

General points:

27 days is insufficient time for us to fully read, digest, consider and respond to these proposals. We are a small business with three members of clinical staff and we are busy. We do not have a department dedicated to this like a LVG would. I am concerned that this short timescale and the level of detail required to adequately respond to this is putting small businesses such as ours at a huge disadvantage in having our voices heard. We have done our best to respond as fully as possible but the time required to produce the data and detail which you really need from us is simply not possible for us to spare.

We are a small new business in [REDACTED]

[REDACTED] - We have 695 clients, with approximately 1300 pets registered. We are proudly independent, having become tired of the LVG pricing structures which we experienced when working for [REDACTED], and wishing to offer our clients a fair and honest service without inexplicably inflated fees..

Responses to specific questions:

Q3: This covers an adequate range of services, although an individual estimate is our standard procedure because this gives clients a much more personalised idea of likely cost.

Q5: The range of factors is huge, from animal species, age, breed, temperament to owner lifestyle, budget and wishes plus the severity and /or urgency of the problem means the variability in what is required on a case by case basis is enormous. Weight is crude, and very little of our charging for procedures is on a weight basis but I imagine it is the simplest option for the majority of practices.

Q7: The standard price list should be heavily caveated because of the potential variability of what the animal actually requires vs what the owner anticipates (e.g a simple stitch up vs an extensive repair) so an individual estimate would still be more appropriate.

Q8: Owners do not always know what their pet might require so the price lists are limited in value until they've had a consultation, by which time an individual estimate can easily be generated instead and will be much more useful and accurate. For example, a lump removal of a skin wart under sedation in a small dog might cost £250 vs removal of an extensive sarcoma under general anaesthetic with additional pain relief and skin grafting could cost £800, but clients do not have the clinical knowledge to assess which of these procedures their pet might need. They may well ask for the cheaper end of the scale but will not appreciate that this is not possible or appropriate. Better individual practice transparency and written estimate provision is a much more suitable, accurate and personalised approach.

Q9: The price list doesn't give owners a way to compare quality of service, just cost, so it is crude. Owners may choose lower-cost services which are also of a lower standard. This simply encourages loss-leading headline prices and we do not believe this is actually beneficial to clients. In practice clients might end up being presented with a very different cost to the one they may have identified on the price list and therefore expected to pay.

Q10: We are a single-vet site and we have had a price list on our website since opening and cannot fathom that any practices would not provide this.

Q12: This, like the proposed price list, creates a massive burden on the practice to administrate (and disproportionately heavy for small independent practices) so selfishly we would say the less the better. Without standardising what practices offer it is very difficult to see how meaningful comparisons can be sought.

Q15: The variability in what is appropriate for an individual case (see RCVS contextualised care concepts) is too enormous to be able to genuinely produce appropriate information for bespoke results without a massive admin burden on practices - our current system of providing written estimates to all clients in advance is at least personalised and not too burdensome. Price changes from wholesalers are frequent and ongoing and therefore maintaining currency of the information would be an extremely onerous task.

Q18: If practices have to fund this, we will have to increase fees somewhere to be able to remain profitable. Our business is only 6 months trading and although we have structured our fees so as to primarily make money from services rather than medicines sales, we do not have the extra money, staff time and bandwidth to contribute to such a project.

Q27: We currently provide written estimates to all clients in advance of non-urgent procedures. In emergency situations a verbal estimate is given. Because clients are of a wide range of means, we do not think it reasonable to only mandate written estimates for over a certain value. It is an integral part of the interaction and discussion of budget and likely costs should and does take place before all procedures in our hands.

Q28: Thinking time is inherent in non-urgent procedures because like most practices we are busy and are unlikely to offer an appointment for non-urgent care on the day, in fact most for example dentals would be booked a couple of weeks ahead. I therefore see little value in mandating this.

Q29: Obviously mandating a cooling off period in emergency situations would compromise animal welfare and I imagine would damage relations with our clients who are looking for prompt care.

Q30: Should be recorded in notes although this can be a detailed and nuanced conversation which can be difficult or time consuming to summarise in a way which truly reflects the conversation. Might need us to record consultations, but then owners may not wish these private consults to be on record? Also there would presumably be a cost implication.

Q31: How would a lay-person know whether the options presented were in fact suitable? In any case we strive for meaningful informed consent and therefore worked very hard to keep our consent forms brief and clear. We would not wish to add complexity unnecessarily.

Q32 We already do this, no impact.

