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To: VetsMI
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I am a practicing veterinary surgeon in an independent practice. Below are my responses to some of your questions in the working paper

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.

The standardised price list covers the main routine services for FOP. For chronic treatments, however a large number exist. Skin conditions and arthritis treatments are common and more easy to give prices for, though this is mostly costs of drugs which is covered elsewhere. Diabetes is less common . It would not be practical to give costs for all the common chronic diseases encountered and would result in a large administrative burden.

• 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.

For flea, tick and worm treatments there are many options and it would be difficult to provide prices for all. A solution might be to provide prices for the most commonly used products.

For chronic conditions it is really difficult to give the information suggested as prices will vary depending on type of medication which will be decided on a case by case basis. A price for follow up consultations for chronic conditions should be given. The pricing of medications is covered elsewhere. For chronic conditions costs will vary a lot depending on if any ongoing testing/ monitoring is required which again varies on a case by case basis. I think it could give owners unrealistic expectations if a set price for chronic conditions is given as they might expect this to be a fixed maximum price. Vets will normally discuss expected ongoing costs but can never be certain as to how each animal will respond and what the final costs will be.

Routine dentistry usually includes tooth extraction and costs can vary a lot depending on the number and difficulty of the extractions. It is always difficult to know what the exact cost will be before the procedure as until the mouth is examined under anaesthetic and x rays are taken the number of extractions will not be known. A range of prices can be given, possibly with the average price charged and exactly what is included in this price e.g dental x rays,

medications.

• 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.

I think it would be useful for owners to be able to compare standard prices for routine treatments as long as it clear as to exactly what is included e.g medication, post op checks for neutering. It may help clients understand expected costs in advance. I don't think that the price comparison works well for chronic conditions.

• 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.

I think it is proportionate for most of these items but as stated above not for all flea and worm treatments sold and not for chronic conditions.

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

There is a danger that items included on the price list could be discounted and items not on the price list become more expensive to balance any loss of revenue from discounted items.

If prices are given for chronic conditions it would be difficult to cover all situations and may result in inaccurate information.

If prices for items such as dentals are only given for the price of a scale and polish then owners will have unrealistic expectations of costs as most dentals are more complex.

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

I think all practices should participate in the RCVS practice standard scheme and publish which level they reach. Owners would also need to have easy access to an explanation of what these standards mean.

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

- Questions 12 to 18 Price comparison website

As most owners are restricted to choosing between a few practices within their local area a price comparison website seems unnecessary and impractical, particularly if practices are obligated to publish standard prices on their websites. There would be huge administrative challenges in having the correct up to date information and the cost of this would essential be borne by the pet owners.

No such websites exist for comparison of privately provided human medical services.

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.

I don't think it would be difficult for practices to publish price information regarding to their pet care plans, most probably already do. Details of exactly what is included in the plans and which brand of flea and worm treatments are included should be given so accurate comparisons can be made.

• 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?

Practices must be protected against clients who sign up to a plan, have a vaccine and 3 month's worm and flea treatment and then immediately cancel their direct debit.

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

• Question 22: What is the feasibility and value of remedies that would support FOP vets to give pet owners a meaningful choice of referral provider? Please explain your views

It would be useful if referral practices provided more pricing information for standard procedures e.g. TPLO, MRI scan. This would save FOP vets time gathering this information themselves by contact each referral individually .

For many cases the reason for referral is that the underlying condition is unknown so in such cases it is difficult to provide costs beyond initial investigation costs.

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

Risk of referral practices increasing costs to match those charged by others

• 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 well as cost the choice of referral practice will be influenced by location, levels of specialism, hospital facilities, quality of communication with FOP vet and follow up.

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

• Question 27: If a mandatory requirement is introduced on vet businesses to ensure that pet owners are given a greater degree of information in some circumstances, should there be a minimum threshold for it to apply (for example, where any of the treatments exceed: £250, £500, or £1,000)? Please explain your views.

Yes, there should be a minimum threshold so as to avoid vets having to spend unnecessary time to discuss treatment options where there are very small price differentials and the vet will have made a decision based on clinical judgement.

• 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

In most circumstances it is in the pets best interest to start treatment immediately so the option of thinking time beyond that available in a consultation is not practical. Otherwise thinking time would have to be dependent on the clinical situation and be within a period that the animal's condition is not likely to deteriorate. In most cases owners have thinking time of a few days to a week for non urgent treatment. The procedure will be booked but an owner can cancel or ask further questions at any stage. Owners should be able to waive thinking time if they want.

• 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?

If this can be recorded in the clinical notes and on current consent forms then the burden should not be onerous unless great detail is required. If extra paperwork or record keeping is

required this would be quite a burden on the vet's time.

• Question 31: What are the advantages and disadvantages of using treatment consent forms to obtain the pet owner's acknowledgement that they have been provided with a range of suitable treatment options or an explanation why only one option is feasible or appropriate? Could there be any unintended consequences?

Treatment consent forms should mostly detail the treatment consented to otherwise there could be confusion as to what has been consented.

Some owners get very confused if given too much choice.

If we give owners options that are clearly not affordable, this will risk making them feel guilty and reducing their trust in us.

• Question 33: Are there any barriers to, or challenges around, the provision of written information including prices in advance which have not been outlined above? Please explain your views.

It is often difficult at the start of a treatment process to know where investigations will lead and what treatment options will then be suitable.

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.

I think the RCVS should have a role in identifying prohibited practices and have powers to be able to stop them.

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.

It would be an unnecessary burden for vets to provide a physical prescription for

medications that they administer themselves, it would be time consuming, cause delays in treatment and ultimately increase the cost of veterinary care.

