Dear Sir/Madam,

I write in response to the Vets Market Investigation Working Paper dated 1st May 2025.

I work for an independent practice that has a hospital branch and [redacted] general practice surgeries. We provide our own out of hours care in-house at the hospital. I have worked there for over [redacted] years.

Given that the outcome of this investigation is likely to significantly change the way that Veterinary Surgeons practice and will have a direct impact on the next 20 years of my working life, I feel it is important to respond. I have made the time, on my day off from work, whilst my 3-year-old is in nursery to write this on behalf of myself and my profession because I feel it is essential to prioritise engagement. I sincerely hope that this is not time wasted.

However, I will caveat that with the fact that many of my colleagues in the industry are disillusioned to the point that they won't respond, either because they believe it will make no difference, or they simply don't have the spare time in their lives to read and reply to the detail of 150+ pages of recommendations within a three week timeframe.

Those that work in the veterinary sector are dedicated, caring, professional people who strive to provide a good service to our clients. Public perception, fuelled by media reporting, that we are "only in it for the money" is hard to counteract and I wonder if this investigation may further disrupt that delicate balance of public trust.

In my opinion, most vets are well paid, fewer nurses are well paid, ancillary staff and reception staff are often underpaid and undervalued. This is not a wealthy industry for those on the frontline and reducing income to businesses will not help with this. There is a high rate of mental health problems and suicide within the veterinary community. Many newly qualified vets burn out within a few years of practice and leave the profession altogether. I am concerned that some of the remedies outlined in this paper will only serve to make this situation worse, by further undermining public trust in the profession and requiring additional administration that takes away from actually providing care through a face to face consultation.

It appears from my reading of the suggested resolutions that there is a limited understanding of veterinary medicine as an industry and profession, only as a business.

I strongly believe there is no other industry sector that we can be compared to. I can be a GP, preventative healthcare advocate, dentist, optician, A&E and minor injuries clinician, surgeon, end of life councillor and undertaker – all in the span of one day.

There is a vast difference between cost and value. I feel that we provide our clients with an excellent value service, but that comes with an associated cost.

I would be concerned that cost comparison websites may encourage clients to "shop around" for every service. Whilst this may enable the open market that your investigation and remedies seek to create; one of the leading complaints from our clients distils down to lack of continuity. I work in a large practice and, despite our efforts, it's not always possible to see the same vet each time. I

would be very concerned that clients may start to feel that lack of continuity if they were to be more regularly switching practices to get cheaper services. I am also concerned that price comparisons may not be comparing like with like, especially for the more complex conditions listed on the suggested price list.

I agree that a range of options should be offered to clients, and ideally, they should be able to access different types of practice in the same geographical area. Like having a range of supermarkets to choose from, pet owners can then select the veterinary practice that best suits their budget and needs. Pet owner education regarding the likely cost of caring for their pet is invaluable and currently misunderstood by a large sector of the general public.

There is no NHS for pets and so veterinary care requires investment from the owner. The PDSA has a section on their website that estimates the minimum monthly cost of basic care for a pet. I feel that this is something that all clients should be made aware of, in addition to considering pet insurance, prior to the purchase of a pet.
https://www.pdsa.org.uk/pet-help-and-advice/looking-after-your-pet/kittens-cats/the-cost-of-owning-a-cat
https://www.pdsa.org.uk/pet-help-and-advice/looking-after-your-pet/puppies-dogs/the-cost-of-owning-a-dog

These figures were calculated in 2023 and are a MINIMUM monthly cost estimated in owning a healthy pet, this does not cover vet bills, training or boarding when the owner is away. It is important that owners have realistic expectations of what veterinary services may cost them.

Reform of the Veterinary Surgeon's Act and potentially the Veterinary Medicines Directorate may be of great benefit to the profession. Specifically defining and protecting the title of Veterinary Nurse and providing a structured career pathway would be welcomed and is, in my opinion, long overdue.

In reference to specific remedies:

Remedy 1/Remedy 2
Enforcing publicly displaying clear information regarding the ownership of businesses is welcomed, especially by independent practices.

