

CMA Remedies Working Paper - Consultation Responses

- **Question 1: We welcome comments regarding our current thinking on the routes to implementing the potential remedies set out in this working paper.**

1.11 – As I will detail further, there is considerable scope for unintended negative consequences for customers in terms of the overall cost of veterinary care going up, as practices struggle with the burden of cost in time and required IT upgrades to support new systems and processes. As I will discuss further below, the particular burden these changes could place on independent practices could simply make the marketplace unsustainable for many smaller practices, and therefore significantly damage competition due to increased shift toward corporatization.

1.18 – there appears to be a suggestion that the burden of attestation and checking of compliance could fall to the RCVS, despite significant criticism of the RCVS later in the document and consequent proposals for reform. It is unclear what time frame would be considered reasonable for the RCVS to be able to provide the system changes, training of inspectors and implementation, what frequency would be considered reasonable for such checks or whether this would necessarily be aligned with Practice Standards Scheme inspections, to which not all practices are currently subscribed. Presumably the cost of this increased administrative burden for the RCVS would be met through subscriptions, placing further financial burden on individual practitioners and veterinary practices, and presumably therefore impacting veterinary surgeons and practices in all fields, including farm and equine. If proposals result in significant increased responsibilities for the RCVS, this will therefore ultimately be paid for by customers of all veterinary services.

1.19 - I find the proposal that the scope of the measures are limited to household pets naive. It is difficult to clearly delineate what constitutes a household pet as opposed to an animal in a commercial setting, and this certainly isn't something individual vets can easily ascertain. Eg. Does it apply to breeders and is somebody who has a single litter off a pet dog different to somebody with a breeding kennels? What about farm dogs, working dogs owned by gamekeepers, what about backyard chickens vs caged pet birds. Is there any exemption required relating to charities and assistance dogs? How about MoD/police dogs? A good proportion of animals treated by any small animal practice fall into these categories. As a rural practice this is greater. In terms of both species and use, the term household pet is not a clear category.

1.22 - Attestation to shared standards appears a fair outcome for veterinary providers, but it is only a standard if it applies equally to all FOP's.

- **Question 2: We invite comments on whether these (or others) are appropriate information remedies whose implementation should be the subject of trials. We also**

invite comments on the criteria we might employ to assess the effects of trialled measures.

Trials of some of these measures would be helpful. However, most practices have already taken steps towards information sharing as a result of the CMA investigation being opened. Price lists are readily available on many websites. Has it made any real difference to consumer behaviour? Would sharing drug costs really be representative? Looking at internet pharmacies, the headline price is not actually what consumers pay by the time they have attended a veterinary practice to have the patient assessed and medication prescribed, and been issued a prescription. Is it possible to really achieve a fair comparison as the cost of a drug from an internet pharmacy is only part of the cost of getting the medicine, and the total cost will depend on the FOP used. How will the medicines price comparison sit with the RCVS under care guidelines? Transparency is a positive for consumers, but it is not clear on what the measure of success would be and the duration of any trial will be critical. There could be longer term consequences that manifest over time and will not show within a short trial period eg. how practices respond if marginal income on pharmaceutical falls. Fees for professional services would inevitably increase, at the detriment of all customers and not just those whose pets are on long term medication. Is that success?

• 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?

Appears to cover main services. It should be noted that there can be variation in how practices price for specific items, and what is included in the price. Practices should have facility to make this clear on the price list for it to have any meaning. Some entries are too vague to cover the variety of options that may be available eg. Basic urine test (how basic? How is the test run?), heart murmur (what is included, single figure doesn't marry with concept of contextualized care) and epilepsy/seizure investigation (again, what is included really depends on the facilities and clinical level of the provider, is potentially case dependent)., and displaying a single figure goes against the concept of contextualized care). This ambiguity could allow misleading low prices to be entered as a headline cost, where it is known that further testing requirements are likely to be required.

• 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?

No, because it is impossible to fully describe contextualized care within a price list. For example, even considering prescribing and dispensing of parasiticide products there are too many product option and too many individual and local risk factors taken into account by prescriber to

provide a meaningful and fair comparison that supports current evidence-based prioritization of contextualized care.

● **Question 5: Do you agree with the factors by which we propose FOPs and referral providers should be required to publish separate prices for? Which categories of animal characteristics would be most appropriate to aid comparability and reflect variation in costs?**

The most appropriate route would be to list for average sized dog and cat but this should be clearly defined for fair comparison.

