[redacted] I am a veterinary surgeon, [redacted]

HELPING PET OWNERS CHOOSE FOPS, REFERRAL PROVIDERS AND TREATMENTS THAT ARE RIGHT FOR THEM AND THEIR PET

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.

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.

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.

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.

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

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.

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

Prices for consultations and routine surgeries is possible and would help owners plan/compare costs. We have had a basic price list on our website since well before the CMA investigation started, and have repeatedly made clients aware of it, but I know from our website analytics few people look at it. I genuinely don't think many clients will actively compare a full price list in advance for conditions their pet may never need treatment for.

I don't think it is in the interest of animals for owners to swap back and forth between practices e.g. have a consult in one place and a dental in another, due to price. I also think you risk increasing vets bills further as not many practices actively want to be the 'cheapest', especially if they do feel they are providing better quality than a competitor.

You may even inadvertently cause local price fixing, making it even less competitive than it is now.

Unfortunately, a price list does not allow owners to compare quality – for example our dental procedures include things like dental x-ray, intravenous fluids, a qualified member of staff monitoring the anaesthetic (RVN or SVN under supervision), and local anaesthesia – none of this is by any means standard to all practices. I guess explanatory text could be provided by practices.

It would also be possible to give prices for things like an ultrasound or an x-ray. Again, however, this doesn't allow any comparison for the fact the quality of the ultrasound machine and skill of the person using it are highly variable between practices.

Flea/tick/worming treatment – we stock multiple different brands as we believe in providing choice. The cost varies by weight of patient and the frequency of treatment depends on the pet and combination of products used. This is dozens of prices just for this one area.

Chronic medical treatment – giving a fixed price for these is not possible. There are multiple treatment options for diabetes, skin disease and arthritis. The cost depends on the patient weight, what treatment course is chosen, how the patient responds to treatment, the actual diagnosis and any concurrent conditions, how much monitoring they require etc. I am not sure there is any benefit giving owners a price for an arbitrary treatment plan that is unlikely to be accurate for their individual pet.

We could provide euthanasia and cremation costs on our website quite easily.

I am not aware of any practices that do not have a website, but some are unable to edit their website easily (I can).

The time involved in producing and maintaining the suggested price list is frankly overwhelming and will come at a significant cost to the practice, which ultimately will be passed onto owners. Medicine prices from the wholesaler change and trying to keep a list up to date will be an ongoing administrative task. It will be easier for the LVGs as they could do it centrally, so I worry this will put an unfair burden onto smaller, independent practices.

Ultimately what owners wants is for vets bills to be cheaper overall – this measure in the depth you are suggesting will do the opposite if anything.

I agree practices should provide information about contact details, OOH arrangements, and information about their team – many already do via their websites.

I agree that ownership of practices should be displayed clearly. I think practices owned by the same LVG should be branded as such to make it easy for clients to know it is part of a group.

We already promote our PSS accreditation, but I don't think most clients have a clue what it means.

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

Question 12: What information should be displayed on a price comparison site and how? We are particularly interested in views in relation to composite price measures and medicine prices.

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

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?

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.

See responses to remedy 1. I honestly cannot see how this will ever work, given the range of medications and patients. A basic comparison site looking at e.g. consultation price, health plan prices, neutering prices is possible I guess but I honestly don't think many clients choose a practice purely based on price (I believe your own data supports this). It is possible they will shop around for a particular procedure (in my experience this is usually neutering or dentals).

Most pet owners can only use one of a few practices conveniently due to location. What is the point of them being able to compare prices nationally?

Yes, you could include review data, but everyone uses Google, and it is very easy to see and compare practices within a local area already.

I think the RCVS Find a Vet database is the best option if you want owners to be able to compare practices as the basis is already there. It would be easy to add in who owns the practice, for example. I am concerned about who would be paying for this though. The RCVS charge fees to individual vets, nurses and practices and will ultimately increase their fees for any extra administrative burden.

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.

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

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?

We already show the cost difference for the standard products used on our health plan (i.e. PAYG compared to the plan) and could break that down into components, I guess.

