

Dear Sir/Madam,

I write in response to your remedies paper of 1st May 2025, and would like to comment on some aspects of this.

I note one of the over-arching aims of your market investigation is:

“to see **well informed** consumers making choices between alternative providers of services, and between different services, with providers responding to consumer needs and preferences.”

I agree that this is a good aim for everyone, and would like to outline some thoughts on which aspects of your current proposal I believe are more likely to achieve these aims, and which are not.

Theme: Measures to increase transparency and pet owners’ ability to compare between FOPs and referral providers.

Prices – I would suggest that a standardised list of the **total bundled price** and **logistical arrangements** for **3 examples of commonly encountered and more serious illness or injuries**, prefacing the price list of individual items, would be a much more useful and accessible guide to most clients or prospective clients than a list of individual prices alone. Individual prices could be hard for clients to navigate and work out what a total bill is likely to be in a given scenario.

These examples would give a clear indication of comparison of cost, along with a guide to the need for, and price of, the OOH and referral arrangements for commonly encountered, more serious problems. Long-term medical conditions can often be managed on a more basic level where costs are a concern, and there is adequate time for owners to consider their options, but these types of cases require an all-or-nothing approach, with euthanasia as the only ethical alternative. These are urgent situations, where the patient’s welfare is often already compromised on presentation. There are examples where having made informed decisions prior to the event (such as in choice of FOP and their OOH options) is far more important than for elective and routine treatments. [I suspect these scenarios, where total bills often consist of 3 separate bills from 3 separate service providers – (FOP, OOH and referral) could be the source of many of the complaints raised by clients about a system that is not functioning as well as it could.]

Resolution of a more serious issue can often run to several thousand pounds, and a price list of individual treatments costing a few hundred pounds each can give an unrealistic impression to clients of what a likely total bill would be in the event of a more serious issue, and may subtly encourage complacency, reducing appropriate consideration of pet insurance or other pro-active planning measures.

A price list alone could hinder accurate and realistic comparison of FOPs, OOH providers and referral options.

I would suggest a requirement for each practice to set out its costs and arrangements for three consistent and specific examples – one soft tissue surgical, one trauma and orthopaedic, and one medical. These would be realistic treatment protocols – more tests would be available, but these represent a sensible, pragmatic approach. These could be easily distilled into a table which was simple for Practices to complete, and more importantly, simple to for owners to understand (see attached excel). As a summary:

1. **Ingestion of a foreign body by a 20kg 1 year old Labradoodle dog** (eg sock, stone, corn on the cob) requiring imaging (x-rays and scan), fluids, surgical removal, with the patient presenting on Monday at 5pm. Imaging and surgery are done that evening at 10pm. Post-op care is required for 72 hours, 48 of which the patient requires IV fluids and round-the-clock care, with methadone every 4 hours, maropitant every 24 hours, cefuroxime every 12 hours and paracetamol every 12 hours. The **total price** will be very important, but the **logistical arrangements** are equally important – how will the patient be transported between the out-of-hours-provider and the FOP, if the FOP does not offer 24 hour hospitalisation facilities? This is often the owner's responsibility. How far is the journey between FOP and OOH provider? What time does the patient need to be collected from the OOH provider on Tuesday morning by the owner, what time does the FOP open on Tuesday morning – these times may not be synchronous, and clients need to be aware of the logistics in advance, to make an informed decision on the type and cost of care they want. They absolutely need to know the details of these arrangements before they happen, as these logistical necessities can make up a big proportion of hidden ancillary costs, in addition to the bills for veterinary treatment.
2. **Road traffic accident involving a 3 year old, 4kg DSH cat** requiring emergency stabilisation (x-rays, scan and IV fluids) for 48 hours and subsequent femoral fracture [3 fragment, closed, comminuted] repair (or amputation if preferred) thereafter, including follow-up consults and radiographs 8 weeks post-op (if repair carried out). Initial presentation 2pm Wednesday afternoon, emergency stabilisation IV fluids. Once stabilised, the following day, sedation, 6 x-rays, abdominal scan to rule out bladder rupture, followed by plate or ESF repair of the fractured femur. Will referral be required if repair is requested? If so, where will it be done, and how much will this cost? How far away is the referral centre? Will they offer a direct insurance claim or will the owner have to pay at the time and claim back later?
3. **Acute haemorrhagic gastroenteritis in an extremely painful 5 year old 25kg Collie** dog presenting Tuesday 9pm, requiring 3 days of hospitalisation, full bloods (biochemistry, haematology, pancreatic markers) IV fluids, x-rays, with appropriate IV analgesia. Where will the patient be hospitalised, who will look after it overnight and who will transport the patient between FOP and OOH provider, and at what times? (eg 7:00am and 7:00pm each day)