● **Question 6: How should price ranges or 'starting from' prices be calculated to balance covering the full range of prices that could be charged with what many or most pet owners might reasonably pay?**

The most appropriate route would be to list for average sized dog and cat but this should be clearly defined for fair comparison.

● **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?**

Will ultimately be difficult to compare 'quality of care' and hence value. e.g. A routine surgical procedure price will inevitably have all adjunctive items removed to make the shop window price as low as possible leading to the need to pay a higher price for expected included items e.g. pain relief. There is a risk of this resulting in a reduction in quality of care and onus placed on owners to decide clinical need eg. Do they want their pet to have appropriate post operative analgesia and improved options for avoiding wound interference. How will the client appreciate that in one practice their pet will be monitored by registered veterinary nurses using modern equipment and facilities whereas in another practice their pet may be cared for by a small team of unqualified persons, with less attentive monitoring into recovery and post operative care.

● **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?**

Broadly speaking, yes, but some categories are unclear. Eg. under referral pricing what is meant by "heart murmur" as a clinical service? Variation in standards of care eg. Whether a surgical price includes hospital overnight monitoring or early discharge due to requirement to travel for out of hours care. How is the experience and qualification level of the surgical team, their outcome data, even their attention to auditing clinical outcomes at all, going to be meaningfully communicated within a standard price list. A small clinic with no certificate surgeons or diplomates, and more basic facilities, may well have great communications with a small number

of customers so get great Google ratings. How is quality of care going to be meaningfully portrayed and demonstrated alongside a price list.

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

It will be difficult to produce comparable price lists for treatment of chronic medical conditions which is likely to lead to a headline price list which doesn't truly include all of the required elements for optimal monitoring and clinical outcomes. This could be compromised in order to achieve a low price in the shop window. Ultimately this is likely to be misleading to pet owners and could create fixed pricing expectations that the compromise clinical care.

● **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?**

Most practices have a website in some form. Disproportionately impactful upon smaller independent practices to create and accurately maintain a competitive price list as either labour intensive or would require costly IT investment to automate. Risks a race to the top in terms of wanting to appear the best on the market, and a race to the bottom on prices for practices which seek to attract customers with low prices.

● **Question 11: What quality measures could be published in order to support pet owners to make choices?**

Standardised national clinical audit outcome results. RCVS practice and individual practitioner accreditations. Testimonials, google review ratings, publication of list of what is included within the price, including practice facilities. This could work in favour of FOPs who have significant differentiating factors behind the scenes in terms of high standard of care which are currently not immediately visible to owners. Could create clearer choice for customers as to whether they want to buy based on "quality" or price.

● **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.**

Standardised national clinical audit outcome results. RCVS practice and individual practitioner accreditations. Google review ratings, potentially clarity regarding outcomes from PSS inspections.

In terms of composite fees, these should include any diagnostic tests, number of pre and post op appointments included. In terms of medicines, it would need to give some indication of pharmacological approach, which is difficult to achieve as this may vary on a case by case basis.

To take one example, if an analgesic drug, such as methadone or ketamine, is listed, is this included as a single dose or within a continuous rate infusion with gradual reduction during a post operative period in accordance to pain scoring by qualified staff. It is simply not going to be easy to give an accurate guide for the level of detail involved for each case on a price comparison website. For medicines, what duration is dispensed? Does the owner have the option of reducing cost by getting post op meds on prescription? Is this realistic, appropriate, and supportive of quality patient care?

I am concerned regarding the feasibility of achieving a meaningful price comparison that presents key areas of differentiation in an understandable format for owners. I am concerned that practices may have to compromise patient care to present competitive prices or simply put up the prices that do not feature on the list.

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

Surely Google AI services will achieve the same outcome of customers being able to search local prices for the same services, providing the same clarity at a faster pace, particularly once all practices have put standardized price lists on their websites? While there is some argument that a price comparison service may also be able to include ratings and key features of a business, I fear this approach could be an expensive and way of achieving something that is already well on its way to being delivered. Who will pay for this? If this is something that practices pay to subscribe to, or is funded via RCVS subscriptions, it will simply be another added business cost that inevitably ends up negatively impacting pet owners.