I think that educating the public on the likely cost of services is important. I see no problem with their being a price comparison website. I think it should be maintained by the RCVS and form part of a compulsory core level of the Practice Standards Scheme that data is submitted to them. Certain elements of the price list may be challenging to estimate for e.g. diabetes as a lot will depend on the choice of treatment and monitoring. Is it a cat suitable for oral treatment or a dog that needs twice daily injections. Does the animal present in ketoacidosis and require several days hospitalisation prior to discharge? Does the owner choose to have a glucose sensor fitted that they can scan with their smart phone or are they able to do an ear prick blood glucose curve at home. Also, it is a dynamic condition and so the frequency of revisits and dose changes is very variable. An average price for the first 3-6 months may be a better comparison.

Remedy 3
I agree it should be straightforward for owners to switch and to understand the comparative price of purchasing these services individually. We currently offer the option you describe of working out which services have been used at the time of cancelling the contract and ensuring the client isn't out of pocket.

Remedy 4
Client choice is important but often referral is something needed at short notice so the availability of a referral centre to take the case may well be a deciding factor. It should also be considered that the relationship and trust between the vet and the referral practice is important. A good working relationship with the referral centre, where the FOP vets can contact them for advice with cases that may or may not be referred is valuable. Constraints on where to refer due to business practices or insurance company limitations should be eliminated.

Remedy 5
I believe that we already do this, in that written estimates are provided for treatment. However, this is not the case for consultations where treatment is usually dispensed, or blood samples taken at the time of visiting the practice. A threshold beyond which a written estimate is needed would be sensible; I would suggest £500 as this would mean that most routine consultations with investigations and medication would be excluded but procedures requiring sedation or anaesthetic would be included. Where emergency treatment is needed, I think that pet owners should be made aware of the cost of OOH/emergency fees and initial lifesaving treatment, anything beyond this should be discussed step by step and likely can't be predicted at the outset. For example, a dog presenting with vomiting and diarrhoea may have blood tests, be proven to not be systemically unwell, not require IV fluids and be sent home with medication. The same presented symptoms may be due to poisoning or infection and require an extended hospital stay of several days with intensive treatment. There is no way of predicting that until the animal has been examined and initial tests have been conducted. Good, ongoing, communication with the owner regarding their options and the costs associated is key.

Remedy 6
I strongly agree with this remedy.

Remedy 7-11 Medicines
If the sale price of medicines is to be reduced or limited in FOP the resultant deficit will mean an increase in consultation prices. Currently this is somewhat subsidised by the mark up on medication. It would be a change in client mindset to pay £100 for their consultation and then take away a prescription and purchase their medication elsewhere for £20 than to spend £60 on the consultation and £60 on the medication dispensed at the time.

I worry that higher consultation fees might put owners off seeking advice from their vets and instead push them into looking for it from less reputable sources or putting off taking the animal until they are more unwell.

The current VMD requirements for Veterinary Practices to purchase medications through licenced wholesalers puts independent practices at a disadvantage. I regularly discuss with my clients (when

offering them prescriptions for long term medication) that the price of the drug with some online pharmacies is lower than the LIST PRICE from our wholesaler. We can't compete.

As a practice, we are not allowed to buy stock from the online pharmacy, even though it is cheaper than our suppliers. If there is an overhaul of the VMD regulations as part of this perhaps this barrier to fair competition could be considered?

I agree it is important that clients are aware of the availability of written prescriptions and that the charge made for issuing them is proportionate and reasonable. However, I do not think it's appropriate for a prescription to be automatically issued for every drug, every time.

For many clients, the ability to take away their medication to start treating their acute presentation is worth the premium that must be paid for supplying them at the time of consultation. If your pet requires antibiotics, pain relief, or eye drops, you likely don't want to wait the 3-5 business days it may take for an online prescription to be processed; and are willing to pay the premium that entails. If your pet is taking a long-term medication, is stable on said medication and the vet is willing to prescribe 3-6 months at a time, then I can absolutely understand that you may wish to purchase it online, and many of our clients do so.

We don't yet have high street veterinary pharmacies, and I'm not sure that there is a role for them in addition to FOPs dispensing medications. There is no business model for them yet, but I imagine they would have the same wholesale purchasing and bricks and mortar maintenance cost issues as FOPs. Online pharmacies keep their overheads low with bulk stock purchasing power and warehouse scale distribution.