I am not sure why it is our responsibility to make sure a client makes full use of the plan – we already send treatment reminders and renewal notices. Unlike many practices we do audit our health plan membership annually and have ourselves cancelled plans where clients are not using it. We could send an annual statement, but this would be a further administrative cost which again will get passed on to owners.

Clients can already cancel the plan, and we don't charge for services they haven't used. They are meant to pay for what they have used but frequently don't – these plans are one of the most common forms of small debt owed to our practice.

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

Questions 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.

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

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?

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.

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.

As a FOP owner I know who owns our local referral practices, and it is generally easy to get an estimated cost for an owner either online or via a phone call. It is not always easy to know who a client will see i.e. is the clinician a Specialist, a resident in training, an Advanced Practitioner.

We don't refer that many cases as we have several Advanced Practitioners on our team, and in our geographical location the options are limited to a few providers anyway. Factors such as location, and availability of appointments (especially in urgent cases),

are more important than a marginal difference in cost for most owners in this situation. Individual vets also have a clinical judgement responsibility for referral choice beyond cost and will consider things like the client/vet customer service experience, the facilities and clinicians at the referral centre, and their waiting list times.

I guess this section may be more important in geographical areas where there is more local choice of referral centre.

Like FOP practices I think referral practice ownership should be clear to clients in the practice branding. I do have concerns that within some LVGs individual vets are pushed to refer within the same group, but I don't have personal experience to confirm this.

Remedy 5: Provision of clear and accurate information about different treatments, services and referral options in advance and in writing (pg 73)

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.

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.

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.

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?

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.

A threshold of £250 should cover a consult fee and treatment for most simple routine conditions treated in consult. I think beyond that there should be at least a discussion of costs, and an estimate drawn up.

I don't understand the "thinking time" thing – we don't force clients to do anything! We would only push for an urgent decision in an emergency or on animal welfare grounds.

We already provide estimates in advance and/or on admission for e.g. operations or diagnostics. The estimated cost is on every admission consent form. The discussion of

treatment options should already form part of the clinical record, and this may include multiple estimates being generated.

“Providing a price that covers the entire course of treatment needed until completion” – this is feasible for e.g. a one-off operation (but we cannot predict possible complications which would incur additional costs). It is difficult for things like wounds, where you cannot predict healing time, infection or patient interference.

We can provide monthly costs of ongoing medication and monitoring for a stable long-term medical patient and do so (this is relatively straightforward for an individual patient, it is your idea of us covering multiple long term medical patients on a price list that I have difficulty with). However, getting a diagnosis is not always straightforward (some animals you will get an answer with a blood test; some need multiple diagnostic tests). The response to treatment is not always predictable – the need for dose adjustments, additional monitoring etc. Our job isn’t easy, and sadly I do feel there is an element of trying to oversimplify complex medical conditions here. We always try our best to discuss options and costs with owners.

Vets should already make clinical records of the discussion and provide estimates. I guess the burden depends on how much extra you want them to document – there is a limit to what can be achieved in a 15-minute consultation. Extending consult times and/or vet admin time will lead to reduced appointment availability and increased costs to clients.

The number of treatment options available is highly variable depending on the condition and the expertise within the practice, I don’t see how you could put a figure on that.

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

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.

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

Question 38: Should there be greater monitoring of LVGs’ compliance with this potential remedy due to the likelihood of their business practices which are rolled-out across their

sites having an impact on the choices offered to a greater number of pet owners compared with other FOPs' business practices? Please explain your views

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.

We do bundle some things on our PMS to make providing estimates easier e.g. including the anaesthetic with a dental or including pain relief in the price of neutering. These are things we consider non-negotiable e.g. pain relief. For some bundles the vet can add or remove items, again to make it easier to give estimates or book a procedure.

I don't know if this is more of an issue in the LVGs, I would be concerned if vets are being forced to include tests or medications they haven't advised or don't feel are necessary. Suggested protocols can be helpful to guide decision making and ensure good clinical outcomes, but there should be clinical freedom to flex on these depending on the client's situation. I also think performance related pay is a difficult area due to the risk of judgement becoming impaired, it is not something we have ever used in our practice.