These examples would, in themselves, provide a very good measure of price, quality and level of service offered, offering a real-life comparison of what services can be offered at the FOP and whether referral is likely to be necessary. Put together in this manner, this would provide a much more **accessible, realistic and helpful cost and quality comparison** than a price list alone, and quite possibly better than many scales/awards/ratings could provide –

these can be hard to understand at a glance, and real-life examples could provide a much more easily understood comparison for owners.

I would suggest that a real-life examples page, as above, prefacing or headlining the detailed list of prices of individual services, would be akin to the 'Insurance Key Facts document' which helps people see the important factors they need to be aware of at a glance when choosing a home, car or phone insurance policy. This could be extremely helpful for the client when choosing which FOP is most suited to their needs.

- **Services offered** – the real-life examples above (or others) could give a very helpful comparison between practices, set out in an accessible and easily understood manner
- **Ownership links** – I agree it is hugely important for this to be crystal clear to everyone. This should be enforced on signage (at a defined size and proportion of the signage), website, and Practice literature.
- **OOH arrangements.** Where is the OOH practice in relation to the FOP? Are they open 100% of the time (there can be occasions when an OOH provider will temporarily close, and owners are diverted to one further away). Does the OOH provider have access to your pet's history 24 hours a day? Do they offer direct insurance claims or will the client have to pay at the time of collection?
- **Some basic measures of quality.** I believe the '3 worked examples' page would communicate this in a neat, clear and effective manner, which clients can understand, in addition to Tier systems, qualifications, facilities and equipment lists. The latter will be well understood by those working in the profession, but the nuances of these are probably more challenging for the pet owning population to fully grasp at a glance.
- **Other basic information** – are direct insurance claims offered by your FOP? How many patients does the Practice look after per full time vet? This will give a reasonable measure of the degree of personal attention a client is likely to receive, and a measure of likely availability. Many vet practices have too many clients for the size and ability of their team, which can result in long delays for appointments.

[Create a comparison website supporting pet owners to compare the offerings of different FOPs and referral providers.](#)

To me, this is a very good idea, as long as it is provided by a **non-incentivised trusted provider** like the RCVS. An expansion of their existing Find-a-Vet page could fulfil this role. I would expect most people to start their search based on location, and I have attached an example excel of what this could look like. **[see attached excel]** I believe, done well, this could be helpful, but I would emphasise the need for clarity of the cost of the entire treatment pathway for a patient, and not a few isolated costs. The logistics of OOH and referral are critically important, and can easily be overlooked by owners until they need these. Human care often involves a GP Practice (FOP), a hospital Accident and Emergency department (OOH) and a hospital surgical department (referral), and a comparison that includes the costs and logistics involved in all 3 of these, such as the 'what you can expect in these 3 realistic examples' could significantly increase transparency and simplicity for owners.

Require FOPs to publish information about Pet Care Plan pricing and usage and minimise friction to cancel or switch.

I have attached an excel of the information we already provide to our clients – most care plans represent excellent value, and we already publish this information on our website. We are very accommodating with clients who wish to cancel or switch – the plan is there to benefit them, and there is no reason for us to make changing or cancelling difficult. It's an opportunity to save money and spread the cost. **[see attached excel]**

Theme: Measures to increase transparency and pet owners' ability to compare between FOPs and referral providers.

As described previously, a '**3 likely scenarios worked example list**', along with a comparison table as attached, could provide this in an accessible, simple and clear format, which would be quick and easy for every practice to reproduce – no special IT skills required, this would be accessible for all, including new start-ups.