Q35: Completely impossible to answer, the options are numerous and variable and reaching a conclusion on the best approach to deal with a case is an iterative process carried out through a conversation between client and vet

Q36: We feel practices such as the prescribing of white-label or own-brand products and LVG ownership of other parts of the supply chain are unfair practices which impact competition and owner choice, and are not ever made clear to clients. RCVS not an appropriate body to regulate this though as they also regulate individual vets (and do a questionable job of that as it is) so would need an independent regulator.

Q37 Self-certification might be appropriate for a small independent practice if the process was clear and straightforward but for an LVG I would think the potential impact on clients as a whole would be much bigger due to scale so I am not sure that it's proportionate or fair to let them also self-certify.

Q40: I am not comfortable with being expected to personally administer medications whose source and storage I could not verify, therefore products such as vaccines, emergency medicines, anaesthetics etc are not appropriate for mandatory prescriptions.

Q41: Mandatory written prescriptions will undoubtedly have a negative effect on our small business. Although we do not focus on revenue from medicines, we will still have to stock medicines for those who choose to buy from us, and this carries a cost and some degree of wastage which will have to be funded somehow. It will also result in clients going to buy medicines from LVG-owned pharmacies who are then going to profit from these changes while small businesses like ours lose out. We work hard to stay close to internet prices and offer prescriptions freely, advertise their availability in our waiting room and ensure clients who have budget concerns are supported to find the lowest-cost option. This engenders trust from our clients and we have worked hard to achieve this, but it will be a shame if we have to increase fees for those who continue to support us by buying from us.

We also operate in a rural and geographically remote area and some pharmacies either will not deliver to this area or will not deliver certain products e.g. refrigerated items, so many clients prefer to source from us so that there is no delay in treatment being started. Mandating prescriptions means that these clients could face delays or difficulties in obtaining medicines (as we would reduce the stock we hold in response to reduced demand).

Our strong preference would be that the current status is maintained and we have no issues with a fair price cap being placed on prescription fees. As mentioned before we do already have written information on display in our waiting area informing clients of this option, and we discuss this option with clients as it is. We feel this current situation is fair on all parties and we develop a good working relationship with our clients this way. We support improved client awareness in general.

Q42: We currently do not issue prescriptions to clients for security reasons, but instead send the prescription directly to the pharmacy of the client's choice. If a portal was available for this it might be quicker, but a universal prescription system/format would be better still. However practices use a huge variety of different PMS systems so this would be impractical and costly to implement and integrate.

Q43 If major changes came in, such as mandatory written prescriptions or a universal system, a lengthy transition period (2 years?) would be required to allow practices to all align with it and for pharmacies to get systems in place. The LVGs would be at a huge advantage due to their capacity to implement these changes at group level, and due to their ownership of the pharmacies making it easy for them to integrate systems.

Q44 Why should we as a business have to provide our clients with price information for our competitors? When I go to a garage to get my car repaired I do not expect to be given information on what it would cost if I was to go to a different garage. Do clients realistically expect this to be the case? How do I get this information, and ensure it is accurate and clear? Why do I as a small independent practice have to provide my clients with information on what a massive multinational company would charge them?

This is an issue for practices like us who take security seriously (as there have been reported cases from other practices of clients using the same prescription in multiple different online pharmacies and therefore committing fraud) and send prescriptions directly to the pharmacy on behalf of our clients. Now we would have to issue separate price information about what competitors are charging, even though the competitors might be a LVG pharmacy with much reduced overheads, much greater buying power and who have not spent time and effort in supporting the client, answering their queries and helping them reach decisions about their pet's care.

Q46: I am not sure how reasonable and feasible any of these are - options requiring a QR code will rely on all of the PMS providers making this facility available on their prescriptions. The price comparison tool will be a massive task and again one which LVGs will have a huge advantage over independent practices as they have staff and resources who can do this on behalf of their practices. Presumably if we as an independent practice do not have the time and resource to contribute our details to such a resource we would be excluded from it? And how do we accommodate the constant flux in fees charged by our wholesaler? This seems likely to be an enormous administrative task.

Q47: Generic prescribing is superficially a good idea but some issues would need to be ironed out:

- Where a human version is available I need certainty that this is not what would be dispensed, e.g. meloxicam
- When I stipulate a quantity this might limit a client's options, e.g. 180ml of oral meloxicam is not available in the Loxicom brand

Q48 You need to ask the VMD this.

Q49: This might have an inhibitory effect on the development of new medicines or formulations by pharmaceutical companies. We rely on these innovations to continually deliver improved care and options to our clients and their patients.

Q50: Sometimes format is important, e.g. there are many different brands of co-amoxiclav available but they have varying palatability. So I don't think any categories in particular where this would be particularly beneficial.

