such a requirement be implemented?

NOAH could be helpful here

● Question 54: How could any e-prescription solution best facilitate either (i) generic prescribing or (ii) the referencing of multiple branded/named medicines. Please explain your views.

Having a portal where all authorised formulations for the species and condition were listed and could be selected could help facilitate the process. The technology would take considerable development, and the costs of this and keeping it up to date would be significant – again NOAH could be useful here as they provide a lot of this information already but not all manufacturers are members. This would be a further stage of development

Remedy 10: Prescription price controls

● Question 55: Do you agree that a prescription price control would be required to help ensure that customers are not discouraged from acquiring their medicines from alternative providers? Please explain why you do or do not agree.

Clarity of pricing is required. Price controls bring in a whole raft of market function issues unless they are also accompanied by FOP medicine buying price controls such that there is a level playing field to work from.

The current costs of written veterinary prescriptions are not all excessive considering the time required to produce the prescription and that they rightly can only be prepared by registered veterinary surgeons. Private prescriptions from dentists for comparison seem to be around £25 on average. Veterinary prescriptions are in general more complex given that we dose per kg or body surface area due to the wide variation in animal size, rather than one dose for a human adult.

If mandatory prescriptions are applied, then the owner would be charged the prescription fee regardless of where they obtain the medication, so there would be no such discouragement in obtaining medication elsewhere. The downside is the work creation in producing written prescriptions many of which will not have been beneficial to the owner but have either increased their consultation cost or reduced the available clinical care time

If mandatory prescriptions are not applied however, placing an upper limit on the amount charged could be reasonable but should be high enough to account for the time taken to produce the prescription having selected the medication, formulation, route, length of treatment. This cost is currently incorporated into the cost of medications sold in practice and the time taken to accurately prescribe, including the support required for owners with any concerns, should not be undervalued.

● Question 56: Are there any unintended consequences which we should take into consideration? Please explain your views. Outlined above and also timely access to the range of meds needed to assure animal health and welfare, especially in more rural areas

● Question 57: What approach to setting a prescription fee price cap would be least burdensome while being effective in achieving its aim of facilitating competition in the provision of medicines? If we were to decide to impose a cost based price control for prescriptions, we need to fully understand the costs involved with prescribing and dispensing activities. We are seeking to understand:

● Question 58: What are the costs of writing a prescription, once the vet has decided on the appropriate medicine?

- Professional time. This varies according to the complexity. For a prescription of a commonly prescribed medication, this could take 10 minutes. For a less commonly prescribed medication, it could be more like 20 minutes.

  Process described below:

  - checking current animal weight, calculating dose according to available formulation. Checking dosing instructions, informing owner of common potential side effects.
  - Completing written prescription ensuring to include active ingredient, strength, formulation (usually the vet needs to check these details on NOAH to avoid mistakes). Amount written numerically and in word format. Vet name printed along with qualifications and RCVS number.
  - WP printed to provide owner with hard copy
  - Collected from printer, signed by vet. We at this stage also add a BVA sticker which is filled in (both sticker and corresponding section on sheet that is kept by us)- to reduce risk of fraud.
  - WP is then scanned onto email, downloaded, and uploaded to client account.
  - Digital prescriptions as discussed earlier could reduce some of the time but attention needs to be paid to fraud – controlled drugs are a particular issue

● Question 59: What are the costs of dispensing a medicine in FOP, once the medicine has been selected by the vet (i.e. in effect after they have made their prescribing decision)?

Employee time- assuming product in stock, dispensing involves a trained member of staff collecting the medication label and locating the correct medication with the correct strength. The next step could involve simply placing a label on the bottle, or it could involve counting out 200 tablets, or measuring accurately an amount of liquid. An appropriately sized container is selected. The employee double checks the medication is correct against the label, initials it and finds another employee to cross check and

initial the label. Depending on the medication, additional consumables such as syringes or gloves may need to be provided alongside the medication.

In order to be able to dispense medications in house, much time is spent in stock control, ensuring stock levels are appropriately maintained, putting in orders to suppliers, sourcing medication from alternative suppliers when there are supply interruptions such that patient care is not impacted, unpacking orders, ensuring that all medication is stored correctly (light, temperature and security level), that expiry and broach dates are checked regularly to ensure that medication on the shelves is suitable for dispensing.

