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23/05/2025

Competition and Markets Authority
Veterinary Market Investigation Team
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Dear CMA Veterinary Market Investigation Team,

We are writing as the owners of a large independent mixed-species veterinary practice in response to your working paper on potential remedies in the small animal veterinary sector. We appreciate the opportunity to engage with this consultation, although more time to consider our responses would have been appropriate, and we support efforts to improve transparency and fairness in the market. However, we wish to raise significant concerns regarding the feasibility, unintended consequences, and disproportionality of several proposed remedies.

1. Increased Administrative Burden Leading to Higher Costs for Clients

Many of the remedies, particularly those requiring written treatment estimates, centralised comparison tools, and prescription-related changes, will impose substantial administrative burdens on veterinary professionals. These duties cannot be delegated easily due to their clinical complexity and legal implications and many independent businesses do not have administrative teams capable of implementing these measures. The time and staffing required to fulfil these obligations will inevitably increase consultation lengths and business operating costs, which will, in turn, raise fees for clients; the opposite of the intended outcome desired by the CMA.

2. Disproportionate Impact on Independent Practices

Large veterinary corporates have the infrastructure to adapt rapidly to centralised data requirements, technological integration, and national pricing policies. Independent practices, by contrast, lack such economies of scale and risk being overwhelmed by the increased regulatory demands. There is a real danger that the remedies will accelerate consolidation in the market, diminishing consumer choice and localised care.



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3. Concerns Around Prescription Remedies and Market Spillover

We strongly oppose the proposed reforms to prescription processes, particularly mandatory written prescriptions for all medications, requirement for generic prescribing and price disclosures for external pharmacies. These changes overlook the complexity of clinical consultations and create potential delays in treatment. Furthermore, the prescription reforms are targeted at companion animals but will inevitably spill over into equine and farm animal sectors in mixed practices, where they are economically and practically unviable. Injectables and time-sensitive medications, in particular, should be excluded from any remedies imposed in this area. It is difficult to see how species specific remedies might be introduced and if, for example, generic prescribing becomes mandatory across all species this will create serious public health risks from unclear withdrawal times on meat and milk products.

We are also concerned that the CMA's encouragement of online pharmacy use fails to recognise the market dominance of large corporates who own many of these platforms, thereby potentially reinforcing the very competition concerns this investigation seeks to address.

4. Support for Transparency and Regulation Reform

We do support measures that enhance transparency around cremation services, referral pathways, and the cost of care, provided these are applied proportionately. We also welcome proposals to update the outdated Veterinary Surgeons Act and would support the introduction of a more robust and modern regulatory framework for veterinary businesses.

To conclude we urge the CMA to ensure that any remedies implemented are practical, proportionate, and do not inadvertently penalise small, independent, and/or mixed practices. A balanced approach is essential to safeguarding both consumer interests and animal welfare ;- one that recognises the role of veterinary professionals as trusted advisors, the operational realities of frontline veterinary care and the IT infrastructure and capabilities of the current Practice Management Systems.

Thank you for the opportunity to contribute to this important consultation. We have provided answers to the questions laid out in the working paper below and hope our contribution is of value to you.

Yours sincerely,



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Paragon Veterinary Group response to consultation questions -

Implementation of remedies

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

Trialling these is essential as they represent huge change in the veterinary market and could have many unintended consequences. How are these trials to be laid out? Who or what criteria are going to be used to judge success or otherwise of these trials? Given the level of change suggested this could potentially lead to some veterinary businesses ceasing to trade as they are unable to comply so any trial will need to be carefully thought through to minimise and mitigate those risks

- 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. Please explain your views.

- 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.

We think it covers the main services required, more complex services will be difficult to compare fairly, however this suggested remedy would give pet owners a good understanding of the prices on offer. We have already published a price list on our website and would be happy to amend this to cover those services recommended

- 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.

In general this is well set out. However it does immediately raise some issues. For example we charge more for OOH between midnight and 6am than at other times, if forced to standardise out of hours fees this would lead to a likely increase in cost to clients at certain times. What does a 'basic urine screen' mean? Some practices may consider that to be a urine dipstick and nothing more, some dipstick, specific gravity, sediment examination. So already there is variation in standard pricing for some simple services. Forcing practices to change their pricing to match these standardised price lists may inadvertently increase the cost to clients as well as increasing the administration burden on veterinary businesses.