In terms of medicines, a price comparison option that includes drug costs at internet pharmacies is something that makes little sense to me, as an online pharmacy only publicizes only the cost to the customer of the drug itself, delivery costs often being dependent on volume dispensed. This figure is misleading for POM-Vs because these cannot be obtained without a consultation and written prescription at a veterinary practice.

● Question 14: What do you think would be more effective in addressing our concerns - (a) a single price comparison website operated by the RCVS or a commissioned third party or (b) an open data solution whereby third parties could access the information and offer alternative tools and websites? Why?

Both options are a simplistic solution that detracts from the opportunity for individual businesses to market their services based on quality of service, skills of practitioners and standards of clinical care. Overall a more robust sharing platform of information via the RCVS appears a more professional approach, and one that practices are more likely to support. However, there will be cost involved, both on the part of the RCVS and individual practices, which will ultimately impact customers.

I do not see this provided by the service provider in any other similar setting e.g. opticians, private dentists, private medical care or indeed any other service sector. Practices should publish a price list and have opportunity to present quality measures allowing owners to make a choice.

Practices should more clearly indicate that written prescriptions are available but ultimately it should then be up to the consumer to choose whether they make their own price comparison or not as in every other service and/or retail sector in the UK.

● **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?**

Disproportionately onerous and costly for smaller independent practices. LVGs have size, IT support etc to introduce remedies with widespread automation and limited impact. Doesn't appear to level playing field.

Challenge of having consistent data for fair comparison.

● **Question 16: Please comment on the feasibility of FOPs and referral centres providing price info for different animal characteristics (such as type, age, and weight). Please explain any specific challenges you consider may arise.**

Disproportionately onerous and challenging for smaller independent practices. LVGs have size, IT support etc to introduce remedies in scale, utilizing automation and therefore limiting overall business impact.

● **Question 17: Where it is appropriate for prices to vary (eg due to bundling or complexity), how should the price information be presented?**

This will be very difficult to achieve in a way that allows owners to make fair comparisons as practices may have different clinical approaches and standards of care that cannot be portrayed effectively on a price comparison site. Ultimately, won't be that helpful to owners.

● **Question 18: What do you consider to be the best means of funding the design, creation and ongoing maintenance of a comparison website?**

This is a good question – ultimately it will cost the customers, whether funded by practices or RCVS.

● **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?**

Again disproportionately will be more impactful upon smaller independent practices- time cost , financial cost, difficulty and expense of sourcing IT solutions all will be significant.

● **Question 20: How could this remedy affect the coverage of a typical pet plan?**

Will encourage simplification if plans to include just the most basic components in order to more easily provide proposed information in a transparent way. As a practice aiming to take a responsible approach, in line with goals presented in BSAVA/BVA position statements and in line with well publicized research data regarding environmental impact of parasiticides, we have worked hard to produce a plan that is bespoke to patient needs and involves increased testing as opposed to blanket treatment. This will not sit well on a price comparison website as it requires significant explanation of the individualized elements.

● **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 have no tie in period, but the issue regarding included services such as consultations does make clear price comparison complex as the comparative cost entirely depends on how much an individual customer would access those services otherwise. We have moved to inclusive consultations to improve access to care and encourage early examinations of owner concerns without additional cost burden. Again, this is an area where a focus purely on price comparison could compromise both patient care and value to customers.

● **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?**

This is a helpful remedy

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

This is a helpful remedy

● **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?**

This is a helpful remedy

● **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.**

Most referral providers have already moved to providing clear pricing information. I'm not sure what a price comparison website would bring to the game for referring practices or customers. In my recent experience, selecting a referral practice comes down to price, location and

availability. The price comparison is already available, and is simply not the only or most important consideration.

● **Question 26: What information on referral providers that is directly provided to pet owners would effectively support their choice of referral options?**

Cost, experience level of referral clinicians, standardised clinical outcome audit results.

● **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)?**

It is good practice to provide clear information on costs/benefits of different treatment options. I'm not sure a financial threshold is a useful way to look at this, as all customers, in all circumstances, require options and clear information. Those are the foundations of effective mutual decision-making. For diagnostic work ups and surgical cases this may be straightforward, providing no post-operative complications occur. However, to suggest that an accurate plan of forward costs can be given is incorrect in many cases. A range of possible costs may be a more realistic expectation to avoid misleading information being given in complex cases where clinical outcomes, and consequent requirement for further testing and surgical/medical intervention are inevitably unknown at the outset. There is a world of difference between providing information on potential outcomes and that being used as a basis for price comparison.