Theme: Measures to remove limits or constraints on the choices offered to pet owners.

Prohibition of business practices which limit or constrain the choices offered to pet owners.

We actively encourage our team to offer full choice to the client, and then the re-assurance to the client that they have made the right choice, because the 'right' choice will vary according to client and patient factors. We firmly believe in contextualised care. We impose no limits or constraints on our clients.

However, a sad fact is that many clients inadvertently impose constraints and limits on themselves over the treatment of their pet, often through genuine lack of awareness of what their insurance policy does (or doesn't) cover, and lack of awareness of what can commonly 'go wrong' with their species and breed of pet, and the likely costs incurred. I would support measures to ensure that businesses keep choices open; this will more often be the businesses themselves, and not the vets, that will need these measures. However, let us not overlook the fact that ownership of, and responsibility for, the pet lie firmly with the owner. The most critical choices are made by the owners themselves, at the time of acquiring a pet of a suitable species and breed, and informing and preparing themselves for the responsibility this entails over that pet's lifetime. In terms of the most impact on owner experience, and animal welfare, this is a far bigger factor than anything else in this entire document, by an order of magnitude.

Theme: Measures to provide additional information about the option to purchase online and measures to increase online purchase

I have serious concerns about this. One with the principle itself, and one with the practical challenges.

I will also present a solution which I believe can achieve your desired outcome.

The Principle

I cannot think of a single other profession/retailer/industry who has to provide, prior to purchase, at their expense, in their time, real-time information of all their competitors' prices as a pre-condition of providing their service.

While somewhat demeaning to compare our profession to a retail unit, your suggestion of mandatory written prescriptions could be compared to a visit to my corner shop for milk and bread.

To set the scene, it is Saturday morning. The fridge is empty, and I was up late last night reading a 600 page CMA document - I am tired and stressed. I am aware that I can buy bulk groceries cheaper online, but the next delivery slot is probably on Tuesday (I'm not interested in looking right now). As a consumer, I **don't want the inconvenience** of waiting longer, having to be given a document making me aware of the cheaper, but not instantly available, online options. I want the convenience of buying this now, and that has a significant value to me. I know that the convenience of a real-life purchase comes at a cost, and **I want the choice of paying for convenience**.

Not only that, I actively don't want that convenience to be compromised – I don't want the process to be slowed, or to have any additional work to do. I know my corner shop isn't Amazon, and I don't expect it, or want it, to be. I want a friendly chat with the shopkeeper, to be able to check the date on the milk and bread before I buy it. Not an app or a QR code or a chatbot.

As a second example, I bought a laptop 2 weeks ago. I could have bought it online. I chose to drive 50 miles and buy it in person. I opened it in the shop, and it had a scratch on it. I spoke to someone there and then, who replaced it within 5 minutes. I was very grateful for not having to call an 0300 number between 9 and 5 Monday to Friday, wait on hold and get cut off twice, deal with a chatbot, arrange a return, print a label, travel to a designated return shop, be in the house when the new one arrived, and bite my nails that the same thing didn't happen again. The personal and immediate option to answer questions and resolve issues has a high value to many clients, and this choice should neither be removed from, or compromised for, those who want it. Mandatory prescriptions for every drug in every consult forces complication and delay on those who would prefer to pay for convenience, simplicity, real-life back-up and support. I am in favour of choice for everyone. This involves retaining the choice of quick, simple and personal, without this option being compromised.

The personal value our profession gives our clients is a breath of fresh air in an increasingly impersonal, tech-dominated world, and the human value of what we do, for a large swathe of our clients, outweighs the impersonal and cold online world. **We care about what they care about – their pet**. You don't get that from a chatbot. And you don't get it as much from a pressurised team being forced to fight with a clunky and unworkable minefield of red tape, when what they want to do is help sick animals. If I'm in hospital, I want the doctors and nurses available to provide me with empathetic human care; not having them ticking sheets, signing forms and (trying to) contact IT departments. I want help and empathy, not hassle and complexity.

