IVC EVIDENSIA RESPONSE TO CMA REMEDIES WORKING PAPER

DATED 1 MAY 2025

CMA MARKET INVESTIGATION INTO UK VETERINARY SERVICES FOR HOUSEHOLD PETS

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1. Executive summary

Introduction

1.1 IVC welcomes the opportunity to comment on the CMA's remedies working paper (the "**Remedies Working Paper**") in its market investigation into veterinary services for household pets. IVC is committed to engaging collaboratively with the CMA to find effective, meaningful, and workable solutions to industry-wide challenges, that are consistent with the '4Ps' set out in the CMA's Annual Plan[1] and applicable CMA Guidance,[2] and do not impose a disproportionate administrative, technical, and financial burden (of excessively complicated and unworkable remedies) on the sector.

1.2 This is crucial to reinvigorate investment into UK veterinary services (which has significantly diminished since the start of this CMA regulatory process); to promote the interests of pet owners, patients, veterinary professionals, and the industry; and to send a clear message to the wider economy that the UK regulatory environment prioritises "*action to drive growth and investment whilst fulfilling its core purpose to promote competition and protect consumers.*"[3]

1.3 To this end, IVC welcomes many of the proposals in the Remedies Working Paper, but is concerned that several remedies being considered are disproportionate, unworkable, and would place a significant burden on veterinary professionals and practices. In this response, IVC sets out where the scope and parameters of the package of measures in the Remedies Working Paper require amendment or development to ensure that it is consistent with the '4Ps', and fit-for-purpose in light of the specific characteristics of, and challenges faced by, the sector.

Unique characteristics and challenges of the veterinary sector which the CMA should consider when developing any remedies

1.4 Pets are part of the family for many people, and people care passionately about them. Household pet care is therefore an emotive topic, with correspondingly high consumer engagement – which has only increased in recent years due to increased 'humanisation' of pets and more widespread pet ownership since the COVID-19 pandemic.[4] As a result,

[1] The '4Ps' set out in the CMA's Annual Plan (i.e. pace, predictability, proportionality, and process) are designed to drive growth by promoting competition, protecting consumers, and enhancing business and investor confidence. See CMA's Annual Plan to drive growth by promoting competition, protecting consumers and enhancing business and investor confidence - GOV.UK.

[2] CMA guidance on markets remedies (the "**Guidance**") indicates that remedies should be proportionate, and not more costly or onerous for market participants than is needed to be effective. See https://assets.publishing.service.gov.uk/media/6728f949fbd69e1861921b06/__Draft_markets_remedies_guidance___.pdf, paragraph 3.5.

[3] See https://www.gov.uk/government/publications/cma-annual-plan-2025-to-2026#:~:text=The%20Competition%20and%20Markets%20Authority,promote%20competition%20and%20protect%20consumers.

[4] For further details, see IVC's response to Question 1, CMA RFI dated 13 September 2023; *IVC submission to the CMA – No basis for any concerns as to over-treatment and/or over diagnosis*, paragraphs 6.4 - 6.5.

the market for veterinary services for household pets is unique, underpinned by enduring characteristics:

(i) **Clinical autonomy** is fundamental to how vets operate. Vets are responsible for – and pride themselves on – providing quality contextualised care to patients.

(ii) Veterinary professionals are **regulated by specialist regulation and governmental and industry bodies** and maintain full individual responsibility for treatment decisions and for the medicines dispensed to patients.

(iii) Correspondingly, **pet owners trust vets** to provide care for their pets, exercising their clinical judgement, subject to a collaborative decision-making process on treatment choices based on open communication between vet and pet owner.

1.5 Alongside these inherent characteristics, and as further important contextual factors to the CMA's consideration of remedies, the UK vet industry has in the last decade been shaped by significant cost pressures prompted by:

(i) A **systemic national shortage of vets and veterinary nurses**, exacerbated by Brexit, a lack of sufficient funding (and university places) for training new vets and nurses, and growing attrition rates due to work/life imbalances, resulting in significant wage inflation.

(ii) A **general high inflation economic environment** which, alongside global pressures on supply chains, has resulted in ongoing rises in costs for critical inputs including equipment, medicine prices, and rent (as well as overheads such as maintenance, energy, and water and waste costs).

(iii) **Rapid technological and scientific developments**, which have significantly enhanced treatment options and outcomes, but have also required significant investment in new equipment, training, and research and development.

1.6 It is critical that the CMA takes these specificities and challenges into account, not just when conducting its competition assessment but also when designing any potential remedies. They are also key considerations in IVC's comments on the Remedies Working Paper below.

<u>IVC welcomes many of the proposals in the Remedies Working Paper</u>

1.7 Against this context, IVC welcomes many of the proposals in the Remedies Working Paper, including that:

(i) The sector should do more on **transparency** of prices (including of treatments, medicines, and cremation options), clinic ownership, and quality standards;

(ii) **Business or commercial considerations** should not limit or constrain the choice offered by veterinary professionals to pet owners, including on treatments

and referral options – in accordance also with the Royal College of Veterinary Surgeons (the "**RCVS**") Code of Professional Conduct (the "**RCVS Code**");[5] and

(iii) **Reform of the regulatory regime** is required to make it fit-for-purpose for the modern day, and to ensure robust protection of pets and pet owners, including through: (i) legal requirements on vet businesses (as well as vets); (ii) enhancing the consumer, competition, monitoring, and enforcement powers of a stronger sector regulator; (iii) developing sector-wide standards for robust in-house complaints handling and third-party mediation options; and (iv) reform and clarification of the legal framework governing the veterinary nurse role.

1.8 These remedies, which are discussed in further detail in Sections A and E of this response, can help address the key challenges the sector is facing, including by: (i) enhancing broader stakeholder understanding of how vet businesses operate commercially; (ii) helping address certain drivers of cost inflation (e.g. labour shortages); and (iii) reforming an outdated legislative and regulatory framework to enhance protection for pets, pet owners, and the profession (including protecting clinical autonomy and the trust-based vet-client-patient relationship).

Some proposals in the Remedies Working Paper are not compatible with the '4Ps' or applicable CMA Guidance

1.9 However, IVC is concerned that not all of the Remedies Working Paper's proposals are consistent with the '4Ps' and CMA Guidance, or adapted to the specific characteristics and challenges of the veterinary services sector. IVC therefore urges the CMA to ensure that the remedy package:

(i) **Is proportionate to the competition issues**.

(a) Interventionist remedies such as price controls in relation to medicines, prescription fees, or cremation services would be entirely disproportionate to any competition and consumer challenges in the sector because they: (i) are not supported by sufficient evidence of an adverse effect on competition ("**AEC**") in the relevant markets; (ii) cannot be supported by the CMA's profitability working paper, which is entirely unreliable, unsubstantiated, and undermined by fundamental methodological and analytical flaws, such that it cannot be used as sound evidence of 'excess' profitability across the sector, or to justify (more interventionist) remedies; and (iii) fundamentally disregard the underlying causes of price inflation in the sector - see further paragraph 1.3 above; IVC's comments at Section B, paragraphs 3.42 - 3.47 and Section D, paragraphs 5.10 - 5.12; and IVC's response to the CMA profitability working paper.[6]

[5] See e.g. the principles of practice and professional responsibilities: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/#animals.