● **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?**

This is an unnecessary intervention, as customers always have a choice. However, in emergency situations, it is important that vets have the freedom to point out that delayed decision-making could significantly compromise clinical outcomes.

● **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?**

In an emergency scenario animal welfare should take priority. Immediate first aid can be provided followed by a sensible conversation about further diagnostic and/or treatment options and/or euthanasia.

● **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?**

This should already be happening in terms of the record formed of the conversation between vet and owner with regards to treatment options. AI clinical note summarisation would facilitate completion of this potential remedy- will carry a cost however which will need to be passed on to the customer.

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

The main disadvantage here for FOPs is administrative burden on the practice, but it could also confuse customers by displaying new options at a point when the decision should already have been made. In emergency situations this may be helpful, but for more routine surgeries the discussion of treatment options may have happened at a separate visit to an admission appointment for surgery. This does not happen in human medicine or surgery. A conversation is held, a decision is made and a consent form is prepared and presented for that procedure.

● **Question 32: What would be the impact on vet businesses of this remedy option? Would any impacts vary across different types or sizes of business? What are the options for mitigating against negative impacts to deliver an effective but proportionate remedy?**

This would create a significant technological and administrative burden, which will disproportionately impact independent FOPs who do not benefit from the economies of scale of the larger corporates in terms of capacity to roll out automated changes.

Again, there can be no benefit in placing a different requirement on larger practices, as the public expectation is for a consistent service from all sizes of practices, but it will be a greater burden for smaller practices unless grants or other concessions are provided to support implementation.

● **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?**

The barriers are primarily administrative – vets already discuss options with customers. On a practical level, my concern is that until practice management systems develop and are installed by practices to achieve automation, it is hard to see a way forward that does not require increased time input per case from individual veterinary surgeons, consequently generating an immediate cost increase for the customer.

● **Question 34: How would training on any specific topics help to address our concerns? If so, what topics should be covered and in what form to be as impactful as possible?**

This is not a training issue, so much as a technological one. In most FOPs this would require considerable upgrades of practice management systems, or simply for veterinary consultations to be doubled in length to ensure adequate opportunity to provide full information in writing. Either way, the cost would inevitably pass to customers.

● **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?**

This completely undermines the veterinary consultation and fails to address the emotive nature of the owner: pet relationship. For example, is putting in writing that euthanasia is a treatment option, for an owner who has openly said in the consultation that they do not want to take that route, with a cost breakdown of euthanasia/cremation options, a fair thing to do to a person already in distress? Conversely, if a euthanasia decision is being reached because an owner simply does not have the financial means to proceed with treatment, despite the emotional angst that is bringing, is it then fair to follow up a challenging and personal conversation with a list of options they cannot afford? That conversation will already have taken place. Every vet has dealt with pets where the owner has considerable emotional burdens – maybe they have lost their job, maybe the pet belonged to a son/daughter that died by suicide, maybe their personal/ethical/religious beliefs are guiding their decision. These decisions are not all about cost, they are about deeply personal issues that vets work with owners to address on a daily basis. How does the committee propose such issues are addressed in written options? How does the committee propose that owners and vets are protected from the additional trauma this could cause?

● **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?**

Individual clinicians should not be instructed or pressurized to limit options solely to those which maximise financial benefit for the practice, eg. due to business relationships with specific suppliers. If all customers are offered open choice that will be an improvement, but where different choices result in cost differences for the customer this should be shared.

● **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?

Evidence of freedom of choice could reasonably be included within RCVS PSS inspections. It should be noted, however, that this remedy could restrict competition between pharmaceutical suppliers. While this could be a benefit, through reducing economies of scale and creating a more even playing field between the larger veterinary groups and smaller independent FOPs, reduced discounts could result in increased prices for customers. It is also not reasonable to consider that any practice should have to stock in its own dispensary every potential medical option available for a specific purpose.

• 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?

This has been an issue that has placed LVGs at competitive advantage for a prolonged period of time, so I agree that the greatest focus here should be on ensuring LVGs are operating fairly within the market and giving their customers full choice. There should be transparency regarding existing business relationships, and customers should have a range of choices available to them, not just be limited to medical approaches that support maximum profitability. I am not aware of this issue having been a widespread factor that limits customer choice within independent practice.

• 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?