The Practical Challenges

The proposal for mandatory prescription, if enforced, will add huge inefficiencies to the consult. This will inevitably result in a universal increase of professional fees, and more importantly, a demoting of the client's personal experience with a caring professional to a commodity/retail one. In a world where human interaction is being replaced by glitchy tech, this is cutting out the heart and soul of what most of our clients want – time with someone who cares and who can help.

This will limit the ability to efficiently stock a full range of drugs at FOPs, increasing wastage (due to unsold out of date drugs, which can often only be purchased in boxes of 100, 200 or even 500) and reducing choice, decreasing availability of prompt access to broad range of drugs, and lowering patient care.

The resulting lower purchasing volumes of FOPs will further reduce their negotiation power, and will inevitably result in further, significant skew of competitive advantage towards LVGs and away from independent FOPs, particularly the smaller ones, and especially new start-ups. The fact that the LVGs own online pharmacies currently will skew this effect further. The relatively large number of buying groups, acting for the minority of Practices (as opposed to the small number of LVGs owning the majority of Practices) do not confer adequate competitive advantage to be able to secure a level playing field for independent FOPs.

Is there a fully-calculated time and motion model for the proposal of mandatory written prescriptions?

The idea of a single, central portal that links instantly and seamlessly to every PMS in the country, while appealing, in reality is a long way away in the vet profession. Several large companies, including veterinary wholesalers, have home-delivery options set up already, and I am not aware of any which seamlessly integrate with all the PMS systems. This idea would again favour the LVGs, with large IT departments and a uniform PMS across hundreds of FOPs, and adversely affect the start-ups, and smaller independent FOPs.

Who will make this portal?

Who will fund it?

Who will roll it out?

Who will help when it doesn't work?

There are many technical queries which fall under the remit of the dispensing pharmacy, not the profession writing the prescription. However, in real life our experience is that these queries come back to the prescribing vet. This is a critical consideration that does not currently appear to be referenced in your proposals.

For example, what availability, advice and help is offered, when, and by whom;

When the client doesn't receive the drugs? Do the online pharmacies have a 24 hour advice line? If so, which ones?

I would suggest a comparison table for online pharmacies outlining their service levels, including advice lines, call wait time and 24 hour availability, along with the ability to speak to a vet or not.

Who (and how) will help:

When the client receives the wrong drugs? We will frequently receive panicked calls from owners who have run out of insulin because the online order was incorrect. It is much more expensive for us to buy this, and to maintain adequate stock levels (there is more unavoidable wastage the lower the overall volume purchased)

When the client needs advice on the drugs?

Who will the client contact when there are side-effects or queries about the drugs? Eg "Can I put it on food?" There are often subtle data-sheet differences in drugs with the same active ingredient, and the prescribing vet will not have control of this in your proposed system.

"It's been on the doorstep in the sun all day, will it still be OK to use?"

"My dog won't eat the capsules because they are bigger than the ones we had last time?"

"Can I send these back?"

"Are these new tablets still safe with the other 3 drugs my dog is on?"

"These ones are green and the last ones were yellow, are you sure they are the same?"

"I wanted Metacam and got Meloxidyl, my dog won't eat it"

"My dog got diarrhoea this time, what else can I use?"

This idea is currently impractical, fraught with complexity and defeats the purpose of what it intends to achieve – reduce prices and increase choice for clients. It will have the opposite effect:

- It will hurt patient care by reducing choice of instantly available drugs at FOPs
- It will increase the cost of patient care by necessitating higher professional fees
- It will further skew competitive advantage to LVGs
- The additional layer of complexity, expense and uncertainty will deter new start-ups

I would welcome the opportunity to host the CMA team at our Practice, to trial this in real life. We could perform real-life consults with a timer, get feedback from the clients themselves, and measure uptake, unless there are other, better research data sets already available?

A proposed solution

Independent Practice owners have responsibility for a small business, while (often) working as a vet, nurse or manager as well. They have to create and maintain solutions to (often relatively complex and unfamiliar) problems which are effective, simple and accessible, easy to roll out to their team, and that work in real life. Otherwise they end up back on their desk, along with a grumpy email and a frustrated team.

I wish to present a system what I believe could achieve the aims you are looking for, in a way that is simple, measurable, achievable, realistic and practical:

This information would be provided in 3 distinct, separate phases (before, during and after the consult), in a variety of formats, by a variety of people, to ensure comprehensive communication of the information in a way that works for all clients.