INCREASING PRICE COMPETITION IN THE MEDICINES MARKET

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

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

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

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

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

In response to your finding that only 38% of pet owners were aware they could request a prescription, how many of these had required medication for their pet? It is often only something an owner considers when the need arises.

We have prescription notices in the waiting room, on our website and in written information provided to new clients and have done since we bought the practice in 2014. For long term medications our vets will inform clients verbally to check prices online, but we don't have time to do a detailed cost comparison of various online pharmacies with them at the point of initial prescription so usually the first supply is made in practice

(especially as most patients generally need to start treatment promptly on welfare grounds).

The prescription fee also includes the fact the team in practice are responsible for that patient while it is on medication – handling any queries, adverse reactions etc. The online pharmacy cannot do this. If we cannot charge a prescription fee, or if it is capped long-term, the medication check consultation fee will increase instead; I see how this would allow clients to directly compare the cost of medicines, but they aren't going to save money as practices do still need to charge for their overheads.

Mandatory prescription offerings will increase administrative burden – not in terms of writing the prescription itself (this is not that different to printing a label and dispensing a product), but as stated before we only have 15-minute consultations and we can't hang around while a client decides whether to buy medicine from us or not. Having to offer them for medicines that need to be started promptly e.g. antibiotics, pain relief, diuretics, is absurd. What if the client doesn't fill the prescription? What if it takes 3 days to arrive in the post? This isn't like the NHS where they can just pop to a pharmacy to fill the prescription. Having to offer them for chronic repeat medications is more plausible.

Most non-vaccine injections administered by the vet are from multidose vials. In theory clients could request things like Librela on written prescription, but we would charge them more to administer it monthly if we aren't supplying it (this is what the mark-up currently covers for this type of medication).

For medications like ear or eye drops we often open them in the clinic to demonstrate how they are applied; for some medicines we demonstrate how to dose safely – this isn't possible if the client is buying them elsewhere. If they buy online nobody can show them the correct marker on the syringe for safe dosing etc.

There are issues with prescription fraud with the current system, we have had clients modify prescriptions.

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

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

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

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

Who is creating and paying for this price comparison site and/or prescription portal development? Presumably the online pharmacies who stand to benefit financially?

Providing a benchmark comparison would undoubtedly be useful to owners, but would it include things like delivery fees? Or a directory of reputable sites at least.

As stated above I am concerned about the extra time clients will need to spend in practice making their decision about where to buy from, and the risks to patients of delayed or even non-treatment. I worry in an acute illness situation (rather than a chronic long-term condition) this will increase anxiety and stress for owners – knowing you could save some money, but it will mean delaying starting treatment doesn't seem a kind thing to do to owners.

I think ultimately this process would likely force us to reduce medication pricing to avoid delays in patient treatment and lengthy debates with clients in the building, but you haven't really considered why medicines are so much cheaper online in the first place. For a start we often can't buy them cheap enough to compete, but yes, we do charge a mark-up on medicines. This is because we have to stock a huge range of medicines for a relatively small number of patients. We lose stock due to expiry, for example, even with good management – this will be even more difficult to manage if we are still expected to stock most medications, but more owners buy them online. But most importantly we know what to prescribe and when - the mark-up forms part of our overall professional fees, and as we lose that proportion of our fees the cost of services must increase to offset it. So, clients will see increased fees for things like consultations or procedures instead if we can't make any money on medications – possibly this is already partly why vets fees have increased above inflation.

Nowhere do you seem to have covered the fact that the LVGs tend to own their own online pharmacies. They don't care if clients buy online as they make money anyway. This isn't the case for small independent businesses like mine – by sending clients online it is the LVGs who profit, which surely is counterproductive for your aims when you want clients to have a choice of practices to use in the first place.

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.

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

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

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.

