Response to remediesworking paper

Please treat all this content as confidential.

As an overall observation this document is extremely onerous to respond to for a small practice and has taken a considerable time consuming most of our bank holiday to try and present meaningful responses. I hope the CMA will understand that any lack of responses is not to be taken as acceptance of your proposed remedies rather than a measure of the amount of work required to present the opinions of a small independent.

[redacted] I am taking my personal time to respond to the hugely oppressive document outlining the CMA's responses as I am totally distressed and depressed by what I consider to be a huge overreaching to a veterinary profession that, as portrayed, I don't really recognise as being the real world that I experience every day. If there is anything that would push me, as a long standing independent veterinary practice to sell to a corporate then these proposals would be it.

The whole emphasis of these remedies is on clients only buying on price, often to be restricted, endless additions to our cost base, for no apparent benefit and there is nothing about offering a more level playing field to FOPs when purchasing drugs etc. The cost per individual client of the endless additional elements would mean that effectively only the large corporates could spread the overhead burden across a large enough range of clients to make it workable. Small independents would have to significantly put their prices up or become increasingly unviable – neither would help the clients in the cost of looking after their pet.

At a time when we are surrounded by prices rises on every front and facing a huge number of industry specific challenges, I fail to understand why we, amongst all the professions, are being singled out for the proposed very stringent interference to our trade. The veterinary profession would appear to already be very competitive when compared to other professions.

There are certain elements of the veterinary profession that have been less than ideal in the past and I can understand the concern over the corporate sector, however, I believe that the case has been hugely overstated. I do not believe that the real issues have actually been identified as most of your remedies just display your complete lack of understanding of the way the profession is at its best and what clients actually want from it. The CMA are overstating the problems, which if they exist, are mainly associated with the corporates, but are suggesting solutions that would have an enormous impact on the average independent practice and make them certainly less viable if not force them out of business completely. If the CMA are aiming for a charter to push more veterinary business into the hands of the LVG's then they are to be commended on their work. If on the other hand, they are sincere in the desire to make the veterinary profession more competitive and sustainable for the long term then their report would have 'must try harder' written all over it.

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.

As a general comment we would suggest that the remedies being proposed are totally disproportion to the problem identified which we would consider has also been totally overstated. Only large corporates could deal on an ongoing basis with the level and complexity of the information being requested and the feedback being required. Very little of what is being suggested would be of any benefit to a client.

Trialling of information remedies

● 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.

As we feel that the vast majority of what is being suggested is totally over the top and not practically possible for independent practices without huge additional administrative cost and the whole focus of our business shifting from provide good value veterinary services to an obsession with bureaucratic processes. A small trial would obviously be a good idea.

Because the new requirements of the CMA having to monitor the effectiveness of its remedies we would ask that the CMA takes great care in what it actually suggests or we will all disappear into a black hole of measuring and responding – what happened to the focus on us actually doing what we are supposed to do which is providing good value veterinary services to our clients over many years?

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.

Whilst we would totally support openness and honesty about our prices, our ownership and awards etc we would find the burden of providing and maintaining the suggested level of information to be totally untenable given our current level of admin staff. Only large corporates would be in a position to support and maintain such a wide-ranging level of detail and much of the detail being suggested can only be related to the individual animal being presented and is therefore of little valus if presented as a price list on a website.

● 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.

The information being requested could only be provided and maintained by a large corporate body or by significantly increasing our overheads. The costs would be totally disproportionate to the client benefit. Eg. How big is the lump that we are being asked to provided details for and where is it? – how big is the laceration?, is the wound fresh or two days old etc etc.?

Unfortunately we feel that the current suggestions just illustrate the total lack of understanding by the CMA of the way the industry currently works and interfaces with its clients. If all dogs were like a certain make of car then we would have a much better chance of providing the information.

● 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.

We also feel that the effort and energy required to support this requirement is totally disproportionate to the actual problem suggested and would do little other than to significantly add to our costs, which would ultimately have to be passed to the client. There are just too many variations in the age, breed, size, concurrent medical conditions etc of an individual animal and the related materials and methods used to provide standardised prices. Even within standardised and routine procedures there can be a huge variation in methods and materials used and these give no indication of associated 'quality'. We would argue that the average client could not make a valid judgement of the use of one anaesthetic or suture material over another. When a client is selecting a veterinary practice they just don't approach the issue in this way. Publishing prices would lead to a 'cartel' situation not a more competitive market.

● 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.

We could start with a basic uncomplicated situation but the number of variations and ramifications possible would make a real world average price on which a client could make a judgement almost impossible to determine.

● 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.

It would categorically not be an advantage to pet owners as it is currently proposed. I feel it would lead to endless problems with client expectations that did not relate to their actual animal and would give them absolutely no indication of the quality of the work they would receive. Is the person doing the procedure a vet with many years' experience or newly qualified? Would this have an influence on the outcome of the procedure, the length of time under anaesthetic or the recovery?