Your proposed system of prescriptions also presents challenges with regards any off-licence use of medication, as presently, when purchasing online, the client must indicate that the medication will be used in accordance with the datasheet.

Similarly, we have veterinary compounded and human formulations that we stock and regularly prescribe under the cascade. Has this category of medications been considered as part of your review and compulsory prescription/generic prescribing, or just those that are licenced animal medications?

With regards price comparison, I don't think that this should be the responsibility of businesses to inform the client of the cost of prices elsewhere. It would be reasonable to inform them of the availability of prescriptions at the time of registration and again whenever they visit the practice, and even that medication may be available cheaper elsewhere, but I don't think we should have to bear the burden of price checking on their behalf.

Marks and Spencer don't have to tell me how much a lasagne costs in Tesco or Aldi, a car dealership doesn't have to tell me how much a service and MoT might cost at an independent garage; and in both of those scenarios I believe that whilst the service or product might bear the same title, there would likely be a difference in quality and client experience. This is also true in the veterinary sector.

I think it's important that clients are aware in advance of the likely cost of routine and more complex services, where and how they access out of hours care, but I don't think we should have to compare the cost of medication on their behalf.

Remedy 12
We provide our own out of hours care, it is one of the great advantages of our practice. Our clients know they will be seeing a vet at our hospital that has access to their history and the pet will remain in our care until they are fit for discharge. They do not need to be transported to and from an out of hours service whilst unwell/painful at the owner's expense. Clients are often not aware of these problems when registering with other practices and providing our own out of hours is a reason that clients will register with us rather than another (potentially cheaper) practice.

Remedy 13
I think it is important that clients are made aware of the cost of both individual and communal cremation, we will always quote for both at the time of discussing euthanasia and wherever possible will encourage a client to consider their options ahead of time.

A mark up on the cost of the service to the practice is reasonable to account for the handling and storage of the body and, in the case of private cremation, the storage and return of ashes to the client.

Should the client wish to take the animal directly to the crematorium; provided there are no health and safety/infectious disease concerns then they are welcome to, but few chose to.

It is true that we don't frequently offer this option to clients as the crematorium we use is 1hr 20 mins drive away. We could improve this.

Perhaps a remedy could be to publicise prices on our website and the crematorium could do the same. We could indicate via our terms and conditions, website, end of life quality of life assessment forms and on the euthanasia and cremation consent form that taking the body for cremation themselves is an option and may be cheaper than the service we provide (like indicating that prescription medication can be sourced cheaper online?) thus giving the client an opportunity to check prices elsewhere?

Remedies 16-25
I am not a business owner and feel unable to comment on some of these solutions. However, I feel that a reformation of the Veterinary Surgeons act to include accountability for those who work in the profession and have influence on businesses but are not MRCVS or RVNs can only be a good think. Transparency in dealing with complaints will benefit public awareness but only if they are reported factually and not distorted by the media for more "outrage engagement."

Compulsory minimum standards for veterinary practices (perhaps an extension of the PSS scheme) with published reports in a similar way to the assessment of schools might be proportional and useful, but only if they are displayed in a way that the public can understand. I know many teachers find OFSTED inspections and grading of schools time consuming, immensely stressful and not always of benefit to the students.

Remedies 26-28
A reformation of the Veterinary Surgeons Act to define and protect the title of Veterinary Nurse is long overdue. They are professionals in their own right, and deserve to have an appropriate official career pathway. The role of veterinary technicians in the USA is far ahead of veterinary nursing in the UK. As such, some veterinary nurses working in specialist areas in the UK are pursuing and acquiring international qualifications because they are simply not available here. Whilst not the focus of this investigation, hopefully this will push forward the legal framework for the role of the veterinary nurse who wishes to pursue further education. Specifically in terms of their skill set surrounding the induction and monitoring of anaesthesia, consultations with limited prescribing, dentistry including extractions and specified minor surgeries to more reflect the human nurse specialist/nurse prescriber roles.

Thank you for taking the time to consider my comments.