Very few procedures we do are standardised, dealing with complex biological specimens, combined with the added complicating factors of client compliance, animal behaviour and financial decisions means that a standardised price is very difficult for us to see being fair or

possible. Having fixed prices for procedures may inadvertently lead to lower standards in animal welfare as decisions on what to include may become more financially driven than welfare driven. Having a range might be more appropriate

- 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? Please explain your views.

We think allowing a range within those weight categories would be useful, a general anaesthetic for a 41kg Labrador is significantly cheaper in terms of medications used than it would be for an 85kg Mastiff.

- 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? Please explain your views.

This is going to be very difficult to standardise and monitor. Perhaps the RCVS/BSAVA can work with the CMA to decide on some minimal standards for certain procedures and use this as a starting point?

- 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.

Yes, we are fully in favour of transparency and this would be useful for clients to access

- 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.

Yes, as above, we are in favour of transparency

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

If forced to standardise certain prices some clients may end up paying more for procedures, for example if the decision is to have a standard price for neutering a dog between 20-40kg and a practice currently does it on a weight basis then the owner of a 21kg dog may end up paying more for this procedure

- Question 10: Could the standardised price list have any detrimental consequences for FOPs and referral providers? Are you aware of many practices which do not have a website? Would any impacts vary across different types or sizes of FOP or referral provider? Please explain your views.

The impact will be higher on smaller, independent practices that do not have the staffing/resources to implement this easily. The large corporate groups will be able to standardise and scale this across practices rapidly. A website is currently not a mandatory part of veterinary business

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

PSS, other awards and recognition, list of specialists or other relevant certifications, equipment available and a standardised customer satisfaction feedback form are all useful measures in our view

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

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

We strongly disagree with this proposed remedy, with the rise in use of AI online we believe price comparison sites are going to become less useful to the general public over time. We are also concerned about the feasibility of setting up such a site and the cost of developing it and maintaining it. This cost would ultimately affect veterinary businesses and would likely be passed onto clients

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

This should be independently developed and funded where there is a commercial return like all other price comparison websites. But whoever runs the website will be seeking a return and where is that going to come from? Practices paying to be listed? Or clients seeking to use it? In both cases this will increase the ultimate cost to the animal owner

- 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?

Point (b) more realistic as aligned more with current online price comparison websites.

- 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?

If we are publishing them on our own websites then already reduced, but also makes a comparison site less needed. There would be time and cost providing information and updates to any comparison website

- 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.

Already covered in standardised price list above

- Question 17: Where it is appropriate for prices to vary (eg due to bundling or complexity), how should the price information be presented? Please explain your views.

If price is varying due to complexity then it probably isn't suitable for a comparison site. We have clients shop around locally and for some of these more complex cases we have to physically see and examine the animal before being able to give a fair estimate.

- Question 18: What do you consider to be the best means of funding the design, creation and ongoing maintenance of a comparison website? Please explain your views.

This is going to have an impact on veterinary pricing, we do not think the benefit of ease of comparison for clients will outweigh the increased cost they will end up paying for such a site to exist. A website via the RCVS or similar educating clients on how to best evaluate veterinary practices in terms of quality of service, services available and things like expected costs of pet ownership would be far more valuable.

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.

We already have published information about our pet care plans, we believe most vets that offer them do as well so not a huge impact in terms of that. We allow clients to leave the plan, however there are benefits to pay back if they do so separately to the renewal date. The main impact would be the administration of calculating usage and sending this annually, this would be a large administrative burden for most practices.

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

We are not sure what you mean by coverage in this question

- 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?

Administration of providing the details being asked to publish, even with the modern Practice Management Systems (PMSs) available this would still take a lot of time and effort in practices to work out. It could be reduced by removing or reducing the amount of data the remedy is requesting is sent to owners/published

154 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.