[6] See the supply and demand shocks outlined on slide 7 of IVC's technical response to the CMA profitability working paper.

(b) To be proportionate, any remedies should instead focus on better informing pet owners on choice, price, and quality. Transparency remedies should be simple and accessible to improve pet owner engagement, and therefore drive competition between veterinary service providers.

(I) Highly technical or complex transparency remedies, such as 'gold-plated' requirements for a comparison website including composite price measures or specific real-time medicines prices, would not be effective and could not be implemented in a timely manner. Instead, IVC considers that any industry-wide comparison website will more effectively improve transparency (and therefore pet owner choice) in a practical and timely way (and without imposing a disproportionate burden on vet businesses) if it is: (i) developed in close consultation with industry; (ii) populated using the same accessible and meaningful set of information (including on price and quality) that clinics will be required to display on their own website and in-practice (see IVC's proposed price list in **Annex A** and its proposals on quality transparency in (II) below); and (iii) sponsored by a trusted veterinary specialist organisation (such as the British Veterinary Association (the "**BVA**")) instead of an external commercial third-party (which, unlike an industry body, would lack deep sector knowledge and/or allow commercial incentives to override the interests of industry stakeholders). Further details of IVC's proposals on price transparency remedies are at Section A, paragraphs 2.8 - 2.23.

(II) An enhanced quality framework should be a central element of the CMA's overall transparency remedy package, to complement price transparency measures, and to avoid a 'race to the bottom' purely on price, to the detriment of pet owners and pets. IVC therefore agrees with the CMA that a mandatory minimum quality standard should be built upon the RCVS's Practice Standards Scheme ("**PSS**"), incorporating a clear framework for meaningful competitive differentiation on quality metrics between clinics. IVC proposes that this framework should also include client satisfaction as a key measure of quality (with the 'Net Promoter Score' ("**NPS**") as the fundamental underlying metric). IVC is confident that such an enhanced 'PSS+' would operate as an effective means of improving pet owners' engagement with and comparability of quality standards at vet clinics, with limited time and resource burden involved in implementation. Further details are provided at Section E, paragraphs 6.8 - 6.15.

(ii) **Minimises the burden on vets and market participants, and is no more onerous than necessary.** Remedies must not be excessively prescriptive or resource- or time-intensive to implement and maintain, to avoid: (i) placing an artificial regulatory process straitjacket on the trust-based relationship between vet and pet owner with potential detrimental effects on clinical autonomy and

animal welfare; (ii) inflating the time and cost required for a consultation, for both vet businesses and ultimately pet owners; and (iii) imposing a disproportionate compliance burden on smaller businesses and potential new entrants.[7]

(a) The Remedies Working Paper's proposal of providing a written summary of treatment options and corresponding prices in all cases would place a very significant additional burden in terms of time and process on vets (the cost of which would ultimately fall on the pet owner), and hinder open communication, trust, and collaborative problem-solving between vet and pet owner, to the detriment of animal welfare. Further, while there is scope for well-resourced vet practices to automate these process requirements in the longer term, this is unlikely to be readily available to smaller independent practices, who would be disproportionately affected by the increased compliance burden. Instead, IVC suggests that the summary of treatment options (and corresponding price estimates) would be given orally. See Section A, paragraphs 2.49 - 2.54 for further detail.

(b) Similarly, a blanket requirement for mandatory written prescriptions would be unworkable, as it would apply in circumstances where a medicine needs to be administered urgently, or where it is entirely disproportionate to the quantity and/or value of medicines to be dispensed. An option for clients to opt out of written prescriptions on a prescription-by-prescription basis (with opt-outs recorded in clinic systems) would be far less onerous and would more effectively address the Remedies Working Paper's remedial objectives. For further detail, see Section B, paragraphs 3.9 - 3.19.

(iii) **Avoids other unintended consequences.** There is a high risk in this case that remedies intended to increase competition come into conflict with clinical, scientific, or ethical matters. An unintended consequence of this conflict may be a reduction in animal welfare or owners' trust in their veterinary professional. The CMA must also carefully consider the impact of significant regulatory interventions on complex supply chains and market structure in the veterinary services sector.

(a) Requiring generic prescribing would offer very limited pet owner benefits but would: (i) generate significant risks to animal welfare (because not all 'generics' are safely substitutable as licences are generally limited to particular use cases); (ii) cause serious risks to vets, who would be responsible under their professional duties for prescriptions even where the clinical effects of different 'generic' options were not fully understood; and (iii) be inconsistent with the current specialist regulatory framework governing veterinary medicines which stipulates that veterinary professionals must take full responsibility for, and be able to clinically justify, any prescribing decision. Instead, IVC suggests a requirement to prominently indicate on every prescription: (i) the active ingredient (or

[7] In this respect, please see also the comments on the proposed price transparency remedies in paragraph 1.9(i)(b) above.

API) alongside the brand name; and (ii) branded alternatives to private label medicines. See further IVC's comments at Section B, paragraphs 3.28 - 3.38.

(b) Any price controls on medicines would give rise to significant implementation and distortion risks, e.g. by restricting the ability of upstream manufacturers to adjust prices in response to rising production costs, regulatory changes, or raw material fluctuations; and chilling innovation and investment in the vet pharmaceutical sector. See further IVC's comments at Section B, paragraphs 3.45 - 3.47. Further, given that profitability varies significantly across the sector (as suggested even by the flawed analysis in the CMA profitability working paper), such price controls would also undermine a significant number of independent (and at least some LVG-owned) vet clinics' commercial viability, which would likely cause market exit and/or further consolidation of the sector via distressed M&A.

(c) Disproportionate restrictions on out-of-hours ("**OOH**") providers' contractual arrangements with first-opinion clinics ("**FOPs**"), which disregard the specificities (including cost liabilities and need for minimum efficient scale) of the OOH segment, may also undermine the commercial viability of OOH clinics in some areas. This would lead to reduced choice for pets and pet owners (including in emergencies), and less support for FOPs and their (daytime) vets, who may need to take on increased hours to fulfil their regulatory obligations to make arrangements for emergency service provision. For these reasons, IVC suggests that the CMA should do more to understand the relevant considerations and minimise the risk of unintended consequences of restrictions that are also disproportionate to any harm. In any event any restrictions on OOH 'partner practice' contracts should allow termination notice periods of 12 months or less and should not cap 'exit fees' (which would be disproportionate as explained in paragraph 1.9(i) above). See further IVC's comments at Section C, paragraphs 4.3 - 4.12.

(iv) **Applies industry-wide** to **minimise distortions** to market outcomes and **ensure effectiveness**. Remedies that only apply to some market participants, such as the imposition of interim medicines price controls on a select number of FOPs, are not justified by the CMA's emerging competition analysis and would generate significant harmful distortions in competition, to the detriment of pet owners. Any price controls on medicines would already have severe unintended consequences, as explained above. Restricting such price controls, even on a temporary basis, to a sub-set of FOPs would compound the harmful effects because: (a) the FOP business model is heavily dependent on revenue from medicines, and medicine prices cross-subsidise treatment prices; (b) restrictions on medicine pricing will inevitably lead to a rebalancing by FOPs subject to those controls towards higher treatment prices, which will limit their ability to effectively compete with other FOPs (who do not have to rebalance in this way) on treatment pricing; and (c) there will be a number of FOPs that are less financially resilient and unable to withstand the impact of price controls, leading to their market exit,

and thereby reducing overall competitive pressure in the market. See further Section B, paragraphs 3.44 - 3.47.