Responsible use of medicines means only the correct amount needed should be prescribed and supplied, especially of certain classes of medicines such as anti biotics and controlled drugs, even when this requires increased dispensing costs

Remedy 11: Interim medicines price controls

● Question 60: What is the most appropriate price control option for limiting further price increases and how long should any restrictions apply for? Please explain your views. Level up the buying price of medicines into FOP's first. Limiting price increases must depend on a FOP's starting price point. Not all FOP's have high margins on medicines in the first place. The selling price to the consumer does not indicate the margin

● Question 61: If we aim to use a price control to reduce overall medicine prices, what would be an appropriate percentage price reduction? Please explain your views. Again depends on the starting point and the margin level in place which will vary. Take care than any reduction in medicine price doesn't just elevate other prices and the need for this will depend on practice profitability. Again FOP's servicing rural areas and carrying out mixed species work may have lower profit margins not through inefficient business models but determined by the context in which they have to work to deliver care in the region they cover and for all species

● Question 62: What should be the scope of any price control? Is it appropriate to limit the price control to the top 100 prescription medicines? Please explain your views.

Price controls are likely to be flawed unless the buying in price is also appropriately controlled. We need medicine supply across all necessary meds to maintain animal health and welfare and risking making these essential meds more expensive due to price controlling the chronic and common meds may have unintended consequences for consumers – both in terms of price and access

● Question 63: How should any price control be monitored and enforced in an effective and proportionate manner? Please explain your views. Desk based and intelligence led monitoring is likely to be the only affordable model. It is an industry where the consumer is the only source of income and the more income that is moved away from the part of the industry responsible for delivering care and on a 24/7 basis, then the more this care is likely to cost as profit is diverted to those not required to bear the overhead costs of providing care and being available 24/7 whether needed or not

Implementation of remedies 7 – 11

● Question 64: We welcome any views on our preferred system design, or details of an alternative that might effectively meet our objectives. Please explain your views.

● Question 65: What do you consider to be the best means of funding the design, creation and ongoing maintenance of an e-prescription portal and price comparison tool? Please explain your views. If these tools deliver overall benefit to consumers then they should be commercially viable products and funded by those who see a return on such a service. Asking veterinary practices to fund this seems strange – they are consumer tools but to which veterinary practices could guide consumers as part of their consumer duties and focus

Remedy 12: Restrictions on certain clauses in contracts with third-party out of hours care providers

● Question 66: What would be an appropriate restriction on notice periods for the termination of an out of hours contract by a FOP to help address barriers to FOPs switching out of hours providers? Please explain your views. Avoid exclusivity deals but essentially remember that this is an important service in the UK for our animals. The other remedies being applied to FOP's need to apply to OOH clinics too which will help the consumer – including pre-registration and supply of consumer information away from the consult. This service mainly exists due to regulatory requirements which are not the norm in many other countries

● Question 67: What would be an appropriate limit on any early termination fee (including basis of calculation) in circumstances where a FOP seeks to terminate a contract with an out of hours provider? Please explain your views.

Remedy 13: Transparency on the differences between fees for communal and individual cremations

● Question 68: Do you agree that the additional transparency on the difference in fees between fees for communal and individual cremations could helpfully be supplemented with revisions to the RCVS Code and its associated guidance? Please explain your views.

Price transparency and clarity of service offered needed. Not sure a code/guidance revision is needed - enhanced enforcement of what is already there with proportionate sanctions to make it more effective might be helpful but this would require some form of practice regulation to be possible

Remedy 14: A price control on cremations

● Question 69: If a price control on cremations is required, should this apply to all FOPs or only a subset? What factors should inform which FOPs any such price control should apply to?

As independent practices do not own crematoriums, but rely on third party operators, the cost of cremation is largely outside their control. By comparison, corporate groups often own cremation facilities and therefore have control over pricing. If price controls are applied, then consideration to those practices owned by groups that also own crematorium facilities could lead to a more proportionate remedy.

● Question 70: What is the optimal form, level and scope of any price control to address the concerns we have identified? Please explain your views.

If control is proportionate and targets only corporate groups with crematorium facilities, then the price control should be based on the regional average cost charged by independent providers.

For all FOPs to improve transparency, the crematorium cost could be not marked up, but instead a charge applied for arrangement/processing/body storage and transit/ashes storage and return to owner etc of this to cover the costs incurred by the practice in facilitating this important service.

● Question 71: For how long should a price control on cremations be in place? Please explain your views.

For as long as crematoriums continue to be owned by LVGs, as there lies the potential for internal inflation of prices.

● Question 72: If a longer-term price control is deemed necessary, which regulatory body would be best placed to review and revise such a longer term price control? Please explain your views.