We don't supply own brand medicines, so I can't really comment on that, but I agree it makes it harder for owners to compare prices if they only have the brand name.

As you state active ingredient doesn't always been the product is identical from a prescribing perspective. Pimobendan is the drug in Vetmedin and Cardisure, but only Vetmedin is licenced for stage B2 myxomatous mitral valve disease in dogs. I'd love to use Cardisure in these cases, as it is cheaper for clients and bioequivalent, but I am not allowed to under the cascade.

I think it may be possible to only prescribe by brand when there is a clinical reason (like the example above), and by generic name for medicines that are directly comparable on licence (we will switch between meloxicam providers based on supply or price, for example). Sometimes there are other differences e.g. we stock some brands as they are more palatable, easier for clients to dose or come with educational resources; it would be a shame if we lost that ability and patient compliance and/or drug development by the pharmaceutical companies suffered as a result.

Essentially, cost is not the only thing to consider when comparing some veterinary medicines.

Vets may not be familiar with every possible licenced version of a drug either. I guess if an e-prescription could automatically list all the options the vet could select those they felt was most appropriate for that patient.

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.

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

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

We are seeking to understand: Question 58: What are the costs of writing a prescription, once the vet has decided on the appropriate medicine? 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)?

You mention in your section on prohibition of charging for prescriptions that practices may (will) charge more for other services to re-coup their lost revenue (e.g. consultation fees). You fail to acknowledge it isn't just the prescription fee and the dispensing fee we will lose – it is the medication sales and the mark-up we currently make on them. This is more valuable to us than the prescription fee in many cases.

There is far more to the cost of writing a prescription than the time taken to write one – the client is paying for the knowledge to know what to prescribe and the fact we are there 24 hours a day. We must pay for VMD/RCVS inspections, temperature monitoring, staff, a building etc. – it is daft to focus on the minutia of the exact cost of writing a prescription or dispensing medication, these fees are part of our entire service offering.

A prescription prize freeze does seem unfair on those of us already charging at the lower end of the range of prescription fees quoted in your study.

We (at least as a small independent business, I cannot comment for the LVGs) are not grossly profiteering and will still need to cover our overheads and make a sustainable profit after your recommendations are enforced. LVGs can purchase medicines significantly cheaper than I can yet seem to have much higher mark-ups, it is truly saddening that those of us trying to run small businesses are having to defend our fees and ability to make a living.

Ultimately, I feel all you will achieve is a shift in veterinary fees. Clients may well end up buying medicines cheaper online (probably from a LVG so their growth in the market will continue), but veterinary service fees will increase instead. The overall cost of pet's veterinary care won't reduce.

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.

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.

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.

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

I didn't really understand all this. I don't see how we could put our medicine prices back to what they were in July 2024, I don't think we could even work that out given the actual price of medications supplied has gone up since then.

Why is a prize freeze needed given you clearly think clients are all going to go online anyway? Are the drug companies themselves going to be forced to freeze the cost of their products?

Once again, the CMA seem to think my business can just have a drop in income with no consequences. I employ [redacted] people, unlike the LVGs I don't just make people redundant when things get tight. Any income we lose from medicines will have to be made elsewhere, not because of greed, but because of necessity.

Implementation of remedies to increase price competition in the medicines market

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

Question 65: What do you consider to be the best means of funding the design, creation and ongoing maintenance of an e-prescription portal and price comparison tool? Please explain your views.

Given the online pharmacies (and therefore the LVGs) are the ones who will financially benefit from your suggestions I think they should pay for it. If there is any cost to small businesses (which there will be if you expect the RCVS to do this), in addition to the lost revenue from medicines, I really feel you risk decreasing competition in the veterinary market as small independent businesses will not be able to compete.

INCREASING COMPETITION IN OUTSOURCED OOH CARE AND TACKLING HIGH MARK-UPS IN THE PRICE OF CREMATIONS

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

Question 66: What would be an appropriate restriction on notice periods for the termination of an out of hours contract by a FOP to help address barriers to FOPs switching out of hours providers? Please explain your views.

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.