(v) **Removes uncertainty going forward.** Industry stakeholders must have legal certainty as soon as possible on the remedy package to incentivise continued investment in vet services, which has significantly diminished since the CMA process was initiated.

(a) In line with the CMA's policy principle of 'pace', and in the interest of bringing the market investigation to a timely conclusion, IVC urges the CMA to avoid any remedy trials. Such trials should be wholly unnecessary if effective, workable remedies (such as those suggested in this response) are adopted at the outset. Moreover, the 6-month period between the Final Report and the deadline for a Final Order and/or acceptance of Final Undertakings should be more than adequate to market test the remedies to ensure their suitability.

(b) In line with the CMA's policy principle of 'predictability', implemented remedies should not be reopened except in truly exceptional circumstances, and IVC would urge the CMA to make that clear at least in its Guidance and also, as appropriate, in its Final Report and Final Order.[8] In particular, there should be a high ('exceptional') legal standard for intervention, and clear metrics for assessing substantial 'effectiveness', which in turn should be determined following consultation with industry. [9] As noted in IVC's previous submissions and correspondence, IVC is deeply concerned that any ongoing uncertainty on the scope and parameters of the remedies package post-implementation, including any material prospect of remedies being reopened for up to 10 years after the CMA Final Report, would have the direct, very damaging consequence of:

(I) Continuing to significantly **chill investment and growth in the UK veterinary services sector** - the value of IVC's UK M&A investment has in the last 18 months dropped to zero from c. £[REDACTED] in the previous two years. Capital is being redeployed in overseas markets instead - see for example CVS's decision to move investment to Australia (whilst reducing its UK footprint, e.g. in cremation services), notably due to the "*more stable and supportive regulatory environment*" in that jurisdiction.[10]

[8] [REDACTED]

[9] The process and legal standard for any new remedies should also clearly and expressly mirror the *ab initio* approach to remedies in full market investigations – to ensure that no shortcuts can be taken on due process.

[10] See https://www.morningstar.co.uk/uk/news/AN_1740667014588730900/cvs-group-profit-falls-amid-higher-costs-but-revenue-rises.aspx.

(II) In light of the negative regulatory impact on veterinary services, **discouraging the wider investment community from further investment into the UK economy and its institutions**.

(vi) **Is developed further in close coordination with industry during the remainder of this market investigation**, to ensure that it is tailored to the specificities of, and effectively internalised and implemented across, the sector. For these same reasons, a single, established, and experienced industry organisation such as the RCVS, which has extensive knowledge of and connections to the sector (rather than external third parties), should be allocated enhanced monitoring and enforcement powers to stand behind a reformed regulatory regime, including an improved customer complaints and redress system. As explained in Section E, this will be more proportionate, workable, and effective (and deliver stakeholder benefits more quickly) than the creation of a vet ombudsman scheme.

IVC's proposed amendments to the remedy package

1.10 IVC believes that its proposed amendments to the remedies package, comprised of workable and accessible transparency measures, supplemented by meaningful statutory regulatory reform enforced by a strong, specialist regulator, would:

(i) Effectively and in a timely manner enhance pet owners' ability to engage with, compare, and choose between the propositions (including services offered, prices, and quality) of vet clinics;

(ii) Drive increased competition between providers and continued investment and innovation in the veterinary sector in the UK; and

(iii) Remove the need for unworkable, costly, and disproportionate remedies, such as price controls or highly complex bespoke price comparison measures.

1.11 Key priority elements of the Remedies Working Paper's remedy package as amended by IVC's proposals are summarised in **Table 1.1** below.[11]

[11] For IVC's complete views on each remedy proposal in the Remedies Working Paper (including those not expressly addressed in Table 1.1), please see Sections A – E below.

Table 1.1
Key elements of IVC's alternative remedy proposals

Category	IVC's amended remedy proposal
(A) Transparency[12]	(1) Accessible, meaningful price lists published by FOPs and Referral Providers in-clinic and online (for treatments and medicines) – see **Annex A**
	(2) Robust quality framework for FOPs and Referral Providers (with mandatory minimum standard and scope for meaningful competitive differentiation) based on enhanced version of PSS + NPS, independently assessed and funded (proportionately) by industry
	(3) Workable comparison website sponsored by a single, experienced, and reputable industry body (e.g. BVA) and funded (proportionately) by the sector, displaying information on price and quality - per (1) and (2) above
	(4) Provision by FOP and referral vets during consults of clear and accurate information about treatments and referral options in advance, fulfilled orally (and acknowledged by the pet owner on a consent form)
(B) Medicines	(5) Mandatory offer of prescriptions (subject to client opt-out on a prescription-by-prescription basis, recorded in clinic systems)
	(6) Medicines price transparency built on: (i) price lists published in-clinic and online per (1) above; (ii) information in (1) also appearing on the comparison website per (2) above; and (iii) prescriptions to contain statement drawing attention to potential savings online and a link to the comparison website per (2) above
	(7) Identify on the prescription: (i) the active ingredient(s) alongside the medicine brand name; and (ii) branded equivalents to private label medicines
(C) OOH	(8) Termination notice period for OOH partner practice contracts capped at 12 months
(D) Cremation services	(9) Provision by FOP vets of clear and accurate information on: (i) option for pet owner to get cremation services from a third party; and (ii) fee estimates for each of communal vs individual cremations
	(10) Regulatory requirements on vet businesses (as well as vets)

[12] N.B. IVC also supports proposals in the Remedies Working Paper for transparency on clinic ownership and prohibition of business practices which limit or constrain choices offered to pet owners.

Category	IVC's amended remedy proposal
(E) Regulatory framework	(11) Reform and clarification of the regulatory framework governing the veterinary nurse role
	(12) Sector-wide mandatory standards for robust in-house complaints handling, and enhanced third-party mediation options (e.g. based on enhanced version of VCMS+)
	(13) Robust monitoring and enforcement of new regulatory regime by an empowered industry regulator (RCVS)

1.12 IVC stands ready to work constructively with the CMA, alongside competent governmental and industry bodies and in consultation with the sector, to further develop these proposals.

The structure of this paper

1.13 The subsequent sections of this submission set out in further detail IVC's views on each of the Remedies Working Paper's proposed remedies and (where relevant) its suggestions on how proposals could be amended and improved to achieve the desired pro-competitive and pro-consumer effects (per **Table 1.1** above).

1.14 The structure of this response is as follows:

A. Transparency remedies

B. Remedies applicable to veterinary medicines

C. Remedies applicable to OOH

D. Remedies applicable to cremation services

E. Statutory reform of the regulatory framework, including an enhanced quality transparency framework

1.15 A table indicating where the consultation questions in the Remedies Working Paper are addressed in (relevant sections and paragraphs of) this response is provided as **Annex B**.