I support increased transparency regarding any internal guidance and reasons for it, including clinical, ethical and financial factors. Increasing customer access to this information could potentially support trust in the profession.

• 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.

There would be significant delays to treatment if the customer had to be given the choice of a prescription for medication administered by the vet, and consequently a second consultation may be required for the drug to be administered, incurring additional cost to the owner. Also, how could this meaningfully be applied to injectable forms of controlled drugs where, for example, a customer could not reasonably obtain a whole vial of methadone or ketamine. Who would cover the cost of safe disposal of discarded amounts? Presumably the customer. It is very unlikely that this would result in an improvement for either customer or patient if applied to

anaesthetic drugs and is likely to be fundamentally unworkable. In emergency situations the clinician must have opportunity to provide urgent care, and particularly analgesia, without being delayed by administrative burden.

In terms of injectables in the consult room, it is unclear how appropriate storage could be maintained during the supply chain if the owner could obtain the drug via prescription, and again there would be a problem regarding volumes obtained with respect to injectable antibiotics.

There would be an additional danger of owners, patients and other people being placed at undue risk due to owners attempting to administer injectable drugs to patients themselves, or even abusing the drugs for inappropriate human use, if they passed through owner hands. So for injectable products I feel this is unworkable and unsafe for owners, patients and members of the public.

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

In terms of written prescriptions for repeat medications I can see logic and improved transparency with this approach, but I agree with the point that most practices are simply not set up to do this in an efficient way. Either an overhaul of practice management systems or increased consulting time would be required for this to be remotely achievable. Either way, the inevitable outcome will be a considerable overall rise in costs to the customer for accessing veterinary services, even if specific prices such as the prescription fee itself are capped.

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

This can only possibly work in a digitalized format, but this will be a considerable additional cost. There is no current indication within the report of the timeframe that is likely to be put forward for implementation. This is critical, as if this was implemented quickly, customers would see an immediate increase in costs. If a business felt unable to pass on that cost through service fees due to localized market pressures, imposing this change could result in practices having to make considerable cost savings, resulting in salary stagnation, reduced investment and redundancies.

My final concern with written prescriptions, particularly if a maximum fee is imposed, is that it is meaningless without further definition regarding the time frame for any prescription. For example, if a prescription fee is set at £25, then one practice could insist on this being per month of medication supplied, whereas another may apply a different timeframe. How would it be applied to shorter courses? We run into particular problems due to online pharmacies offering bulk buy deals to customers that may be totally inappropriate from a prescribing perspective.

● **Question 43: What transitional period is needed to deliver the written prescription remedies we have outlined?**

For the reasons I have given, a minimum of two years and ideally 3-4 years to afford providers of practice management systems time to rise to the challenge with genuinely capable systems that deliver all the proposed changes effectively. If this time is not given, practices will simply have to allocate more staff time to provide this through current inefficient systems, resulting in a rapid escalation of service fees to customers.

● **Question 44: What price information should be communicated on a prescription form?**

Cost of the prescription, practice dispensing fee and cost of the medication if obtained in house. Our customers are capable enough of researching the top suppliers online, so I don't feel it is necessary or practical for FOPs to do this for them.

● **Question 45: What should be included in what the vet tells the customer when giving them a prescription form?**

Providing this information in writing appears adequate.

● **Question 46: Do you have views on the feasibility and implementation cost of each of the three options?**

Option B appears the most feasible and workable of the three put forward, but it is unclear who will be responsible for setting up, maintaining and ensuring accuracy of the price comparison website. This approach could lead to some negative consequences – if meds supply via FOPs becomes limited over time, it is unlikely that practices will continue to stock a wide range of medications. This will, in itself, result in restricted options to customers at point of initiating treatment. Also, there is a risk of this all happening at considerable cost, but through practices losing income from dispensing medication service fees rising sharply. My final point would be that the same result could be achieved through a strict focus on price transparency from practices, to show mark ups, dispensing fees and prescription fees, so that customers truly understand the cost of obtaining medication. Google is an extremely effective search engine already for finding top suppliers of a specific medication. I am not sure that setting up a specific comparison site is a good use of anybody's funds, particularly when it is a cost that will inevitably end up affecting customers.