Remedy 15: Regulatory requirements on vet businesses

● Question 73: Would regulating vet businesses as we have described, and for the reasons we have outlined, be an effective and proportionate way to address our emerging concerns? Please explain your views. Regulating the business as opposed to just the conduct of some employees in the business (all be it those with the knowledge and expertise and legal position on which the business income depends) is needed to ensure that this market delivers fairly for all stakeholders (animals, clients, the public, veterinary professionals and business owners)

Remedy 16: Developing new quality measures

● Question 74: Are there any opportunities or challenges relating to defining and measuring quality which we have not identified but should take account of? Please explain your views.

It will be challenging to define and measure quality. Veterinary practice encompasses so many disciplines. In all FOP's, (although not all premises,) the clinicians will be consulting, performing surgery, dentistry, ultrasonography, radiology, microscopy and clinical pathology. FOP's, some of which are accredited veterinary hospitals but still FOP's, are not akin to GP Practices. Assessing quality in just one of these areas would be a task.

Having more measures of quality however, and an easier way for clients to access this information, would be a positive, giving the industry more incentive to continually improve standards. There is a concern however that the inevitable effect on medicine sales and medicine margins that will result from suggested prescription remedies, will reduce the profitability of practices (particularly smaller FOPs) and therefore reduce their ability to improve standards. Lower profitability may not be due business model inefficiencies but due to demographics, topography and population density and species of animals they need to cater to for in the locality they serve. Access and geographic coverage for all species are important considerations and care needs to be taken that remedies which are appropriate in urban small animal only practices don't negatively impact access to veterinary care in more rural areas especially where practices are supplying care to other species as well as household pets

● Question 75: Would an enhanced PSS or similar scheme of the kind we have described support consumers' decision-making and drive competition between vet businesses on the basis of quality? Please explain your views.

Provided the PSS is easy to understand and navigate and gives the user an ability to define how far they wish to travel (both during working hours and out of hours). They should then be able to see the differences between practices that fall in that locality. If the quality measures were given equal weight relative to the cost, it would help the

client choose the practice that best suits their individual requirement. There is potential for practices to compete more on quality as well as on price with such a scheme. Focussing purely on price could in itself mislead consumers

● Question 76: How could any enhancements be designed so that the scheme reflects the quality of services offered by different types of vet businesses and does not unduly discriminate between them? Please explain your views.

There should be first some contextualisation- size of practice, scope of species treated, facilities (eg hospital). For ease of comparison, a table of services offered could be provided, with a tick against those offered. This would help to further contextualise the practice in conjunction with the quality measures and aid owner understanding. For instance, it would be clear why a practice does not have a PSS award for inpatient care if it does not have hospital facilities, reducing discrimination.

There ideally should be some measure of clinical outcomes (NASAN – national audit for small animal neutering could help here), some measure of client satisfaction (average reviews), alongside PSS award information.

● Question 77: Are there any other options which we should consider?

For those clients who strive to make ethical and environmental positive decisions, having a measure of a practice's social and environmental investment, and potentially in staff wellbeing could be helpful also.

Remedy 17: A consumer and competition duty

● Question 78: Should any recommendations we make to government include that a reformed statutory regulatory framework include a consumer and competition duty on the regulator? Please explain your views.

● Question 79: If so, how should that duty be framed? Please explain your views.

Remedy 18: Effective and proportionate compliance monitoring

● Question 80: Would the monitoring mechanisms we have described be effective in helping to protect consumers and promote competition? Please explain your views.

● Question 81: How should the monitoring mechanisms be designed in order to be proportionate? Please explain your views.

● Question 82: What are the likely benefits, costs and burdens of these monitoring mechanisms? Please explain your views.

● Question 83: How could any costs and burdens you identify in your response be mitigated and who should bear them? Please explain your views. Our only source of income as a FOP is from our clients. Increases in costs which don't provide a return are likely to be passed onto the consumer.

Remedy 19: Effective and proportionate enforcement

● Question 84: Should the regulator have powers to issue warning and improvement notices to individuals and firms, and to impose fines on them, and to impose conditions on, or suspend or remove, firms' rights to operate (as well as individuals' rights to practise)? Please explain your views. In short – yes such that all decision makers are regulated as opposed to just the veterinary professionals and we can provide assurances that veterinary clinical autonomy is not compromised

● Question 85: Are there any benefits or challenges, or unintended consequences, that we have not identified if the regulator was given these powers? Please explain your views.

Remedy 20: Requirements on businesses for effective in-house complaints handling

● Question 86: Should we impose a mandatory process for in-house complaints handling? Please explain your views. PSS is useful here and this is an aspect which could be positively incorporated into a mandatory process

● Question 87: If so, what form should it take? Please explain your views.