2. Section A – Proposals to address concerns on transparency and comparability of pricing, quality, and the availability of treatments and services

Summary of IVC's views

2.1 IVC recognises the Remedies Working Paper's concerns that **pet owners may lack access to standardised and consistent information** with respect to price, quality, and the availability of treatments and services across practices,[13] and is supportive of a proportionate, workable, industry-wide remedy package to increase pet owners' ability to effectively compare and choose between different service propositions and treatment options in the market - and therefore drive enhanced competition between market participants.

2.2 In crafting this remedy package, the CMA should have regard to:

(i) **Ease of access and the appropriate level of granularity of information** - to ensure that this is meaningful to pet owners. Proposals which overwhelm clients with disproportionately extensive information would be ineffective in promoting engagement.

(ii) **Ease and speed of implementation** – disproportionately complex remedies risk undermining consistent, timely roll-out across the sector.

(iii) **Minimising the time and resource burden on vets and vet practices** - disproportionately costly, process-driven, or burdensome remedies would have significant unintended consequences on vets' clinical autonomy and the trust-based relationship between vets and pet owners (and, as a result, on animal welfare), and/or impose a heavier compliance burden on independent clinics. They would also likely feed through into higher prices for pet owners.

2.3 Further, IVC welcomes the Remedies Working Paper's proposals to **enhance quality transparency** as a necessary complement to increased transparency on price and treatments. Vets pride themselves on providing clients and their pets with quality, contextualised care and, as the Remedies Working Paper recognises,[14] quality operates as a key differentiator between practices. Improving quality transparency would not only support pet owners to make meaningful and informed choices (particularly since price is only one of a number of considerations for pet owners when choosing a practice); it would also operate as a market-opening measure by increasing pressure on practices to strengthen their quality offering, leading to greater competition. This is discussed in more detail in Section E below.

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[13] Remedies Working Paper, paragraph 3.1.

[14] "*Quality of service can be a key differentiator between veterinary practices*", Remedies Working Paper, paragraph 3.36 and "*The quality of services businesses offer can be a key differentiator between them and one of the bases on which they compete with one another*", Remedies Working Paper, paragraph 6.31.

Remedy 1: Requirement for FOPs and Referral Providers to publish information for pet owners

IVC recognises the CMA's concerns on transparency in the veterinary sector, and supports the CMA's proposal to increase price and information transparency

2.4 IVC considers that transparency remedies are an effective way to address the CMA's concerns, as was highlighted during the IVC CMA Hearing (3 March 2025). IVC is therefore supportive of a set of industry-wide remedies which require practices to publish information on prices of common veterinary services and products, quality-related information, information on corporate ownership and other basic information, both online and in practice.

2.5 IVC therefore generally endorses Remedy 1 ('require FOPs and Referral Providers to publish information for pet owners') and welcomes the CMA's work to develop an appropriate remedy proposal to address its concerns, whilst being mindful of the challenges the veterinary sector faces.

2.6 In particular, IVC is generally supportive of the types of information proposed by the Remedies Working Paper as enhancing transparency in the sector. However, to ensure that the package of proposals is proportionate and workable for the entire industry (including smaller independents[15] who may lack dedicated support staff to assist with updates to practice management systems) and can be implemented within a reasonable timeframe, IVC has proposed some specific amendments to and suggestions on the CMA's proposals below.

2.7 There are four types of information included in the CMA's final Remedy 1 proposal: (a) standardised price list; (b) quality information (including PSS accreditation and awards, customer feedback and publishing complaints); (c) ownership information; and (d) other basic information. IVC provides its views and suggestions on each of these in turn below.

A standardised price list will improve price transparency across the industry and allow clients to directly compare practices

2.8 Remedy 1 – 'Standardised price list' is aimed at increasing price transparency in the veterinary sector to enable pet owners to make more informed choices about their choice of veterinary practice.

2.9 The CMA is currently considering whether FOPs and Referral Providers[16] should be required to publish prices for a standardised list of common services. The CMA has set out a proposed standardised price list for FOPs and Referral Providers to include on their practice website in Appendix A of the Remedies Working Paper. This list covers over 50 services across the following categories: consultation and preventative care; prescription, dispensing and administration; medications and chronic conditions; surgeries and

[15] As indicated by the CMA's local concentration analysis, it is also very difficult to identify all independent practices (Local Concentration Working Paper, paragraphs 2.12 - 2.15).

[16] Remedies Working Paper, paragraph 3.12. As noted by the CMA, "referral provider" is used to mean any provider of referral work.

treatments; diagnostics and laboratory tests; end-of-life care; and specialist treatments and procedures.

2.10 IVC is broadly in agreement with the CMA's proposed price list, subject to some suggested amendments. **Annex A** includes IVC's suggested amendments.

IVC is broadly in agreement with the CMA's proposed price list

2.11 In IVC's view the CMA's proposed standardised price list is sensible and appropriate, and can be meaningfully used by pet owners to guide their decision making.

2.12 First, IVC believes that the treatments included in the CMA's price list proposal provide a broad coverage of treatments often used by pet owners, and is therefore useful and relevant for pet owners. Specifically:

(i) IVC endorses the CMA's decision to focus on the common and important treatments that most pet owners may expect to need at some point during their pet's life. At the same time, IVC does not consider that it is necessary (or proportionate) for a price list to cover species other than cats and dogs,[17] or all treatments, not least as this may not be helpful to pet owners who may struggle to digest the information.

(ii) IVC estimates that the treatments[18] in the CMA's proposed price list (excluding category 7 (specialist treatments and procedures)) cover approximately [REDACTED]% of IVC FOP treatment revenue, as implied by RFI 8[19] data. The remaining [REDACTED]% of treatment revenue is made up of a long tail of less common, and often more complex, treatments.

(iii) IVC believes that the CMA's proposal - with some suggested amendments to be discussed in the following section - provides the appropriate balance between providing broad coverage and information that will be useful to pet owners, while also being proportionate and focussing on the most important treatments.

2.13 Second, IVC believes that the CMA's proposed price list is broadly successful in its aim to enable pet owners to make meaningful comparisons, using standardisation and contextual information where appropriate. Specifically:

(i) IVC endorses the CMA's desire for standardisation in its price list to support like-for-like comparison (insofar as possible) between treatments and practices, and believes the price list generally provides a suitable level of standardisation.

[17] IVC estimates that only [REDACTED]% of its FOPs' revenue, and [REDACTED]% of its customers, are attributed to a species other than cats and dogs.

[18] Excluding drugs (both chronic and flea / tick / wormer).

[19] IVC Response to Question 1, RFI 8 (Section 174 request) dated 23 September 2024, Annex 1.1 Pricing and other information.

(ii) IVC agrees with the CMA that, in seeking to aid meaningful comparisons, prices should be kept up to date[20] and presented in a standardised way comprising the same specification of service and treatments (e.g. specified by species, weight, etc.) – in particular for the more 'typical' treatments.

(iii) IVC also recognises the risks of using price ranges and 'starting from' prices[21] outlined by the CMA. As a matter of principle therefore, the standardised price list should seek to minimise the use of ranges and 'starting from' prices. However, in some limited cases it will be necessary and appropriate to use ranges and 'starting from' prices (as detailed further in **Annex A**).

(iv) Where standardisation is not directly possible (e.g. as there are different approaches to delivering a treatment), IVC agrees with the CMA that it is important to include the relevant contextual information (e.g. length of consultation). This will support pet owners' ability to make a well-informed choice, while also allowing practices flexibility to include the components of treatments as they see fit. Further detail is provided in **Annex A**, where IVC believes amendments are needed to the service information provided.