● 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.

Totally disproportionate. See above.

● Question 9: Could the standardised price list have any detrimental consequences for pet owners and if so, what are they? Please explain your views.

Yes - Please see above.

● 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.

This whole approach is to take a sledgehammer to crack the proverbial nut. I am sure that corporates and referral hospitals could accommodate your suggestions but we could not.

● Question 11: What quality measures could be published in order to support pet owners to make choices? Please explain your views.

Everyone's perception of what constitutes quality is different and I am unclear as to what are you suggesting the client can reasonably make a judgement on. The client can't see the individual op on the specific day and that is the only on that really matters to them. What other industries or governing bodies can actually make a realistic assessment of quality – Ofsted? – and any assessment can only reflect a moment in time. Any 'award' can be invalidated by a key nurse, vet or practice manager leaving but this might be long term or short term – how is that reflected? The measure should not be 'quality' but value for money and is best reflected by repeat clients liking and trusting the practice they take their family member to. These days social media gives a picture that is either right or wrong, but always seems to carry more weight than evidenced based advice or assessments.

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

I believe this to be a totally ridiculous idea sadly indicative of the apparent complete lack of understanding of the nature of the veterinary business and how clients and practices interact.

● 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.

As I do not agree with this suggestion in any respect I have no suggestions of anything that could be usefully displayed on it. All this will do is increase our costs. There will be no benefit to the clients as they will not be in a position to understand the nuances between the various data that could be posted to just comply with the regulations.

● Question 13: How could a price comparison website be designed and publicised to maximise use and usefulness to pet owners? Please explain your views.

God only knows – I don't believe it can and certainly can not see how it would help anybody or, more importantly, change buying patterns. This would just be a huge bureaucratic exercise.

● 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?

The problem is that, because of your apparent complete lack of understanding of the nature of the profession what you are identifying as concerns are a false premise and that renders your suggestions completely inappropriate. Neither of the above measures would do anything other than add cost or push independents more to corporate ownership.

● 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?

As an independent practice we could not take on this additional administrative workload without employing more non-productive employees and recovering their costs from the clients. The overheads associated with trying to take on this level of responsibility on an ongoing basis would lead me to seriously consider leaving the profession as I can see it having no meaningful benefit to

any party involved and it would significantly increase stress levels with the practice. I cannot speak for referral centres.

● 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.

In theory everything is possible, the question is how many combinations should FOP's be asked to cover and what is the evidence that any of this would be of benefit to the client who is not in a position to understand the individual circumstances of their particular animal and thus how the information being provided would relate to them as opposed to the theory.

● 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.

How can this be possibly done on a website. When we present these to a client, we do it on an individual basis for their particular animal. Again, you are trying to treat a pet that is unique in its set of conditions as if it was a particular make of car with a particular problem.

● 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.

The best method of funding is to abandon the idea completely.

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.

Sadly, yet more bureaucracy. Most Pet Health Plans only cover a few areas so clients can easily assess the savings before they agree to the plan. This is explained at the time that they sign. My practice already offers the termination scheme suggested and we feel that this element is acceptable to enforce. As far as any annual reports etc are concerned again we would not currently be able to cover the additional overhead burden that this would create as it would require monthly reviews as all plans start on different dates.

● Question 20: How could this remedy affect the coverage of a typical pet plan? Please explain your views.

Sorry don't understand the question.

● 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?

Firstly, the fact you have included referral providers in this category again clearly indicates the CMA's lack of understanding. We are not aware of any referral centres that offer this facility, neither can we imagine a situation where such a plan would be of use.

The technical issues could be resolved, at a cost, but we have no evidence that the suggestions are either wanted or of benefit to a client.

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.

As an independent FOP it would be useful to have a list of referral services in our area. However, how would we be expected to assist the client in their choice and who would pay for the time this would take? If we are referring a client, they are trusting our judgement and I would be reluctant to refer to anyone who I did not personally have a high opinion of unless specifically requested to do so by the client. In the latter case the client usually already knows where they want to go.

● Question 23: Are there any consequences which may be detrimental and if so, what are they?

Just referring to someone on a list is just taking a pig in a poke. I feel that this would just slow the process down further, increase our overheads and reduce good outcomes.

● 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?

Not in a position to speak for referral providers.

● 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.

Please see all previous comments.

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.

Most owners requiring a referral would want to go to somewhere relatively close to them and an individual who we could personally recommend as being, in our opinion, the best option for their particular case and pet.