Many practices have peripatetic specialists who come to the FOP reducing stress on the animals and for the owner. Treating these specialists the same as the LVG owned referral centres in this regard would be a large burden on them. Many of the referral providers already provide price lists on their websites. As stated above we are unsure of the value and feasibility of a centralised price comparison site. The FOP already should be discussing the options with owners and there are many factors other than just price including the relationship between the FOP and the Referral Centre

- Question 23: Are there any consequences which may be detrimental and if so, what are they?
- Question 24: What do you consider are likely to be the main administrative, technical and administrative challenges on referral providers in this remedy? Would it apply equally to different practices? How could these challenges be reduced?
- Question 25: If you are replying as a FOP owner or referral provider, it would be helpful to have responses specific to your business as well as any general replies you would like to make.

As FOP owners we do not see the need for this remedy in our area, we discuss options with clients and do not have affiliation with any one referral service/centre

- 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.

Pricing, quality of service, reputation, outcome success, many of the things discussed in remedy 1 on their own websites would help inform clients on choices

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.

This is not a remedy we would support with the way it is currently worded. We feel there is a lack of understanding of Veterinary practice in this remedy. We always provide estimates for treatments, but often for many of these high value treatments a decision is needed quickly for the sake of animal welfare. Personally as a clinician with 16 years experience as a Small Animal vet I would still struggle to provide accurate prices for the full duration of treatment for many conditions and situations. Treating animals is not a simple black or white treatment plan and many complications can affect outcomes. Indeed cases can go better than anticipated resulting in a reduced charge. This remedy would add considerable administrative time for clinicians and would therefore have an effect on service pricing, it would also lead to dissatisfaction from the public as trying to provide accurate costs and information on this would be impossible and their expectations may not be well managed

- 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.

We do not currently force pet owners into decisions, they are allowed thinking time as ultimately it is their informed decision. However we sometimes do have to advise clients and help them to make an informed decision quickly in the interests of animal welfare

- Question 29: Should this remedy not apply in some circumstances, such as where immediate treatment is necessary to protect the health of the pet and the time taken to provide written information would adversely affect this? Please explain your views.

Yes, as above. For the vast majority of these larger cost procedures there is limited time for decisions to be made

- 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?

Having to write these, record and store would be a large administrative burden that could only really be taken on by clinicians with the knowledge to provide the treatment options. This would end up increasing the time associated with that case and therefore the cost of veterinary services

- 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 advantage would be that a standardised form could be created and used. These conversations should be happening with owners anyway and already are in our practice so this would be a more feasible option than the one mentioned above

- 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?

Vets did not join the profession to spend more time on administrative paperwork, unfortunately it is already a huge burden in practice and so far many of the remedies will be adding to this burden. Creating more administration is likely to result in clinicians leaving the profession as well as inadvertently creating a rise in veterinary fees as they have less time to do the clinical aspect of the profession. Automated systems and AI driven solutions are likely to be created, particularly by the large providers which in turn will weaken the key trusted relationship between the vet professional and the client who is currently supported one-to-one in making an informed decision

- 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.

No

- 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?

We are not sure what is being asked here regarding this remedy

- Question 35: What criteria should be used to determine the number of different treatment, service or referral options which should be given to pet owners in advance and in writing? Please explain your views.

It would be very easy to overload pet owners with too much information and therefore stall decision making when animal welfare is a concern. We already know that animal owners remember approximately 10% of what they are told in a consult - bombarding them with a plethora of other unlikely options will not help them

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.

We are in agreement with this remedy and strongly support clinical freedom for veterinary surgeons. Guidelines for certain conditions can be useful for helping inexperienced clinicians, however these should only be guidelines. Likewise KPIs are useful information for businesses but should not be used to change clinical freedom

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

Self-certification would not help improve public confidence in the profession. With changes to the RCVS this should be included in their inspections of veterinary businesses

- Question 38: Should there be greater monitoring of LVGs' compliance with this potential remedy due to the likelihood of their business practices which are rolled-out across their sites having an impact on the choices offered to a greater number of pet owners compared with other FOPs' business practices? Please explain your views.

I think all businesses should be treated fairly and therefore the same in this regard

- Question 39: Should business practices be defined broadly to include any internal guidance which may have an influence on the choices offered to pet owners, even if it is not established in a business system or process? Please explain your views.