(v) IVC agrees with the CMA that it may be necessary to mandate a certain baseline of determined inclusions or exclusions for "bundled" treatments.[22] As discussed in the following section, IVC believes diagnostics are a key area where this approach would be warranted.

<u>IVC proposes a small number of substantive amendments to ensure that the standardised price list is workable and proportionate, and that pet owners have the appropriate information to enable meaningful choice</u>

2.14 IVC understands that the CMA is currently proposing that the standardised price list be implemented for all FOPs and Referral Providers. IVC does not believe it is proportionate – or useful – for all practices to be required to complete all of the information categories included in the CMA's Appendix A template. IVC has focused its comments and examples below on Referral Providers with substantial referrals work - but is mindful that some FOPs offer only limited referrals work and therefore may require different treatment.

2.15 In particular, in the current proposed price list, categories 1 to 6[23] (inclusive), appear focused on services central to FOPs, for which standardisation is by and large feasible. In contrast, category 7 (specialist treatments and procedures) comprises a list of more complex and irregular treatments, many of which are not relevant to the typical FOP and not proportionate to include. In IVC's view, category 7 should therefore not be included in

[20] As per the Remedies Working Paper, paragraph 3.78, practices should be required to keep their information up to date to avoid artificial price differences caused by outdated prices.

[21] Remedies Working Paper, paragraphs 3.20(h) and 3.44.

[22] Remedies Working Paper, paragraph 3.19(b).

[23] (1) Consultation and preventative care, (2) prescription, dispensing and administration, (3) medications and chronic conditions, (4) surgeries and treatments, (5) diagnostics and laboratory tests, and (6) end-of-life care.

a standardised price list for FOP practices, particularly in light of the high revenue coverage (over [REDACTED]%) of categories 1 to 6 (as discussed in paragraph 2.12(ii)).

2.16 On the other hand, the treatments included in category 7 (specialist procedures and treatments) lend themselves more directly to Referral Providers. IVC therefore recommends that category 7 be included in a standardised price list for Referral Providers.

2.17 Furthermore, IVC considers that Referral Providers need to have more discretion than FOPs to deviate from a standardised template. This is to reflect both (1) the heterogeneity and variety in the treatments they provide and (2) the difficulties in comparisons across practices (due to complexity of treatments, differences in operating model etc).

2.18 For example, a Referral Provider should have the flexibility to pick the "Consultation" items that are appropriate for their practice (e.g. Dermatology Consultation, Cardiology Consultation etc.), rather than be required to fit in the existing Initial / Repeat / OOH standardisation in the current proposed template. Further detail on suggested flexibility is contained within **Annex A** to this response.

2.19 IVC considers that these amendments will help ensure the CMA's price transparency remedy proposal is proportionate, as well as help avoid any potential confusion for pet owners in comparing similar – but not identical – treatments across FOPs and Referral Providers.

2.20 In addition, IVC suggests below specific additions and removals from the CMA's list of treatments included in Appendix A to the Remedies Working Paper. Smaller amendments (such as changes to wording to ensure sufficient contextual information is provided) are directly included in **Annex A** to this response.

2.21 Chronic Drugs:

(i) Including chronic drugs in a standardised price list *in the way proposed by the CMA* would be extremely complex for practices, would not lead to meaningful comparisons for pet owners, and may in fact create a risk of confusion.

(ii) Specifically, the dosage – and therefore cost - of these chronic drugs is almost impossible to standardise, even when specifying the weight or the species. Furthermore, there are additional clinical considerations that a vet would need to consider when treating the chronic conditions listed by the CMA that would influence the price. This therefore creates a risk of confusion for pet owners in presenting prices which do not in practice correspond to the true – individualised – cost of their treatment, even when specifying an average price by weight and species.

(iii) As a result, the variation in the treatment offered would result in either an average price not reflective of individual circumstances or a wide price range that would not be meaningful for clients, particularly in light of the complexity of some of the conditions listed. Instead, and as discussed further in Section B, IVC suggests that practices publish the top 100 SKUs for drugs (which will cover most chronic

drugs), to provide pet owners with a meaningful form of price transparency on drugs.

2.22 Anaesthesia and sedation:

(i) IVC would recommend that the CMA include anaesthesia and sedation in any standardised price list, on the basis that these services are the "building blocks" to many of the treatments and procedures carried out in practices.

(ii) These treatments are relevant to clients (frequently used alongside back of house treatments and front of house procedures), and are capable of being standardised relatively easily (at least for the price for an initial period). Including these treatments would help improve the coverage of the price list and help guide pet owners through the building block cost of many treatments. **Annex A** contains IVC's suggested approach.

2.23 Diagnostics and laboratory tests:

(i) IVC would recommend mandating further standardisation of how price information for diagnostic and laboratory tests (i.e. category 5) is presented. In particular, IVC considers that it important for the CMA to mandate a standard 'bundle' for diagnostic tests to include in the quoted price (or price range) comprising:

(a) Taking the sample;

(b) Conducting the test; and

(c) Interpretation and reporting to the customer (via phone or email).

(ii) If a separate consultation is required to discuss results and follow-on treatment, this should be charged separately as a standard repeat consultation.

(iii) IVC believes that this approach would aid comparability and consistency across practices, making it easier for pet owners to compare prices. In addition, this would minimise the risk of confusion for pet owners arising from the need to assess many sets of differing contextual information notes between practices.

<u>IVC strongly encourages the CMA to include appropriate quality information alongside the proposed standardised price list</u>

2.24 The CMA is currently considering what non-price information should be included on practice websites, and has considered whether to include on practice websites the following information that relates to the quality of a practice: (i) RCVS PSS accreditations and awards; and (ii) standardised customer feedback and information on complaints.

2.25 However, as part of its Remedy 1 proposal, the CMA is not currently minded to include any standardised customer feedback or customer complaints, due to supposed practical

challenges and consistency issues.[24] The CMA considers that it may be appropriate, however, to include PSS accreditations and awards – potentially in an expanded form – on practice websites.

2.26 As expressed at paragraph 1.9(i)(b)(II) above, IVC is strongly supportive of the Remedies Working Paper's proposals to increase transparency on measures of quality. Quality is a critically important outcome in a healthcare market such as veterinary care, and price trends and other competitive and client outcomes cannot be properly understood without reference to quality. A key trend in the sector, which corporatisation has facilitated, is an increase in clinical standards, and the provision of higher quality pet care.[25]

2.27 Indeed, the CMA's customer research[26] demonstrates that quality of service is very important to pet owners. To support pet owners in making a well-informed choice of practice and/or treatment, it is therefore essential that relevant non-price information – especially quality metrics – is also included alongside any price information.