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

Prescriptions for emergency treatment, in clinic treatment and short term treatments e.g 7 days or less should be excluded from mandatory prescriptions. Many medications dispensed in a consultation need to be started immediately and continued over the next few days e.g antibiotics, pain relief. If a client is buying medication from an online pharmacy they will not usually receive the medication until 3-5 days after ordering or will have to pay a premium for next day delivery. It would not be practical or cost effective for the owner to buy medication online for such short treatment courses or would result in a delay in animals receiving treatment and associated welfare implications.

It would not be cost effective for the client if written prescriptions are needed for medications whose cost from the FOP is less than that of the prescription fee.

If most medications are not purchased at the FOP then this will have a major impact on the wholesalers who supply FOPs. Consideration needs to be made as to whether this would impact the sustainability of the wholesale business or impact the cost of their services to the FOP.

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

Ideally a universal online mechanism that vets and pharmacies can access. This may be very difficult to achieve as practices use many different computer systems and the cost of such a system may be prohibitive.

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

I think only the price of the medication at the practice issuing the prescription should be included. I think it would be difficult to provide an accurate price comparison and would result in a large administrative burden. I don't know of any other industry who is expected to give their customers price comparisons when selling items.

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

Vets should tell a customer that they are able to obtain the medication at the practice or from a pharmacy. They should also be given details of how to check the pharmacy is registered with the VMD to ensure that they are buying from a reliable source.

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

Option A should be feasible but options B and C would be difficult to achieve and costly. Consideration also needs be given to a significant proportion of our clients who are elderly and do not use the internet.

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

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

The generic name of the drug, formulation (tablet/liquid), for liquid medications the concentration in mg/ml, the dose to be given, method of administration and frequency, the amount to be dispensed, storage instructions, any special precautions. All these are needed to ensure the animal gets the correct dose of the medication, the correct amount is dispensed and that the owner has instructions on how to administer safely and any side effects to watch out for.

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

Some drugs are produced in different strengths by different manufacturers e.g. clindamycin under the brand zodon is a 25mg/ml solution, an 88mg and 264mg tablet, under the brand antirobe it is a 25mg, 75mg, 150mg and 300mg capsule. It would be very difficult to write a prescription that gives correct dosing but allows a choice of these products.

• Question 49: Are there any potential unintended consequences which we should

consider? Please explain your views.

Some owners could be quite confused by not knowing exactly which product they should buy. If the vet does not know which product was used this could cause difficulties if there is an adverse reaction. Generic prescribing would need to still follow the cascade

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.

I agree that vets should not be able to charge excessive amounts for a written prescription which would mean that there is little incentive to buy elsewhere.

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

If the price set does not cover the cost of providing prescriptions then revenue will need to be found from increasing consultation fees.

Some practices may increase their fee to match the maximum fee allowed.

• 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?

The fee should not be changed too regularly as this would make administration difficult. Equally the fee should probably be updated annually so as to reflect inflation/ increasing costs of labour.

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

The costs of the computer system that allows them to do this, cost of printing the prescription or time to send it by email. The time taken to fill the prescription and ensure that it is correct and follows legislation. If generic prescribing were to be required it is likely that the time to correctly fill a prescription will be much longer. For repeat prescriptions there can be considerable time taken looking at patient notes to check the

request made by the owner matches what should be prescribed and whether any follow up assessment is needed before prescribing.

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

The time taken to select the right medication and measure/ count out the correct quantity. The cost of appropriate packaging and labelling. The time taken for another member of staff to double check the correct item has been dispensed. The costs of having stock in place and correct storage. Storage of the product while awaiting collection.

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.

The most appropriate way to limit further price increases would be to cap the percentage mark up allowed on medicines. Option a to fix the price at the July 24 price for each FOP penalises practices who do not use large mark ups. Option b could penalise independent practices who do not the same access to discounted bulk buys as some corporate practices do. Medicine prices are constantly increasing, sometimes by quite significant amounts. Fixing prices could make it uneconomic to sell some medications.

Implementation of remedies 7 - 11

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

Integrating the many different PMS systems would be very difficult. Veterinary laboratories have great difficulty integrating their systems with the many different practice systems , I have experienced several situations where this has been difficult.

• 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.

The system should be funded by the pharmacies, though ultimately the costs will be funded by pet owners buying the medication.

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 do not think any revisions or associated guidance are needed as existing guidance about fees covers this. I expect that most vets are clear in letting owners know the prices for different cremation options and what these options entail.

Remedy 14: A price control on cremations

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

If required it would only be fair to apply it to all FOPs.

• 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.

A limit on mark up would be the most fair.

Remedy 16: Developing new quality measures

• 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.

I think a compulsory PSS scheme would help owners compare veterinary practices and have some understanding of the difference in facilities in different practices.

Remedy 18: Effective and proportionate compliance monitoring

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

It would be proportionate to use the PSS scheme to monitor practices. If another scheme as well as the PSS was needed this would be an unnecessary administrative burden on

practices.

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

The benefits would be more transparency about practice standards and owners would be reassured that standards are being met. There would be a cost in running these schemes and the burden on the practices of documenting compliance.

Remedies 26 - 28

• 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?

Examples of specific treatments allowed and not allowed could be given.

• 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?

Better use of veterinary nurses can free up vets and provide a more efficient services. Vet nurses can have greater job satisfaction if allowed to undertake more procedures.

An unintended consequence could be owners not understanding the roles and not being aware when procedures are performed by nurses rather than vets.

• 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?

Same answer as for Q100