Guidelines for clinical diagnostic processes can be really useful for inexperienced clinicians and ensures best practice and therefore optimum animal welfare. With any treatment or diagnostic process options should be given to pet owners but guidelines can help with this. However veterinary practice is not "plug and play" - vets spend years being trained in problem solving and logically following the course of a diagnosis, treatment, or intervention - there should be no remedy that forces a more prescriptive guide to how to best use these skills

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

All the below questions assume we agree with this remedy of issuing a prescription, however we would like to state that we believe this remedy will have large unintended consequences. There is no way that writing a legally valid prescription that is not open to be fraudulently copied can be done in the same time as printing a label and dispensing a medicine in the practice, (already a highly controlled environment), therefore this is going to lead to extended consult times and therefore increased fees to clients. It also would be extremely difficult to manage these different systems in a mixed veterinary practice without unintended consequences to production animal and equine

- 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.

Injectables should be excluded from this. There is usually a good clinical reason why injections are given at the time of a consultation, pet owners are not going to benefit from getting a prescription for these as they would not want to shop around for something needed that day, and who would they then find to administer the medicine? Also adding a written prescription fee to every medication administered will increase the cost of provision of veterinary services

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

They may lead to low cost medications becoming more expensive to those pet owners on low income as adding a written prescription charge would be more than the cost of say a course of prednisolone. This would reduce basic access to veterinary services for some pet owners. Writing prescriptions for every medicine currently dispensed in practice would increase the time required in veterinary consultations and would therefore lead to an increase in consultation costs. This would also considerably increase the time burden on clients sourcing products under prescription.

Currently a few of the largest online pharmacies are also owned by the LVGs. Would driving more medicines sales to them not reduce competition in the market and have a larger effect on the independent veterinary practices?

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

We currently send ours, if/when requested directly to online pharmacies to make it secure. Having a standardised process for this across pharmacies would ease this process. Having standardised forms on PMS would reduce the time taken for this, however it is not going to be as fast as the status quo

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

It depends on what is finally put in place, if an up to date price list from online providers needs to be printed on each prescription there will need to be a lot of changes to PMSs used in practice which in our experience is not an easy or fast process

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.

None. If we are decoupling selling medication from prescribing and expecting vets to give written prescriptions for everything that is fine, but it should then be down to the pet owner to shop around if they wish. It is surely not also the responsibility of the business to do the shopping around for the pet owner? In what other business sector do we expect businesses to provide pricing options for their competitors at point of sale? Please provide examples

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

The vet should tell the customer that the medication can be purchased via an online pharmacy, from the practice, or if other options are available such as community pharmacies then letting them know this as well. However it should be noted that some of these proposed changes are likely to reduce what veterinary practices offer on site

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

Setting up a price comparison website for medicines and expecting veterinary businesses to upload and maintain up to date information on prices will have a much larger impact on independent veterinary businesses than on the LVGs that also own and run some of the online pharmacies the CMA seem very keen to drive business to. We suspect there also will be costs to setting up such a site which will fall onto veterinary businesses and eventually be passed onto pet owners. We do not have enough website design experience to comment on the feasibility of setting up a prescription portal for every veterinary practice and every medicine that is dispensed in the UK, however we note that such a system is not in place for the NHS or to our knowledge on such a large scale for any other business sector

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.

We would not recommend this remedy as the level of knowledge and understanding from the public and owners as well as suppliers around the licenced generic market is limited. Using generics also introduces a level of confusion with active ingredients also used in human medicine. For example, try typing “amoxicillin and clavulanic acid” into Google - all searches relate to human licenced products, none of which are legal in Veterinary medicine

- 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.

We would like to refer you back to the VMDs response to this remedy from the February working paper:

“The VMD is particularly concerned about veterinary prescriptions detailing only the active substance(s), rather than a specific product.

- It is considered likely that this would lead to medicines being selected and dispensed by those other than the prescribing veterinary surgeon, thereby failing to appropriately consider their clinical suitability for a given patient.
- This is considered incongruent with a veterinary surgeon taking full responsibility for any prescribing decision they make, and the fact that such decisions must be clinically justified.
- It stands to reason that even with the best intention, when given a choice between two seemingly identical products, owners may select the cheaper option to be dispensed, unaware that there may be significant additional safety and efficacy considerations for the product they have ultimately selected.”