2.28 It is for these reasons that IVC strongly recommends that relevant quality information should be included on practices' websites alongside any standardised price list, such that pet owners can make an informed choice of practice across multiple dimensions (price/quality/customer experience) and to mitigate against a potential 'race to the bottom' risk where practices compete on price at the expense of good quality service. Specifically, and as set out in further detail at Section E below, IVC strongly suggests that a revised quality framework be implemented, and considers the RCVS's PSS to be an appropriate starting point for that quality framework, including for a minimum compulsory legal standard. However, IVC has concerns that limiting quality transparency to a 'basic' measure of quality (as proposed by the Remedies Working Paper[27]), which does not incorporate a measure of client satisfaction (as an effective vehicle for meaningful competitive differentiation), would not enable clients to effectively compare vet practices. Coupled with the proposed measures on price transparency and comparability, this could lead to a 'race to the bottom' on price to the detriment of quality standards.

2.29 In IVC's view, assessing client satisfaction is already commonplace within the vet industry and visible, to some degree, to pet owners. IVC relies on two main sources to measure customer satisfaction:[28]

(i) **'Net Promoter Score'**: NPS surveys are automatically sent to clients after a consultation or vaccine appointment via SMS or email (if the client cannot be contacted via SMS) using iRecall, a customer engagement platform. IVC has

[24] Remedies Working Paper, paragraph 3.25.

[25] See further IVC's response to the CMA Issues Statement dated 30 July 2024, paragraph 9.14; IVC's response to Question 29, RFI 9 dated 7 October 2024; IVC's response to Question 11, RFI 11 dated 13 November 2024.

[26] 'Vet users survey final report' (Accent) – January 2025 – commissioned by the CMA.

[27] Remedies Working Paper, paragraphs 3.25 and 6.31 - 6.49.

[28] For further detail, see IVC's response to Question 34, RFI 17 dated 11 April 2025, updated 16 April 2025.

received on average [REDACTED] responses per month across its practices within the last three years.

(ii) **Google reviews**: IVC encourages clients to leave a Google review at the end of the NPS survey questionnaire. A Google review includes the option for clients to rate a practice on a scale of 1 to 5 stars and to write a narrative review of their experience. Anyone with a Google account can leave a review – they do not need to have been encouraged to do so by IVC.

2.30 Of these two, IVC strongly believes that NPS is the more appropriate measure to assess client satisfaction on an industry-wide basis and can be easily presented online and in practice. In particular: NPS is straightforward and user-friendly, requiring clients to respond to one simple question; NPS provides practices with a single, numerical score which can be consistently compared across practices; and NPS can be rolled-out on an industry-wide basis with minimal time or resource burden on practices.

2.31 IVC considers that measuring and displaying quality via an enhanced PSS framework in combination with a separate customer satisfaction score (underpinned by NPS as the fundamental metric) is practical and workable for the industry. These two complementary quality measures will provide a rounded view of both clinical quality (enhanced PSS) and broad customer experience (NPS), and will equip clients with digestible and meaningful information to support informed choice. See Section E for further detail on these points, including an illustrative example of a quality disclosure badge that could be prominently displayed in-practice and online at **Figure E.1**.

2.32 IVC would discourage the CMA from imposing an additional requirement on practices to publish complaints. IVC agrees with the Remedies Working Paper that complaints act as a useful form of client feedback,[29] and that all practices should have a consistent in-house complaints handling procedure (see further paragraph 6.19(ii) below). However, IVC considers that publication of complaints would be unduly burdensome (including because a process of anonymisation would be required to maintain client confidentiality),[30] stressful for the individual clinicians involved, and unlikely to be effective in remedying the Remedies Working Paper's concerns (which the Remedies Working Paper also concedes).[31] Instead, as set out in paragraph 6.19(iii)(c), IVC is supportive of the Remedies Working Paper's suggestion that complaints insights and data are instead used to improve standards across the industry.

Information related to corporate ownership

2.33 The CMA is currently considering what ownership information practices could be required to present to pet owners. The CMA proposes: (i) displaying ownership and network information prominently on websites and in practices; (ii) the number of practices owned

[29] Remedies Working Paper, paragraph 3.1.

[30] Client confidentiality is a key principle of practice within the RCVS Code of Conduct. In particular, "*Veterinary surgeons must not disclose information about a client or the client's animals to a third party, unless the client gives permission or animal welfare or the public interest may be compromised*" (paragraph 2.1). Disclosure would also need to comply with the General Data Protection Regulation.

[31] Remedies Working Paper, paragraph 3.25.

by the same veterinary group; (iii) disclosure of shared ownership (cremation services, OOH providers, and online pharmacies); and (iv) being clear to customers when a change in ownership occurs (in practice and on websites).

2.34 IVC endorses each of the CMA's proposals above to improve transparency of corporate ownership.

Other basic information

2.35 The CMA is currently considering what other basic information to include on practice websites alongside the proposed standardised price list, and proposes the following: (i) information on equipment and recognised specialisms of vets; and (ii) other basic information (practice name, address, opening times, types of animals treated, out of hours provider and details, contact details, and information about the vets, vet nurses, and other clinical assistants who work in the practice including their qualifications).

2.36 IVC supports the CMA's proposal of suggested other basic information to include in its Remedy 1 proposal.

2.37 IVC does however note – for completeness - the following potential difficulties with certain pieces of information, but is nonetheless in support of the inclusion of this information:

(i) **Information on equipment may not be readily available.**[32] For some practices, much of this information will not be available "off-the-shelf" and may become excessively technical for the average pet owner. The CMA should therefore be mindful of this and the proposed level of granularity of the information to be provided when setting timelines for implementation.

(ii) **Burden on practices to keep published information updated**. Updating this information on a regular basis will be a burden to practices, as it will require manual updating as staff members or equipment change. The CMA should therefore be mindful of this when setting the requirements for updating this information.

Remedy 2: Creation of a comparison website supporting pet owners to compare the offerings of different FOPs and Referral Providers

IVC supports the creation of a comparison website, subject to guardrails

2.38 As explained above, IVC supports measures designed to enhance transparency in the vet sector and is open to the Remedies Working Paper's proposal to provide pet owners with the ability to access in one place the types of information (including quality) set out in Remedy 1 for different service providers, to enable pet owners to easily compare the offerings available across the market.

32 See IVC's response to the CMA profitability working paper, paragraph 4.8.

2.39 In particular, IVC is supportive of the implementation of a single comparison website for veterinary services for household pets, set up with the support (operational and financial) of the industry – provided that it:

(i) Presents **meaningful, contextualised information** (including on price and quality) in an accessible way to pet owners;

(ii) Is **time- and resource-efficient to implement and maintain** to ensure effective and consistent roll-out across the industry, without a disproportionate burden on vet businesses and pet owners; and

(iii) Is **operated and sponsored by a reputable industry body** that is familiar with the specific characteristics of the veterinary services sector, and is incentivised to prioritise the interests of the profession and pet owners (rather than its own commercial interests).