● **Question 47: How could generic prescribing be delivered and what information would be needed on a prescription?**

Individual practitioners need the option to specify a product if it is being selected on patient-specific factors such as palatability or ease of administration. Also, there could be specific safety issues with a different product being issued without the owner being clearly shown how to use it. We often run into problems with owners becoming confused with syringes for oral dosing of

meloxicam based products, for example, which lead me to have patient safety concerns about the generic prescribing approach.

● **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?**

With some amendments to ensure that VMD regulations align with proposed rules. It is important that there is a consistent instruction from the VMD in order for changes to become embedded long term.

● **Question 49: Are there any potential unintended consequences which we should consider?**

As above, my main concern is the sharp rise in costs customers are likely to see for accessing veterinary services, and also the increased administrative burden on vets further reducing morale within the profession. Salary stagnation, increased rates of people leaving the profession and redundancies are, I feel, also all real concerns if measures are placed on the profession suddenly.

● **Question 50: Are there specific veterinary medicine types or categories which could particularly benefit from generic prescribing (for example, where there is a high degree of clinical equivalence between existing medicines)?**

The only category where I genuinely feel this may be appropriate is non-steroidal anti-inflammatory drugs, but with the caution regarding patient risk that I have outlined above.

● **Question 51: Would any exemptions be needed to mandatory generic prescribing?**

As above, individual vets should be free to prescribe specific products where they have been chosen on the basis of patient specific factors eg. Palatability, ease of administration and allergies to constituent carrier components. For elderly owners, product design can be of particular importance for topical eye/ear products where some products are simply unsuitable for those with age-related dexterity issues.

● **Question 52: Would any changes to medicine certification/the approval processes be required?**

No – this is already rigorous and rightly so for patient safety. I would not support a watered down approach that enables cheaper products to enter the market without adhering to existing certification/approval requirements.

● **Question 53: How should medicine manufacturers be required to make information available to easily identify functionally equivalent substitutes? If so, how could such a requirement be implemented?**

This is an unreasonable requirement of the manufacturers themselves that would inhibit fair competition. I cannot recall another business in which the provider is required to provide the customer with information regarding their competitors.

● **Question 54: How could any e-prescription solution best facilitate either (i) generic prescribing or (ii) the referencing of multiple branded/named medicines.**

This requires considerable investment in a good digital solution – as a vet I am not qualified to answer how that could be constructed. It would require considerable time in research and development to bring an effective solution to market.

● **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 feel this is a fair solution, so long as the specific time period for which a medication is prescribed within a single fee is well described. Vets currently come under considerable pressure to provide medication either in the volume preferred by the supplier or over a period of time far longer than reasonable fits within under care guidelines.

● **Question 56: Are there any unintended consequences which we should take into consideration?**

Potential delays to patient care, lack of clarity for practitioners regarding medicines being prescribed if generics used. Potential for errors regarding dosing if changing formulations/tablet size.

● **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:**

Currently the cost to provide a prescription has to take account of vet time in reading the record, any appropriate discussion with owners and creating the prescription. We send the prescription direct to online pharmacy to avoid prescription fraud. This required administrative time. We value this in total at £26. However, it should be added that in vet time alone this typically takes 10 minutes. If required to write prescriptions for multiple products per consultation we would currently have to double all appointment times, and charge out the additional vet time through service fees.

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

See above

● **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)?**

This is misleading as the dispensing cost covers the cost associated with obtaining and storing medicines, adhering to regulatory guidelines regarding safe storage and then selecting, labelling, double checking the medicine and giving it to the owner with clear instructions, appropriate information as required under current guidelines, and guidance for use including disposal of any unused product.

● **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)?**

We value this up to £7.39 per product dispensed

● **Question 60: What is the most appropriate price control option for limiting further price increases and how long should any restrictions apply for?**

Price controls are futile for customers, as ultimately practices need to function financially. While a focus on medicines pricing may benefit customers with patients on long term medications, it will simply result in an overall increase in service fees, with consequent ongoing increases in insurance premiums and potentially taking veterinary care out of reach of some customer groups. I have no view on the time period.

● **Question 61: If we aim to use a price control to reduce overall medicine prices, what would be an appropriate percentage price reduction?**

See above – this will be reflected in a rise in service fees. I simply cannot see how this benefits anybody.

● **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?**

See above – this will be reflected in a rise in service fees. I simply cannot see how this benefits anybody.

● **Question 63: How should any price control be monitored and enforced in an effective and proportionate manner?**

See above – this will be reflected in a rise in service fees. I simply cannot see how this benefits anybody.