We must give 12 months' notice to our provider, but they only have to give us 6. I think 6 months' notice is fair for both parties. I am not certain what would happen if we gave less than 12 months' notice as we don't pay them any fees, they just charge our clients at the point of service use.

We don't have any other options locally anyway – the local area can only just sustain an OOH provider as it is (we keep our own in patients and do our own OOH 8am-8pm on

weekends/bank holidays). Essentially there isn't capacity for a competitor OOH provider locally. I would be worried about losing the overnight provision now we have had it a few years as it is very difficult to staff it, but I agree where there is competition practices should be able to move between providers without significant barriers.

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.

I would have thought most vets are already giving owners both these options. We frequently estimate for both, unless clients are already very clear about their wishes. It would be simple to provide a price list for both.

Remedy 14: A price control on retail fees for 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?

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.

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

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

My understanding is the high mark-up thing is mainly an issue with the LVGs, who also own their own crematoria. Being an independent business, we can also choose our crematorium provider, and we use another independent business. I think transparency is difficult when LVGs own crematoria, like it is an issue with online pharmacies.

Costs involved to the practice of processing animals for cremation include administration, cold storage of the pet, payment processing fees (clients pay us, we pay the crematorium) and bereavement support. We are also effectively providing most of the business for the crematorium without them having to do anything. Historically we have charged a 'storage and handling' fee, rather than a mark-up, to try and ensure transparency – this can be removed if a client wants to take their pet themselves, for example.

I agree imposing a maximum mark up on cremation services, considering the costs above, is fair. It is possible if practices lose considerably financially (we wouldn't as we

have never set out to profit significantly from cremation fees) they may simply increase their euthanasia fees instead.

Ultimately clients are free to take their pet to the crematorium themselves, or to bury their pet at home, and some do so. But I do feel many appreciate that we handle this side for them, and I would hope don't mind paying a bit for our help at this time.

6. A regulatory framework which protects consumers and promotes competition

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 agree it is outdated that the RCVS only regulates individual vets and nurses. For our business that works as it is vet-owned, but there is currently no accountability for the non-vets working in LVGs who often make the significant business decisions.

I also think there should be some form of mandatory Practice Standards Scheme, currently the only legal requirement is VMD inspections.

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.

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.

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.

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

What you describe is essentially already provided for by the Practice Standards Scheme and their awards scheme, and I agree it would be easiest to modify this. It is, however, largely a laborious tick box exercise and expensive for small businesses so many choose not to engage, and in its current form doesn't really assess care quality completely.

We have for years tried to differentiate ourselves by being accredited at PSS GP level, but I am not sure clients know or care what it means. I would consider engaging with the

awards if I felt clients would care and did put in a lot of work for the customer experience one but ended up disillusioned with the fees required so didn't bother.

As you mention, it would be a shame if smaller businesses were impacted due to the administrative burden or costs (a LVG for example can do a lot of the work centrally). Some of the current awards are difficult to achieve for physically smaller practices.

Honestly, I think clients choose a vet practice based on recommendations, and convenience factors such as parking, location and appointment times. I doubt many have even heard of the PSS, and just assume we are all inspected to a basic level.

Remedy 17: A consumer and competition duty

I don't really understand this section.

Remedy 18: Effective and proportionate compliance monitoring

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

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

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

Question 83: How could any costs and burdens you identify in your response be mitigated and who should bear them? Please explain your views.

I think making Practice Standards Scheme mandatory would be a starting point – as you say practices who are members of this scheme are at least inspected and assessed every four years. How we handle complaints and records of our complaints is included in this. As part of this I believe the RCVS can inspect us at short notice at any time.

The VCMS is a relatively new provision, so I am not surprised clients are less aware of it. Most complaints are dealt with in practice though.

My main concern with your suggestions is we already have major retention issues in the profession. Any increase in burden to re-certify, or having to deal with increased higher-level complaints (beyond being dealt with in the practice) is likely to lead to further burnout and loss of vets from the profession. The cost implications and administrative burden, especially for smaller businesses, are also potentially high and this inevitably will get passed onto pet owners.