Information presented must be accessible and meaningful

2.40 IVC believes that a comparison website will only be effective if it successfully promotes consumer engagement. Simplicity and accessibility are key – 'gold-plated' complex and technical remedies will not achieve this. IVC therefore encourages the CMA to consider the following principles when developing its remedy proposal further:

(i) **The format and level of granularity of the information provided to pet owners should be specific and comparable** in line with the principles underpinning the CMA's ambition for consumer protection, in particular that UK consumers "*feel confident that they have clear, accurate information so they can shop confidently and find the best deal for them*",[33] and the associated provisions set out in the Digital Markets, Competition and Consumers Act 2024.[34] There are a multitude of different treatments (and medicines) which will also vary by species and often by weight. Full access by clients to all prices on all possible treatments (by species and weight) and/or medicines (by species and dose) is highly unlikely to be helpful to pet owners in making an informed choice and would be highly burdensome for vet practices to provide. IVC also cautions against the Remedies Working Paper's suggestion of including composite or bundled price measures on a comparison website, which risks: (i) misleading clients given the significant scope for variation both in terms of individual treatments and across a wider course of treatment, which is highly likely to have a distortive effect on the market; and (ii) limiting or undermining clinical autonomy and contextualised care, as vets may feel compelled to follow the published elements of the generic 'bundle' for a particular treatment pathway even where, in their clinical judgment, varying or replacing (several of) these elements would be more appropriate in the particular circumstances of the pet or the pet owner. As a result, IVC suggests that the

[33] Paragraph 1.7, *The CMA's approach to consumer protection*, April 2025. See also the CMA's blog post "*Why clear and accurate pricing matters – and how businesses can get it right*".

[34] In particular, sections 226 and 227, Digital Markets, Competition and Consumers Act 2024.

pricing information to be provided on the comparison website should mirror the price list described in paragraphs 2.11 - 2.23 above, in the context of Remedy 1.

(ii) For the reasons set out in paragraphs 2.26 - 2.31 above and in Section E below, a comparison website **must also include measures of quality** as a means to contextualise price differentials, to avoid a 'race to the bottom' on price.

The resource- and time-cost on vet businesses and professionals should be minimised

2.41 IVC considers that a remedy mandating an industry comparison website should be mindful of, and seek to minimise, the operational and logistical challenges associated with initial implementation and ongoing maintenance.

2.42 Disproportionately time- and resource-intensive measures: (i) risk delaying or undermining the consistency of industry-wide roll-out; (ii) place a significant burden on smaller businesses in particular - erecting unnecessary barriers to entry and expansion; and (iii) given their inflationary impact on vet businesses' cost base, are ultimately likely to feed through into significant price rises for pet owners.

2.43 Therefore, IVC urges the CMA to reconsider highly prescriptive and burdensome elements of the Remedies Working Paper's proposal for a comparison website, including:

(i) The **requirement to upload real time medicine prices** onto the website for display on (mandatory written) prescriptions.[35] This would require a level of technological, organisational, and logistical sophistication and resource investment that many practices, including most independents, are expected to lack. A more proportionate requirement would be for vet businesses to update prices periodically, e.g. every 6 - 12 months.

(ii) **Complex technological solutions to access (real time) medicine prices that may not be accessible to many pet owners,** e.g. to older or more vulnerable people who may not have the technical expertise needed (e.g. with respect to the use of QR codes etc).

(iii) Providing **complex composite pricing** which will be difficult for (smaller) vet practices, and will take up significant time and resource for an input that will not be effective in improving transparency or enhancing pet owner choice. To the extent that the CMA requires composite or bundled pricing to be included in the comparison website, then this should be subject to a certain baseline of determined inclusions or exclusions, as discussed in paragraphs 2.13(v) and 2.23 above.

(iv) Using the comparison website as a central platform for **collecting and presenting customer reviews of vet practices**. As explained in paragraphs 2.26 - 2.31 above, while IVC is strongly supportive of greater transparency with respect to quality metrics, it firmly believes that NPS is the more accessible and useful measure (in the context of a comparison website) of customer satisfaction

[35] See further detail at Section B.

on an industry-wide basis, as it enables easy, quick, direct, and consistent comparison between practices. Further, as the Remedies Working Paper acknowledges, there are likely to be practical challenges with integrating customer reviews into a comparison website, including aggregation of reviews from a number of different inputs (e.g. practice websites, Google reviews, reviews posted on VetHelpDirect etc). Whilst IVC recognises the significant value of customer reviews as indicators of quality,[36] IVC suggests instead that the comparison website uses the illustrative quality badge shown at **Figure E.1** in Section E below. This clearly sets out a practice's customer satisfaction score (measured using NPS), alongside its PSS accreditation and awards, so as to equip clients with understandable and meaningful information, at a glance, to enhance informed choice. To the extent that a pet owner wishes to see further customer satisfaction-related information, the comparison website could provide hyperlinks to external customer review aggregator websites mentioned above (instead of seeking to aggregate or present these directly on the comparison website, which would clutter and complicate the user experience).

<u>The website should be sponsored and operated by an organisation with the necessary industry background and incentives to prioritise the interests of stakeholders</u>

2.44 The market for household pet care is complex, heterogenous and characterised by the trust-based relationship that exists between vet and pet owner. As such, due care and attention must be afforded to the way in which information, including pricing and measures of quality, is collated, aggregated, and presented to pet owners via a comparison website.

2.45 It is for these reasons that **only one single comparison website should be created** rather than provision being made for multiple comparison websites to be developed via an open data and market solution. A single comparison website provides pet owners with a 'single source of truth' which, provided that it is designed in line with IVC's suggestions above and below, can be trusted by pet owners to be comprehensive, up-to-date, and consistent in presenting price, quality, and other non-price information on practices. Providing scope for multiple comparison websites to be created, including by third-party commercial ventures external to the industry, risks being counterproductive to the CMA's goal of improving pet owner transparency and informed choice since, for example, each individual website will likely adopt a different approach to prioritisation and presentation of information (potentially driven by commercial motives, e.g. sponsored ranking) which may confuse pet owners and make it more difficult to compare practices.

2.46 The implementation of a comparison website must be carried out in collaboration with, and using resource provided by, industry, and with the ongoing involvement of a recognised industry body as the sponsor and/or operator of the comparison website. This is because a sector-specific industry body would:

(i) **Be incentivised to promote the interests of industry stakeholders and pet owners rather than its own commercial interests**, which would not be the case for solutions implemented by third-party commercial entities (via open data

[36] For further details, see IVC's response to Question 34, RFI 17 dated 11 April 2025, updated 16 April 2025.

remedies or third-party website scraping, which historically has not worked well for pet owners in this sector due to a lack of consistent, standardised, and comprehensive information, which the Remedies Working Paper identifies as a concern with RCVS's Find a Vet and VetHelpDirect's Vets Near Me comparison directories). Further, third-party commercial entities may choose to operate a sponsored ranking structure, whereby vet practices can pay a fee to appear at a higher position in search results (i.e. first in the search results or on page one). This would both disproportionately impact smaller businesses which lack spare funds to pay for sponsored rankings, and also undermine the CMA's intention with this remedy as pet owner choice is likely to be influenced by paid rankings on the search results page.[37] For these reasons, it is crucial that the site is operated by an industry body rather than an external commercial third-party, to ensure the accuracy and reliability of the information being provided to pet owners. For the same reason, IVC is of the view that industry should provide the necessary resource and funding to the industry body responsible for the comparison site, on a proportionate basis (e.g. via annual registration fees).