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

This suggestion if implemented in any form would be a complete nightmare and of no value to the client. As I have already stated I am totally committed to the client making as informed a decision as possible about the treatment of their pet and I believe that this includes treating in a proportional manner with the option to go further if the situation is not resolved. At what point am I supposed to provide a client in writing with all the possible outcomes and or treatment options for the condition that their pet initially presents? The suggested remedy assumes that every animal that comes into the surgery has a definable diagnosable condition which I can identify at that point and has only one set of treatment options. It is not like fitting a fan belt to a car.

There are likely to be three outcomes of this remedy – the first would more than double the cost to the client because everything that I said to them in the consult would now have to be transposed into a written quote – the second would be to simply not take the best option of having the work done ‘in house’. This in my opinion, would not allow the client to receive the best value for money, and better outcome for the pet and the client. The reason for referring the case to someone else would be solely to avoid dealing with the associated bureaucracy rather than for a better outcome

and because these organisations would only be able to see very few clients a day I would expect the costs to be significantly higher. The third could be a significant increase in my staff numbers, especially vets, because the number of clients that could be seen in any 'consultation slot' would be severely limited by the possible need to provision for time to write up the required documentation, even if none were necessary for any of the individual consults within that slot. It would be impossible to predetermine if time would be required for write ups but it would have to be provisioned for making our vets totally inefficient with the associated cost having to be passed to the client.

● 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.

I am totally against the principle of this remedy which I can see of no benefit however, any banding thresholds should relate specifically to the client involved and their individual propensity to send money on their pets which will vary widely. This just will feed the perception that vets are only interested in money not their pet – a perception which I would totally refute.

● 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.

I am totally unclear as to why this would be of any benefit – most clients what to start treating their pet as soon as possible. What possible benefit could there be in delaying treatment. We are only offering treatments to resolve a condition not cosmetic surgery.

● 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.

Please see my comments above.

● 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?

Actually keeping the record is not a problem and is already being done when appropriate. The burdens of this approach are far wider ranging that this element. How long would it be considered appropriate for the treatment options to be relevant and how many hours should a vet take to review all the previous options during the consult with the client? More cost being added.

● 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?

The consent form is the easiest way of doing this but the production of the form – that would be unique to each individual animal – would be both difficult and time consuming.

● 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?

Please see my comments above.

● 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.

Yes. Please see comments above.

● 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?

I would welcome the CMA receiving training to enable them to fully understand the implications in the real world of what they are suggesting.

● 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.

Pease see answer to above question

Remedy 6: Prohibition of business practices which limit or constrain the choices offered to pet owners

This section seems to relate to trying to reduce the freedom of a vet to do the what they feel is most appropriate for an individual pet with no review or monitoring. The section needs to be very carefully handled as a vet who is consistently under diagnosing is as bad as a vet that is going the other way. In terms of giving good value to the client it is necessary to ensure that vets are not allowing cases to go incorrectly treated because of their lack of knowledge or experience. In certain circumstances this will require measuring vets on certain elements e,g anaesthetic times so that remedial action can be taken in the best interests of the pet involved.

I do not agree, and never have had, performance targets that related to achieving specific numbers of a certain treatment.

Again great care needs to be taken to differentiate between carefully considered clinical protocols designed to give safer and better outcomes for clients and purely financially driven practices.

● 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.

Sales targets for ancillary products. The RCVS should not be given a greater role in policing other than perhaps asking the question in a PSS inspection.

● 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.

Should just be added to the code of conduct and then vets won't do it.

● 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.

If in the Vets code of conduct this will solve the problem

● 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.

Please see my comments above.

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

It is very disappointing that this remedy offers nothing to help FOP's to buy at a price that would allow them to compete with the online pharmacies or the LVG's . This would have a much bigger impact on the supply of drugs than what is being suggested and putting FOP's into a position where they could offer their clients competitive drugs prices would be of benefit to clients and practices alike.

As a practice we only have two methods of generating income, our fees and our ancillary sales. At the moment we are not being allowed to buy competitively and I fail to understand why the CMA is not addressing this issue but choses to inflict restrictions on FOP's instead. That is not solving the problem but attacking the effect.

● 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.

It would be totally unworkable for medicines administered by a vet to be only possible with a prearranged prescription.

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

I personally do not have any problems with the current situation and see no reason why it should be changed. We have many clients who sometimes ask for a prescription and sometimes do not.

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

A written prescription has two elements - the time it takes for the vet to either determine the initial medicine required or review the case in terms of a repeat prescription. It then takes time to produce the prescription to meet the statutory requirements. Which of these would you suggest changing?

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

No idea if it is even achievable.

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

I am unclear why this remedy is being suggested. Where else can you shop with the supplier forced to provide you with up-to-date price information, which may change dynamically.

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

None – this should not be our responsibility – the client can take their prescription to wherever best suits them

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

All the information about how it is intended the drug should be administered should be on the prescription but nothing more

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

More and more expense being piled on the FOP with little or no benefit to the vast majority of our clients who will all be made to cover the costs

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.