1. Pre-consult information requirements (not suggestions or recommendations)

- Notices at **reception and waiting room** (of a specified size, font size and location, with a standard number of notices per unit surface area of the wall or floor). The wording could be standardised across the profession, and would include prescription price. These would highlight the option to ask for a prescription (and be subject to a requirement to have this inspected at PSS yearly, or a photo sent to the RCVS on request, with random inspections at any time)
- Notices on every Practice **website** highlighting and explaining the option to ask for a prescription
- Requirement (enforced by RCVS/PSS) to **publish** this prescription availability **on every Practice's terms and conditions document**, which every client receives on registration.
- +/- a **written leaflet** given to every client while they wait, explaining the option to ask for a prescription

2. In-consult information requirements (not suggestions or recommendations)

- Every client to be verbally informed of, and offered, the option of written prescription in every consult, recorded on the PMS with a yes/no click by the vet. This will be saved on the PMS, **visible to the client (on their receipt) for complete transparency and accountability**, and a report can be run (easily and quickly) to demonstrate compliance in an audit.

3. Post-consult information requirements (not suggestions or recommendations)

- Every client to be given a hard copy of, or emailed, their receipt (ie remove the option to decline an itemised receipt) so that **this choice is recorded, visible to and retained by every client** after their visit.
- Every **receipt to be headed/footed by a sentence informing clients that they can ask for a written script at every consult** +/- with a link to/list of authorised pharmacies, and the cost of a prescription at the FOP.

Creating awareness is possible and practical.

Doing a live comparison for the client at our own cost, in our own time, in our consults (or even on our premises) is neither fair, practical, or even possible currently.

The 3-pronged approach outlined above **create accountability and transparency** with regards to pricing **before, during and after the consult**. Every client would have clear knowledge of, and access to, all the online prices and prescription fees all the time, and this transparency will encourage a competitive pricing structure for drugs and prescription fees at FOPs. This would regulate prices automatically, without the need for further regulation, and allow the functioning of a fair market.

Online purchase is more likely to confer a financial saving on long-term meds, where time is not pressing, and the convenience of collecting immediately is not a priority.

We all want benefit for clients and pets, but not barriers to care and reductions in immediate availability of drugs, barriers to start-up Practices and reductions in the quality of service across our profession.

Theme: Measures to increase competition in outsourced OOH services

We do our own OOH. Our experience is that providing a 24 hour OOH service is expensive, challenging and barely covers its costs. However, what it does do is provide an exceptional level of personal care for each patient, and we are very proud of our team and what they do. We have a well staffed hospital, and choose to employ a large team, able to cope with a busy caseload, even though many nights are not busy, so we can provide a prompt and capable service at all times.

I have concerns that currently OOH providers **may not be required to be competing well on timeliness of work**, and could choose to run a 'lean' enterprise, which might be prone to longer wait times and less prompt treatment for pets than other providers. There is currently, as far as I am aware, **no visible way of comparing this**, for either the FOP subscribing to the service or the client.

Key information for a FOP choosing an OOH provider:

I believe 3 simple metrics for every OOH provider (including FOPs) could communicate this clearly:

1. **Average in-patient to vet ratio**
2. **Average in-patient to nurse ratio**
3. **Total patients, per on-shift vet, that the OOH provider is responsible for. [This can be easily calculated as the total number of active patients registered at every FOP they cover, divided by the number of rota'd vets at the OOH provider]**

These simple, easy-to-find numbers would help FOPs choose an appropriate OOH provider to their preference.

Ability only has value when underpinned by a structure that ensures availability (any NHS nurse, doctor or patient will agree)

Clients also need to have a realistic awareness of the fees - not just for the consultation, but for **the complete bill of overnight treatment** too (this can often be for several nights).

Is this care available during the day on the same premises as the FOP, or does the client have to collect their pet and take them back to their FOP in a different location? And repeat the journey later that day? For several days?