We strongly encourage the CMA to respect the views of the VMD, which is the UK's regulatory body for veterinary medicines, ensuring their safety, quality, and efficacy. It is an executive agency of Defra and plays a key role in protecting public health, animal health, and the environment

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

For mixed species practices this brings a potential risk of complication and spillover into food producing livestock and equines where regulatory and legal responsibility and milk/meat withhold remain the responsibility of the veterinary surgeon. By introducing a requirement for generic prescribing a real risk of food safety and legal challenge exists. We see it unlikely that legislation can be species specific - and even the definition of a companion animal or a food producing animal can be blurred. With animals that may ultimately end up in the human food chain, where will the liability lie if a medicine is used inappropriately? A vet may prescribe a generic, a pharmacist dispenses against that but does not understand the implications of meat and milk withdrawals and a food product ends up in the human food chain with medicine residues. Furthermore, who would be responsible for reporting and managing an adverse drug reaction, or an efficacy failure?

- 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)? Please explain your views.

In our clinical experience the biggest issues with written prescriptions for medications are where we are not specific enough about formulations or preparations. For example not specifying chews over tablets where the dog will only accept the chew. Generic prescribing would completely remove these nuances and potentially create more frustration for pet owners

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

See responses above

- Question 52: Would any changes to medicine certification/the approval processes be required? Please explain your views.

Your suggested remedies require veterinary surgeons to have an understanding of all the various brands of a particular medication that could be clinically interchangeable, this would be additional work for the clinicians

- 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?

The current databases on VMD and NOAH alongside the BSAVA formulary allow easy filtering by active ingredients so already in place we would argue

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

We don't believe a countrywide e-prescription platform is feasible or realistic. Even online sites will not stock all generics, they will prefer particular brands, likely for commercial reasons, thus completely negating the purpose of the exercise

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.

As long as a price fair for the additional time taken for providing written prescriptions (we disagree with the conclusion that it will take the same amount of time as dispensing currently does in practice) by a veterinary surgeon is considered we have no issue with a price control as such. We believe that generating a prescription, explaining it and its consequences to a client, advising where and how to source the product and then giving specific treatment and safety advice for the product that is then eventually prescribed by the online pharmacy (potentially some hours/days later!) would increase the consulting time and thus cost by a significant time frame

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

You have already identified the main ones being an increased time spent on consulting in practice leading to increased fees to clients

- 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?

Option B with a national cap

If we were to decide to impose a cost based price control for prescriptions, we need to fully understand the costs involved with prescribing and dispensing activities. We are seeking to understand:

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

This, alongside some of the other remedies discussed, would lead to an increase in consultation time per consult of at least 33%, but more likely 50%, which would need to be factored into fees

- 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 covered by dispensing fees which have been provided to the CMA previously. Costs include those involved in maintaining and staffing a dispensary, having suitably qualified staff in the dispensary including a SQP, medicine wastage, counting tablets, labelling, lighting, heating, IT equipment and the cost of holding stock

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.

Applying the 2 in parallel might be the best option. Restrictions should apply until the remedy for written prescriptions comes into effect as this would drive market factors anyway

- Question 61: If we aim to use a price control to reduce overall medicine prices, what would be an appropriate percentage price reduction? Please explain your views.

0%, market forces would act quickly to bring prices to reasonable levels as soon as the remedy for written prescriptions was implemented

- Question 62: What should be the scope of any price control? Is it appropriate to limit the price control to the top 100 prescription medicines? Please explain your views.

The top 100 medicines would cover a large percentage of the market at least, if doing it for all POMVs there would be a large volume of work for the CMA and practices to set and manage prices for an interim measure

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

The consumer complaining about non-compliance to the CMA, alongside random sampling by the CMA with costs recovered from those businesses which are non-compliant

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- 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.

We unfortunately do not share your confidence in the feasibility of getting all the PMSs to provide an integration with any e-prescription portal, any automated way of putting current online prices or linking with a price comparison tool onto written prescriptions and although many PMS systems can automatically generate a written prescription this still needs time and input from the clinician

- 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.

We do not believe this can be achieved without considerable investment and changes to how veterinary businesses are currently set up, this sort of investment would result in increased veterinary fees to the public as veterinary businesses are not currently making unreasonable profits to fund this sort of investment

The cost to independent veterinary businesses would be considerably higher proportionally than it would to LVGs which would lead to further consolidation of the veterinary market and less choice for pet owners. This seems to be against the stated aims of the CMA

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

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

6 months, with 6 months notice OOH providers could in theory change staffing levels to accommodate a change in demand

- Question 67: What would be an appropriate limit on any early termination fee (including basis of calculation) in circumstances where a FOP seeks to terminate a contract with an out of hours provider? Please explain your views.