The basic requirement could be achieved by identifying the active ingredient strength and dosage on the prescription but this is only half the story.

● 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.

The cascade would have to be removed and the licence requirements for each condition would have to be identified. The later would be very hard to achieve in a prescription situation.

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

Who gives support in the event of suspect adverse reactions and who is responsible for liability if the prescribed active ingredient is given outside of the licence conditions if they exist.

● 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.

Antibiotics and parasiticides are the most obvious but as above selection is affected by current licensing conditions. The VMD would have to give clear guidance on this

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

Very worried about this suggestion – where are the new drugs going to come from if manufacturers are undercut by generics?

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

For others to answer

● 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?

See above

● 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.

See above

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.

No, I do not agree – if the client is made aware of the prescription cost for an individual practice, they have the choice as to ether to proceed or not.

● Question 56: Are there any unintended consequences which we should take into consideration? Please explain your views.

If drug sale profits are removed or restricted our fees would have to increase. Why is the emphasis not being put on allowing FOP's to buy better rather than restrict turnover and restricting markups as a means to getting to more competitive prices.

● 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:

If the CMA wants a competitive market, they should not be suggesting restricting prices – competition should provide their solution.

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

Firstly, the cost of deciding on the appropriate medicine has to be included in the cost of the prescription, especially for a repeat condition, and it then takes at least 10 mins to originate the prescription in the prescribed format.

● 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)?

The cost to dispense the medicine will depend on the item actually being dispensed – measuring liquid, counting pills etc all take time then it needs to be counter signed to meet the regulations.

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.

We are not responsible for price increases from suppliers and should not be restricted in any way in what we can charge for a drug. Surely this is one of the elements that vet practices should be allowed to compete on if the CMA actually wants more competition why would this element of our business be restricted?

The emphasis should be on providing the FOP's with a more open opportunity for buying from anywhere.

● 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.

N/A

● 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.

N/A

● Question 63: How should any price control be monitored and enforced in an effective and proportionate manner? Please explain your views.

N/A

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.

The system is unworkable and totally unnecessary.

● 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.

Anything would just increase our costs.

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

The overhead of running an OOH service is prohibitive and the main issue is for independent FOP's actually being able to find another organisation to take the OOH provision for them

● 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.

Any notice period would have to reflect the level of investment an OOH provider has made in staff and equipment so should not be less than six months or the incentive to take on FOP's would be greatly reduced.

● 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.

See above

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.

No, we do not agree with additional regulation – publishing prices should be sufficient. Most PTS's are planned and therefore clients could shop around prior to the event if that was their only consideration but most would rather have the procedure done by someone they trust and has known their pet. Please do not underestimate the amount of work that is associated with helping clients through this process.

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?

A price control on cremations is not required

● 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.

See above

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

See above

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

See above

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.

I think this needs to be very carefully thought through as there are a lot of instances where the needs of the business are actually in direct competition with the requirements of a governing body e.g the Chikosi case and the business obligations to keep their staff safe often lag behind the regulations of the governing body.

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.

I feel that, other than comments on social media and word of mouth, which may or may not be correct, there is little that one can do to give a meaningful comparison of 'quality' which in itself would differ from client to client.

There is no real evidence that this type of monitoring actually works to the benefit of the customer across any industry sector.

● 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.

We have been a member of the PSS scheme since its inception and it has never been seen by clients as any sort of indication of anything. Clients just assume that everyone has to go through the process which, if anything, is slow to adopt or drop excessive or erroneous regulations which just put up costs. An example would be the positive pressure operating requirements, the MRSA requirements or the current environmental swab testing.

● 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.

This must be outside your current remit

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

See above

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.

Definitely outside of your current remit and an issue that should be given a lot more consideration and discussion by people who actually really understand the way the profession actually works. There is currently no evidence that the CMA would be qualified to undertake this.

● 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.

From my experience the profession is already well measured for compliance. Again, is this actually part of your remit?

● 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.

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.

Categorically no but what has this to do with your remit?

● 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

The current regulatory review periods are far too long – eg VetGDP – their track record on appropriate and proportionate improvements is not good.

● Question 86: Should we impose a mandatory process for in-house complaints handling? Please explain your views.

No

● 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.

● 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?

Again, more and more costs and what benefit?

● 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?

The average type of complaint that we are currently receiving would have no contribution to improving standards.

Remedy 24: Supplementing mediation with a form of binding adjudication

What has this got to do with the investigation you have a mandate for? It is not necessary.

● Question 93: What are the potential benefits and challenges of introducing a form of adjudication into the sector?

● 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?

Again, would need to be as a result of a cost benefit analysis and I would respectfully suggest that from the evidence in these remedies, the CMA should not be the people to do it.

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

This would appear to be outside the remit of this investigation

● 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?

● 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?

● 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?

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.

Why is this being included in this review?

● 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)?