I believe the '3 case examples' outlined earlier would communicate all of this to clients in a consistent and clear way

Theme: Measures to increase transparency of cremation prices; (potentially) measures to restrict retail prices

It is reasonable, and helpful, for the prices of individual and communal cremations to be listed on a FOPs website, especially as this allows a client to consider their options in advance in many cases, helping to make an already traumatic experience more easily planned for.

I would suggest that prices charged by FOPs should be judged in the public domain – ie in relation to the price the **owner pays the crematorium** for the same service, as this is a fair like-for-like comparison.

This is easily comparable for the owner - prices can be listed on the FOP website and crematorium website.

Vets could be required to display the names of, and links to, their most local 3 crematoria. This would allow owners to consider the value to them of either paying for the convenience of this being organised by the FOP, or the option of transporting their own pet themselves, at a potentially lower cost.

If these prices are displayed by both parties, then this should create a well-functioning market, and automatically control mark-ups without any further controls being required.

There may be a large disparity between the overheads of a small, local crematorium and a larger one, and attempting to standardise mark-ups from different cost levels could be very challenging, and result in reduced choice, and service levels (including distance travelled) for owners.

Theme: Recommendations for government, RCVS, VMD. Requirements on vet businesses to cover the regulatory gap until new legislation is in place

Reforming the statutory regulatory framework and the ways in which it operates

I would very much encourage expansion of the RCVS regulations to extend to non-vet business owners and managers, as they make the decisions which affect the veterinary professionals' ability to do their work properly. The business owners need to be accountable for these decisions, and maintain responsibility for them.

Mandatory involvement in the PSS could be helpful, provided the scheme can be made accessible to smaller FOPs without the admin back-up of the LVGs. The idea of a '3

significant events' list, and a comparison table as suggested earlier, could cover a lot of this in a very succinct way, with minimal expense.

Mandatory involvement in the VCMS could be a good option. Communication to the profession of the level of fairness, transparency and accountability the VCMS was subject to could be helpful.

This could be monitored regularly by the RCVS, with published 'resolution achieved' results to help encourage involvement by veterinary practices.

The profession has suffered badly from 'trial by media' during this investigation, and there could be a fear among the profession that the VCMS could be made up of individuals coming from a 'media influenced' position, with the potential for bias or ignorance, however well-intentioned.

VCMS success stories, such as appeared in a recent edition of the Vet Times, could be published in RCVS News to continue to promote confidence in this service within the profession.

There needs to be a trust triangle between the VCMS, the clients and the profession for this to work.

Effective use of veterinary nurses

Protection of the vet nurses' title.

Registered Veterinary Nurses should be formally differentiated from (unqualified) Animal Care Assistants. The qualifications of the whole team should be clearly displayed on a Practice's website, and owners should be made aware of the difference.

Reform to expand the vet nurses' role.

This is a good idea. RVNs are talented, highly trained and under-utilised. In America, I believe they can induce anaesthesia and perform surgical dental extractions. I would suggest that this could become the case here, with potentially a specialist nurse option in addition. This could help make provision of these services more efficient for FOPs, and drive down prices, as our costs are currently enforced by the mandatory requirement for a veterinary surgeon to undertake these roles.

Theme: Making sure local competitive conditions do not worsen in future

It may be helpful for Practices, especially for smaller FOPs, considering purchasing another small practice to have a 'pre-authorisation' advice facility available at the CMA. It could be catastrophic for a small practice to have an enforced sale put on them after the event. If there was a prospective consultation service available, similar to the planning permission process, this could be helpful. Can the CMA set this up? This could provide access to helpful pro-active advice, rather than making decisions from a position of uncertainty, with potentially devastating consequences.

Other points

If your enquiry finds that overall profit levels in the profession are not excessive, then please make this clear to the public.

If certain individual areas of veterinary businesses are found to be unbalanced eg cremation and drugs, as suggested currently, this is not the same as overall profits being unreasonable.

We, as a profession, have suffered dramatic, accusatory headlines in the media during this process, and have not yet benefitted from a balanced reporting of fact.

You will have those facts by the end of your investigation, and our profession needs these to be reported transparently.

Thank you for your time, I am very happy to pick up on any of these points with any of your team at a convenient time if this is helpful.

Best regards,

A veterinary surgeon