We are not sure there should be a fee as long as the notice period is adhered to

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.

We would welcome this remedy

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?

Applied to all is the only fair approach

- 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.

We do not feel in a position to comment on this as it is something we have never encountered

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

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

It depends on what your remedies around regulation end up being, this would be part of the remit of any regulatory body for veterinary businesses

Remedy 15: Regulatory requirements on vet businesses

- Question 73: Would regulating vet businesses as we have described, and for the reasons we have outlined, be an effective and proportionate way to address our emerging concerns? Please explain your views.

Remedy 16: Developing new quality measures

In section 6.45 The CMA states “The design of an enhanced scheme should avoid imposing requirements that are overly burdensome and operate as a barrier to participation, particularly for smaller independent FOPs which may not have centralised administrative functions.”

This point appears to have been missed in most of the remedies suggested so far, for example: written treatment options, providing pricing to a comparison site, written prescriptions and providing online pricing options all of which will be overly burdensome and operate as a barrier to smaller independent FOPs.

- Question 74: Are there any opportunities or challenges relating to defining and measuring quality which we have not identified but should take account of? Please explain your views.

There is no mention of the complexity of veterinary treatments in terms of outcomes. These can be affected by client compliance, animal behaviour, financial constraints and case complexity. Any measures of quality need to be carefully considered with input from organisations such as RCVS, BSAVA, BVA and SPVS to make a meaningful system

- 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.

We believe this has the potential to be a good starting point, particularly if some of the PSS is focussed on the challenges around pricing and supply. It would be advantageous to create a “carrot” rather than a “stick” and with practices able to demonstrate enhanced processes and outcomes, and be audited against this, the public would have cause for increased confidence

- Question 76: How could any enhancements be designed so that the scheme reflects the quality of services offered by different types of vet businesses and does not unduly discriminate between them? Please explain your views.

Quality does not depend on size, it does not necessarily depend on quantity of services on offer either and things like online presence, IT infrastructure should not be taken into account

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

A way of educating pet owners on how to differentiate veterinary businesses and assess quality themselves

Remedy 17: A consumer and competition duty

- 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? Please explain your views.

Yes, we agree with your reasoning on this

- Question 79: If so, how should that duty be framed? Please explain your views.

To ensure public confidence in the profession is maintained/reestablished

Remedy 18: Effective and proportionate compliance monitoring

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

Yes, they would help raise public trust, however again this additional administrative burden that would disproportionately affect independent practices and small businesses so this needs to be considered carefully in the framework of the monitoring

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

Tiered depending on size of the business and integrated into current checks such as PSS. The standards should incorporate specifics around which this investigation has identified so that a practice can be easily benchmarked, based on audit and PSS level rather than industry regulation - this way a whole practice is benchmarked rather than the cost of a specific generic or prescription or procedure

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

Benefits include increased trust from pet owners, proper market oversight and clarity of standards

Costs include additional administrative burden, software adjustments and likely to be some cost needed to pay for such oversight. This must be weighed against the potential benefits

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

To reduce burden practices could be given templates to help them. Training could also be offered.

Costs could be reduced by incorporated into current schemes like the PSS, however with additional costs some sort of regulatory levies on larger groups and sector-wide contributions, especially where remedies address market-wide structural issues.

Costs should be based on a denominator that does not discriminate against smaller or independent businesses - so per FTE, or per discreet clinic for example

Remedy 19: Effective and proportionate enforcement

- Question 84: Should the regulator have powers to issue warning and improvement notices to individuals and firms, and to impose fines on them, and to impose conditions on, or suspend or remove, firms' rights to operate (as well as individuals' rights to practise)? Please explain your views.

Yes, without this range of sanctions the ability to monitor and regulate the sector is meaningless

- Question 85: Are there any benefits or challenges, or unintended consequences, that we have not identified if the regulator was given these powers? Please explain your views.