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

See above – this will be reflected in a rise in service fees. I simply cannot see how this benefits anybody, as such I see the objectives as being equally as flawed as the remedies.

- **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 exp**

If the cost falls to the RCVS or to practices via a subscription model, this cost will inevitably reach customers as practices have to function financially. I feel the financial aspect of the concept is therefore fundamentally flawed.

- **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?**

Up to three months

- **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?**

There should be no termination fee if appropriate notice is given – the onus should be on OOH providers to deliver an effective service that satisfies all parties.

- **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?**

I agree that vets should always be transparent regarding fees

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

A price control is a price control – any imposed limit should be uniformly applied.

- **Question 70: What is the optimal form, level and scope of any price control to address the concerns we have identified?**

I support improvement in this area, including transparency, choice and fairness for customers. If forced into a choice, I would support price restriction over maximum mark ups, as some

crematoria are owned by LVGs who benefit from considerable economies of scale already. There is considerable risk in this area of changes putting independent FOPs at competitive disadvantage. The ideal measure would be to prevent ownership of crematoria by LVGs. Omitting this point is a missed opportunity on the part of the investigating committee.

However, as in the discussion regarding medicines, I would point out that restricting prices in one area will only lead to increases in another. In this case, it appears most likely that cost of euthanasia itself would rise.

● **Question 71: For how long should a price control on cremations be in place?**

Any restriction needs to be in place for at least two years to result in change, but the change achieved is likely to be nothing more than a redistribution of fees.

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

This is not an area where I would expect the RCVS, in its current format, to have jurisdiction but the most efficient and cost effective solution may be for some monitoring of pricing to fall within PSS inspections.

● **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?**

Yes, in particular the RCVS should have jurisdiction over vet businesses. In fact, there are often situations where customers try to hold individual vets to account with the RCVS for situations/decisions that are based on business led approaches. This would be a considerable improvement.

● **Question 74: Are there any opportunities or challenges relating to defining and measuring quality which we have not identified but should take account of?**

I feel the Practice Standards Scheme already does this effectively

● **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?**

I support ongoing development of the PSS, and I feel making this information more accessible to the public would be an improvement.

● **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?**

Providing fair information to the public regarding quality of services is not, in itself, discriminatory.

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

No

● **Question 78: Should any recommendations we make to government include that a reformed statutory regulatory framework include a consumer and competition duty on the regulator?**

This would be a reasonable amendment

● **Question 79: If so, how should that duty be framed?**

As a cycle of continuous improvement within the industry – all veterinary professionals should be motivated to support this. New measures should have appropriate implementation periods, followed by monitoring, evaluation and review.

● **Question 80: Would the monitoring mechanisms we have described be effective in helping to protect consumers and promote competition?**

I believe they would help to some extent, but the overall efficacy would be a point to be reviewed when the measures have been monitored and evaluated, so that further adjustments can be made if/as required.

● **Question 81: How should the monitoring mechanisms be designed in order to be proportionate?**

I believe an approach of attestation and self-audit, to be inspected intermittently, most likely alongside PSS inspections, would be proportionate. Any enforcement measures should be proportionate to the size of business involved.

● **Question 82: What are the likely benefits, costs and burdens of these monitoring mechanisms?**

Improved public trust, more consistent application of standards. RCVS fees are likely to rise, particularly in association with registration to the Practice Standards Scheme as well as individual registrations. This cost, ultimately, is likely to affect veterinary service fees proportionately. Care should be taken that costs do not unfairly impact smaller, independent FOPs.

● **Question 83: How could any costs and burdens you identify in your response be mitigated and who should bear them?**

It appears unlikely that government funding would support this, so this cost will be borne by veterinary businesses and, ultimately, customers.

● **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)?**

Yes to powers to issue warnings and improvement notices, yes to fines on businesses proportionate to the size of business. Removing a firm's right to operate should be an absolute last resort if multiple improvement notices have been ignored, as this is likely to limit veterinary care provision and could negatively impact patient welfare as a result, particularly in areas where overall numbers of providers are limited,

● **Question 85: Are there any benefits or challenges, or unintended consequences, that we have not identified if the regulator was given these powers?**

See above

● **Question 86: Should we impose a mandatory process for in-house complaints handling?**

I believe that guidelines may be helpful, but ultimately businesses should have freedom to implement their own complaints procedures in line with any proposed guidance or framework.