Q51-54: We feel the CMA has got lost in the weeds here. How does this directly benefit clients and client choice? If we as vet practices can find a more cost-effective solution to meet the medication needs of our clients we will, but the main issue here is the cascade and the rules around our prescribing. That appears to be beyond the scope of your proposed remedies.

Q55-56, 58: Price control of prescriptions may be appropriate for some cases but we charge only £18 (£15 + VAT) per prescription (£9 for additional items on each prescription). This modest fee covers our time to produce the prescription, the PMS fees for the system which generates it, the printer and toner and paper, the support staff time to scan, file and forward this to the pharmacy as well as my time and knowledge to select an appropriate medicine and produce directions for its use. There is also a frequent need to further communicate with the pharmacy. My signature confirms my accountability for the prescribing choice and surely this alone should come with some cost. We are not set against a cap, but the time and cost associated with issuing a prescription has to be covered, and were we unable to charge for this process we would have to increase our consultation fees for all clients (this means even those who do not require a prescription would also see a fee increase) to cover the shortfall.

Q59 Dispensing costs are minimal - we have to supply a container, such as a bottle of carton, plus a guidance leaflet, and a label and outer bag. This required a dedicated printer and labels, plus some staff time to make up the product. We charge £5 + VAT for this.

Q60-63 We currently mark up most of our medicines between 10 and 50% on wholesale cost, depending on factors like anticipated wastage and internet pricing. We are aware that many of our LVG competitors mark up 100-200% in some cases. Other than the massive administrative burden of trying to keep up with price controls (as well as updating price lists, comparison sites, providing QR codes, generating so many prescriptions) we do not make much money on our medicines. We only opened 6 months ago so do not have data from July 2024, but we are subject to regular wholesaler price increases and therefore if we are unable to increase prices, with our currently low mark-ups we will be hugely negatively impacted by any inability to increase prices. This would mean we would simply stop selling some medicines and as mentioned above this could have a negative impact on medicine accessibility for some of our clients. This price control proposal would have a minor impact on practices who were charging hugely inflated markups but could be devastating for a small new business such as ours which has designed a pricing structure to be fair and accessible for our clients.

Q68-71: We talk to our clients about cremation options and associated costs. This is a distressing time but we do not charge huge fees (£35 inc VAT for routine communal cremation, £110 inc VAT for individual private cremation). This process already is fairly onerous as it requires safe and hygienic handling and disposal of the body, storage in a freezer including power and maintenance, recording of waste transfers and specific administration associated with private cremations. Were there to be any additional administrative burden associated with this we would have no option but to increase these fees. A price control may mean we no longer offer this service because we do not currently actually make any significant profit from this service, we just offer it to our clients as part of

our holistic care for them and their pets. We already have to pay an additional special collection fee to our cremation company because of our location (the company has been driven out of the local area [REDACTED])

Q74 We offer our clients what we feel to be an exceptionally personal, consistent service with excellent continuity of care and this is something many of them express gratitude for. COntinuity of care is a quality indicator and this is not currently something most clients can assess or determine from practice advertising or websites or simplified price lists or costs. We are very cost-competitive but we also provide an experienced team and a very personalised service. We are therefore unhappy to have our service offering reduced to a simple fees basis.

Q75 PSS is a costly endeavour - we feel we do adhere to the standards of the PSS and are experienced in achieving these standards in previous workplaces but as a young new business it is a cost we cannot currently justify given the limited public awareness of the scheme. The current PSS does nothing to help clients in cost terms anyway.

Q99 BVNA have published a useful document <https://bvna.org.uk/wp-content/uploads/2024/12/For-veterinary-professionals-Maximising-RV-N-role-11.12.24.pdf> which we adhere to in order to maximise the scope of nurses. We firmly stand behind the proposal to protect the title RVN.

Summary

We are disappointed that these proposed remedies seem likely, to us as a small new business who have purposely set out to operate a fair structure with reasonable and justifiable fees, to punish us disproportionately. We were mindful of the CMA's investigation and therefore tried very hard to ensure we are transparent and fair with our pricing, focusing on professional fees in place of medicines revenue. However we do have to unavoidably stock medicines as our clients expect us to and in many cases need us to provide this so animals do not face delays in treatment.

We could be facing a situation where we are facing increased (and potentially overwhelming) administrative burdens at the same time as price controls which will make it difficult to cover our costs. We are only 6 months into business and are proud of our client base who have expressed gratitude for our transparent and fair fees, as well as the quality of service and care they receive. We strive to offer excellent professional and accessible care with animal welfare at the centre of our operation, and we have serious concerns about the potential impacts of these proposals on our ability to remain viable and sustainable.