It could create fear for smaller businesses and for younger clinicians and therefore have unintended consequences on clinical care as they are so focused on being compliant with regulation they are unable to do the job they have trained to do. We must be careful that non-compliance does not get conflated with liability in the eyes of the regulator or the public

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

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

Yes, a good complaints handling process should and could be standardised, as could clinical audits such as VetSafe reporting via the Veterinary Defence Society. Practices should be encouraged to actively sign up to a VCMS so that complaints and suggestions of monopoly can be actively and openly discussed and reviewed by an independent 3rd party. We would encourage the CMA to discuss this with the Veterinary Defence Society (VDS) who cover the vast majority of vets and vet nurses in the UK and Ireland against Civil, Criminal and Disciplinary complaints - they are likely to have a valuable opinion

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

A three-step model would be workable:

1. Acknowledgment and informal resolution,
2. Internal review with clinician oversight,
3. Escalation pathway (e.g., VCMS).

It should come with guidance templates and CPD support. Avoid mandatory use of

external tools or systems that are costly for smaller practices

Remedy 21: Requirement for vet businesses to participate in the VCMS

- Question 88: Would it be appropriate to mandate vet businesses to participate in mediation (which could be the VCMS)? Please explain your views.

Yes, we agree with this remedy. Use of a VCMS would be highly valued if it shortened the length of time it took to reach resolution, which currently can be many months or years

- 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?

It may extend the time taken to deal with unreasonable complaints which can have high emotional burdens on the clinicians involved. Is the VCMS structure in place to deal with this becoming mandatory?

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

Mitigations could include:

- Caps on case time or cost per practice per year;
- Clear guidance on frivolous or mischievous complaints;
- Dedicated VCMS liaisons for small practices

Remedy 22: Requirement for vet businesses to raise awareness of the VCMS

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

The VCMS could provide posters and information to give out to clients. They should be given information on the VCMS at the start of an internal complaints procedure

Remedy 23: Use of complaints insights and data to improve standards

- Question 92: How should the regulatory framework be reformed so that appropriate use is made of complaints data to improve the quality of services provided?

Anonymised trends and system wide learning could be published regularly to the profession, either by the VCMS or the RCVS. The VDS newsletter is a good example of data sharing that can be easily digested by the profession with learnings taken from it

Remedy 24: Supplementing mediation with a form of binding adjudication

- Question 93: What are the potential benefits and challenges of introducing a form of adjudication into the sector?
- Question 94: How could such a scheme be designed? How might it build upon the existing VCMS?
- Question 95: Could it work on a voluntary basis or would it need to be statutory? Please explain your views.

Remedy 25: The establishment of a veterinary ombudsman

- Question 96: What are the potential benefits and challenges of establishing a veterinary ombudsman?
- Question 97: How could a veterinary ombudsman scheme be designed?
- Question 98: Could such a scheme work on a voluntary basis or would it need to be statutory? Please explain your views.

Remedies 26 – 28: Effective use of veterinary nurses

- 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?

A training framework and guidelines to help nurses progress within Schedule 3 skills and consider the framework for the growing role for veterinary technicians

- 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?

Increased job satisfaction for nurses. Given a large number of the remedies discussed above are going to dramatically increase the administrative burden on veterinary surgeons allowing nurses to do more may help limit the negative impact of these remedies to some degree. Risks include delegation of tasks beyond competence or training, lack of clinical oversight by veterinary surgeons, reduced training for newly qualified veterinary surgeons and degradation of trust in the veterinary sector should delegation beyond competence occur

- 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?

As above, any expansion must involve ensuring the nurses are adequately trained to perform the new roles they are being asked to perform with clear safeguards in place to ensure animal welfare is not compromised

Proportionality

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

No, we do not agree. We believe that the CMA has overstated the benefits of some of these remedies in driving competition to reduce prices to pet owners and has failed to take into account many unintended consequences and costs, especially for smaller independent practices, that will actually increase the price pet owners are paying for veterinary services

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

Consider a tiered system based on size of organisation and on trials look at cost in terms of time, lost opportunities etc for various practice sizes and setups

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

Trial pilot schemes, but it would need to be clear the criteria against which success or otherwise was being measured

- 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)?

Practice sized based fees or per FTE fees might be the fairest way of funding these. We agree with some of the suggestions regarding separate fees for complaints on a case-by-case basis. One concern about awards via a PSS or similar scheme being used to assess quality is that quality is not dependent on what the business is willing to pay for such awards