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

Broad guidelines that every business should have a clear complaints procedure, and that this should be available for examination at PSS inspections.

● **Question 88: Would it be appropriate to mandate vet businesses to participate in mediation (which could be the VCMS)?**

I believe mediation could be a helpful step prior to the complaints procedure. I agree that businesses should be mandated to participate, but also that complainants should be encouraged to use this process as a first step.

● **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?**

I am supportive of this proposal and am not aware of any adverse consequences that mediation is likely to cause.

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

See above

● **Question 91: What form should any requirements to publicise and promote the VCMS (or a scheme of mediation) take?**

Practices could be asked to publicise their complaints procedure on their website and advise of the option of VCMS within that. I believe that when a complaint submitted the complainant should be asked to consider the VCMS first.

● **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?**

Complaints should be used, both within practice, and if they go through the RCVS, as an opportunity to review processes, key features (particularly if repeated themes) and training issues that may be exposed. Requiring practices to demonstrate how they share and act on complaints data may be helpful.

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

I do not think this should be aligned with the VCMS as a mediation service should not have powers of adjudication. Mediation is a process where a neutral third party helps parties reach a voluntary agreement, while adjudication involves a decision being made by an adjudicator, which may or may not be binding. As such, there may be some merit in a veterinary ombudsman, but it could be argued that this is already covered via RCVS and Trading Standards, and that the powers of the RCVS should be broadened to cover this purpose.

● **Question 94: How could such a scheme be designed? How might it build upon the existing VCMS?**

I do not feel it is appropriate for a mediation service itself to have powers of adjudication. A mediator with powers of adjudication is a contradiction in terms. If mediation fails then the question is how the complaint is escalated and whether a more managed and mutually agreed process would be beneficial. I feel it would. If the powers of the RCVS are broadened, and they are the many body to implement and monitor the remedies within this report, then surely they would have sufficient powers to provide this without requirement for a second body. As such, parties could agree within discussions via the VCMS to submit the issue for adjudication by the RCVS.

● **Question 95: Could it work on a voluntary basis or would it need to be statutory? Please explain your views.**

I think it will be most effective as a voluntary process, as whether voluntary or statutory it is important that businesses view engagement with it positively through a supportive approach.

For example, a business's willingness to submit a dispute for adjudication should be viewed favourably as the willingness of that business to take a reflective and supportive approach to complaint handling. It is important that engagement with this process does not compromise involvement of professional indemnity insurers, who would currently manage some client negotiations in these cases, and that they can work alongside each other.

● **Question 96: What are the potential benefits and challenges of establishing a veterinary ombudsman?**

I think the challenge will be ensuring it works with and not against existing processes. My preference would be that this is aligned strongly with the RCVS to ensure a smooth and consistent complaints process for the customer.

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

See above – within/alongside the RCVS. By definition, an ombudsman is a service that investigates and resolves complaints so this role could be achieved well by the VCMA and RCVS.

● **Question 98: Could such a scheme work on a voluntary basis or would it need to be statutory?**

See above – I would not support a separate body for this as the role would overlap strongly with the VCMA and RCVS, for which membership should be statutory.

● **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?**

I believe clarification here is not the primary problem, so much as the willingness of individual businesses to engage with it. Further clarity could be helpful. The idea that this will necessarily make services cheaper to customers though is, I feel, flawed. Top RVN salaries already level with vets early in their careers, and given the ongoing shortage of RVNs, salaries are likely to increase as their value to businesses and services they can offer are widened and better defined.

● **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?**

Utilising skilled staff to their full capability, and investing in their training, can only benefit businesses and patient welfare. It may make practices less willing to take on new vet graduates, as they may get greater value from employing a skilled RVN.

- **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?**

Utilising skilled staff to their full capability, and investing in their training, can only benefit businesses and patient welfare. It may make practices less willing to take on new vet graduates, as they may get greater value from employing a skilled RVN.

- **Question 102: Do you agree with our outline assessment of the costs and benefits of a reformed system of regulation?**

Yes, I particularly find point 6.122 a novel and excellent idea

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

I am comfortable with the assessment and welcome recognition that costs will ultimately pass to the consumer

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

Potentially by looking at systems in place in other countries, or by considering pilots/focus groups

- **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)?**

See above – I agree with point 6.122. Funding will come from veterinary businesses, and should be proportionate to size of business.