Remedy 21: Requirement for vet businesses to participate in the VCMS

●Question 88: Would it be appropriate to mandate vet businesses to participate in mediation (which could be the VCMS)? Please explain your views. Can mediation be mandated? Success of mediation does depend on willing participants. We have used the VCMS and found it to be helpful but have also had clients refuse to engage with it when we have offered it after reaching an impasse with them. How do we mandate clients to engage?

● Question 89: How might mandatory participation in the VCMS operate in practice and are there any adverse or undesirable consequences to which such a requirement could lead?

● Question 90: How might any adverse or undesirable consequences be mitigated?

Remedy 22: Requirement for vet businesses to raise awareness of the VCMS

● Question 91: What form should any requirements to publicise and promote the VCMS (or a scheme of mediation) take?

Remedy 23: Use of complains insights and data to improve standards

● Question 92: How should the regulatory framework be reformed so that appropriate use is made of complaints data to improve the quality of services provided?

Remedy 24: Supplementing mediation with a form of binding adjudication

● Question 93: What are the potential benefits and challenges of introducing a form of adjudication into the sector? Biggest challenge is cost, and this investigation has been sparked by cost concerns from both vets and consumers. Costs of adjudication are likely to be disproportionate to the returns. The VCMS is free for us and consumers to use (funded by RCVS) - a binding adjudication needs to require a financial input from parties using it to promote appropriate and proportionate use

● Question 94: How could such a scheme be designed? How might it build upon the existing VCMS?

● Question 95: Could it work on a voluntary basis or would it need to be statutory? Please explain your views.

Remedy 25: The establishment of a veterinary ombudsman

● Question 96: What are the potential benefits and challenges of establishing a veterinary ombudsman?

● Question 97: How could a veterinary ombudsman scheme be designed?

● Question 98: Could such a scheme work on a voluntary basis or would it need to be statutory? Please explain your views.

Remedies 26 – 28: Effective use of veterinary nurses

● Question 99: What could be done now, under existing legislation, by the RCVS or others, to clarify the scope of Schedule 3 to the VSA?

- Practical guidance to help distinguish between what is permitted, advisable and what should be avoided under Schedule 3.
- Greater advocacy for the role of RVNs to increase public awareness
- Production of some framework which could be followed to develop the skills required to perform procedures under Schedule 3 such as lump removals.

● Question 100: What benefits could arise from more effective utilisation of vet nurses under Schedule 3 to the VSA, in particular for the veterinary profession, vet businesses, pet owners, and animal welfare? Might this result in any unintended consequences?

The benefits of more effective utilisation of registered veterinary nurses are:

- Increased job satisfaction for nurses
- Reduced staffing costs to business although the wage gap has narrowed and may narrow further if RVN's take on work using higher skill sets and carry more responsibility
- If reduced staffing costs, then reduced costs to clients, benefiting clients,
- Animal welfare is unlikely to be benefitted, nor should it be negatively affected.

Due to a combination of high client expectation (often requesting a specific vet to perform a procedure) and the limited situations that fall under Schedule 3, the above effects are likely to be minimal.

● Question 101: What benefits could arise from expansion of the vet nurse's role under reformed legislation, in particular for the veterinary profession, vet businesses, pet owners, and animal welfare? Might this result in any unintended consequences?

All of the above, but RVNs could justifiably receive higher salaries so there may be minimal cost benefits to consumers. RVN's could extend their work more effectively into a domiciliary setting with potential to benefit animal health and welfare in a commercially viable way for all

Allowing people to work to the limit of their licence is generally a desirable concept

Introducing multiple clinicians into a procedure can introduce inefficiencies – many examples in medicines where cases are looked at by different people for different facets and it slows down the pace and efficiency of care. As an example, whilst imaging an anaesthetised patient pre orthopaedic surgery, a vet will during the same time be conducting a physical examination and assessment of the case

Proportionality

● Question 102: Do you agree with our outline assessment of the costs and benefits of a reformed system of regulation? Please explain your views.

● Question 103: How should we develop or amend that assessment?

● Question 104: How could we assess the costs and benefits of alternative reforms to the regulatory framework?

● Question 105: How should any reformed system of regulation be funded (and should there be separate forms of funding for, for example, different matters such as general regulatory functions, the PSS (or an enhanced scheme) and complaints-handling)? We currently only have regulation of people – the veterinary professionals, and the regulation is around our professional conduct. As such it is funded by the regulated individuals. Any reformed system which regulated the business platform needed to provide veterinary care, the employment practices applied to regulated professionals and associated consumer duties needs to be funded by the businesses. However, their revenue comes from consumers, so it is likely to end up effectively all being funded by these consumers and thus proportionality and efficacy are key. Is there scope for suppliers into the veterinary industry – of medicines, diagnostic equipment etc – to also pay a levy to part fund this reformed system of regulation?