As an RCVS Advanced Practitioner, I do have to show evidence of clinical governance when I re-apply, so there is some kind of system in place for this and Specialists at least.

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.

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.

In theory, I think the regulator should have powers to issue warnings and improvement notices (this is essentially what they do when they do our PSS inspections), but by removing a firms' right to operate you are potentially risking the livelihoods of everyone working in the practice. I would hope this would be a last resort that is rarely required.

Again, I am worried about the stress the proposed changes will cause to small businesses, but rationally I am confident my practice is well run, and it shouldn't be a cause of anxiety.

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

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

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

I think most practices already have a decent process for handling complaints, but I don't see how standardising this could be anything other than helpful for businesses and clients.

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?

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

Unfortunately, our own experience of the VCMS was very poor, in that they effectively supported a client who had been verbally abusive and physically threatening. But in theory it should be a good middle ground for complaints that don't reach the level of RCVS involvement.

One of the most stressful parts of any of our careers is dealing with prolonged and difficult complaints – we have had to deal with abuse online (including death threats), unjustified or fake 1* reviews, and completely unfounded complaints. Many complaints are reasonable and justified, and we have no issue handling these. My worry about making

things like VCMS mandatory is this will increase the amount of time and emotional energy we must spend handling the less common, but very stressful, unjustified complaints.

I imagine we would end up being encouraged to make more goodwill payments or refunds (which we have no issue doing where we feel it is justified), but if this is excessive it will ultimately increase bills for all clients.

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?

This could easily be included in a practices complaints procedure, which could then be made available to clients e.g. on the practice website.

Remedy 23: Use of complaints 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?

We have a record of all formal client complaints and responses. The RCVS already ask to see this when they do our PSS inspection. We do sometimes change processes, or guidance to our team, because of complaints. We could share number of formal (written) complaints quite easily. The contents are obviously confidential, but there are themes I guess you could categorise complaints into (e.g. fees, customer care, patient care).

Remedy 24: Supplementing mediation with a form of binding adjudication

Remedy 25: Establishment of a veterinary ombudsman

For both these my initial thought is who is paying for this? And my concerns about the additional stress both would cause for individual veterinary surgeons. I also have no idea what this has to do with competition, which I thought was the remit of this investigation.

I really feel the way this investigation is heading the result will be an overall increase in vets bills due to far increased regulatory requirements, and a further loss of vets from the profession as they seek an easier and less stressful way to make a living.

Remedy 26: Protection of the vet nurses title

Remedy 27: Clarification of the existing framework

Remedy 28: Reform to expand the vet nurse role

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?

I think the scope of Schedule 3 is very clear – RCVS and BVNA have done a great job with this. I strongly agree the VN title should be protected, but for this to be effective you also need to ensure practices have to employ RVNs (and not just 'nursing assistants'). I think the development of advanced specialisms for nurses, including limited prescribing capabilities, would be positive for clients and professionals, but surely this is well beyond the scope of the CMA investigation.

Proportionality

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

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

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

Question 105: How should any reformed system of regulation be funded (and should there be separate forms of funding for, for example, different matters such as general regulatory functions, the PSS (or an enhanced scheme) and complaints-handling)?

I think overall many of your proposed remedies will increase costs for businesses (especially small ones), which as you point out will be passed onto consumers. Consumer satisfaction, complaint prevention/resolution and choice may be improved, but my feeling from all the media attention is clients basically want to pay less for vets bills, and I think all you are going to achieve on that front is increasing them further.

I am concerned your remedies will make it harder for small businesses to survive, ultimately reducing competition, which is surely counterproductive.

Could the LVGs contribute funding to offset some of the disproportionate burden on smaller practices? Currently the RCVS is funded by individual vets and RVNs (whose fees may be paid by their employer), and practices who do the PSS scheme. LVGs could centralise a lot of the admin side of things for their practices, I will have to do it all single handedly for my business (like I have just spent approximately 8 hours doing this where they will have a designated group of people handling it).