(ii) **Have the sector-specific knowledge to ensure that information being provided by clinics or scraped from clinic websites is well-understood and appropriately processed and implemented**. IVC prefers that practices directly share the necessary information with the operator of the comparison website (e.g. via an API or web portal), rather than information being obtained via web scraping, to both ensure the accuracy of the information and to encourage practices to engage with the comparison site. IVC also echoes the Remedies Working Paper's concern that web scraping could pose certain technical challenges, including the requirement to have technical expertise to maintain a scraping system that works across a variety of different practice websites, and also to maintain a comprehensive up-to-date list of webpages for all providers that is continually updated in real time to link to practices' own webpages. However, IVC acknowledges that, to the extent that a web scraping solution is preferred by the CMA to minimise the burden on vet businesses, an industry body that is already familiar with the vet sector will be best-placed to ensure that the information is understood, collated, and presented in a way that is appropriate (based on the information on practices' websites, per Remedy 1).

2.47 IVC considers that the BVA would be a good candidate to take on this sponsor and operator role:

(i) **The BVA's membership is primarily made up of vet professionals**. This means that the BVA has an extensive understanding of the industry and will be well-equipped to manage important aspects of a comparison website, including what constitutes meaningful information to pet owners, and the proportionality and workability of compliance obligations imposed on vet practices.

[37] The Advertising Standards Agency's Code of Practice provides limited deterrent effect and limited protection to avoid consumer confusion. See e.g. the following for an illustrative discussion of the distortive effects of preferential listings or sponsored links on search engines, which also applies similarly to comparison platforms: https://mindmatters.ai/2022/04/how-search-engine-results-can-be-distorted/.

(ii) **The BVA is a trusted industry organisation with a strong positive reputation and established relationships** with vet professionals, businesses, and pet owners. Further, the BVA's sponsorship of the comparison website would position this as a fundamentally industry-led (rather than regulatory) initiative (i.e. separate from the RCVS' proposed role as an empowered industry regulator) – all of which is likely to increase engagement with the comparison website from vet businesses, vets, and pet owners. Clear, targeted advertising to pet owners of the existence and features of a comparison website via the BVA's and individual clinics' websites, on signage in-clinic, and on printed marketing materials, would also improve pet owner engagement. As explained in Section B below, prescriptions issued in clinics would also contain a link to the comparison website landing page to promote transparency and comparability of medicine prices and different retail options.

2.48 IVC is committed to working with the CMA and broader industry stakeholders to develop this proposal further, with a view to implementing a robust and workable comparison website which will enhance transparency across the market and improve client choice.

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

2.49 As the CMA is aware:

(i) The RCVS Code explicitly sets out that vets must communicate effectively (which may be fulfilled orally) with clients and ensure that they obtain informed consent before treatments or procedures are carried out. The Supporting Guidance explains that this involves giving pet owners a range of reasonable treatment options to consider, with associated fee estimates, and having the significance and main risks explained to them.[38] [39]

(ii) Further, it is IVC group policy – in line with the RCVS guidance[40] – to provide and update written estimates of costs of the treatment pathway to pet owners (once the options and price estimates have been discussed orally between pet owner and vet, and the preferred treatment pathway is chosen by the pet owner informed by the vet's recommendations). These written estimates of the costs of the chosen pathway include an up-front estimated range for all anticipated treatment costs in that pathway, followed by daily updates on accrued costs and a more informed and accurate estimate for the next 24 hours. This is not only the

[38] RCVS Code section 2.4; Supporting Guidance section 11.2.

[39] For completeness, with respect to referrals, the RCVS Code states that vets must refer cases responsibly and in the best interests of the animal. The Supporting Guidance, at sections 1.4 and 1.10, additionally states that vets should record the reasons for their referral decisions and be able to justify them and, if they consider a real or perceived conflict of interest arises from any referral-based incentives or any links they have to a referral practice, they should inform clients. In line with the CMA's approach in its Remedies Working Paper (see paragraph 3.91), in this section IVC refers to treatments, services and referrals using the term 'treatments'.

[40] Supporting Guidance section 11.2(d).

right thing to do, but it also aligns with the RCVS Code, and makes good business sense - to build trust with clients and reduce bad debt and complaints.[41]

IVC is concerned that the remedy proposal is ineffective, disproportionately onerous, and would have significant unintended consequences

2.50 IVC is concerned that the requirement proposed by the Remedies Working Paper for a specific, enforceable requirement for vets to provide pet owners, in all cases, with information on treatment options (and corresponding prices) in advance and in writing, subject only to very limited exceptions,[42] would: (i) have very limited value to pet owners in most cases given the artificiality of the proposed process; (ii) have significant unintended consequences on the trust-based relationship between vet and pet owner and animal welfare; and (iii) be disproportionately costly in terms of time burden on vets, compliance burden for smaller businesses, and financial burden on pet owners.

2.51 More specifically:

(i) **The 'right' amount of information to present to a pet owner on treatment options is nuanced and context specific**. It is important that vet professionals are able to exercise their professional judgment on the treatment options that are discussed with pet owners, based on contextualised care factors and practicalities (including the particular circumstances of the pet and pet owner, e.g. urgency of care; ability to provide follow-on care etc.), and the degree of similarity (in terms of price, quality, and other parameters) between treatment options.[43] Placing rigid procedural limits on open communication and collaborative problem-solving between vet and pet owner (informed by the former's clinical expertise) and on decision-making would have a detrimental impact on the trust-based relationship, and ultimately on animal welfare.

(ii) **The proposal would place a significant additional time burden on vets**. An individual consultation, which is typically 15 minutes in duration,[44] involves, *inter alia*, a vet greeting and connecting with a patient and their owner, information gathering (e.g. considering patient history, asking the pet owner questions etc), carrying out physical examination, discussing their findings with the pet owner including providing a diagnosis, and recommending a proposed course of action, including medication options (taking into account the RCVS Code principles set out above). The additional procedural step proposed by the Remedies Working Paper would likely add an average of three minutes to a typical consultation i.e. c. 20% of the total time of a typical consultation currently – even if it was limited

[41] For further details, see IVC's letter to the CMA regarding BBC 'File on 4' radio programme – 15 April dated 16 April 2025, page 2; IVC's response to Question 12, RFI 1 dated 13 September 2023; IVC's response to Question 19, RFI 17 dated 11 April 2025, updated 16 April 2025.

[42] The proposed exceptions are: (i) emergencies, where urgent care is required to protect the health of the pet; and (ii) where treatment options are one-off and below a (in many cases disproportionately low) threshold price ("e.g. £250") - Remedies Working Paper, paragraph 3.96.

[43] Remedies Working Paper, paragraph 3.95.

[44] Note this can vary by clinic. See IVC's response to Question 26, RFI 2 dated 25 October 2023.

to a brief written sketch of the different treatment options and corresponding price estimates. However, in order to provide clients with appropriate contextualisation of those different treatment options and prices, and to enable vets to point to a written record of this additional information having been provided, it is highly likely that vets will feel the need to also provide detailed written narrative on the significance and risks of each treatment option (in line with information that would otherwise be provided orally, in accordance with the RCVS Code and Supporting Guidance). IVC estimates that this would likely add 10-30 minutes to a typical consultation, depending on a patient's specific circumstances and the complexity of treatment(s) required – i.e. potentially doubling the total time of that consultation. The Remedies Working Paper's additional proposal to mandate written prescriptions would further add to and exacerbate these time and cost burdens (see further paragraphs 3.11 - 3.19 below).

(iii) Ultimately, **the additional cost implications for vet time are likely to be passed on to consumers** – making consultations more expensive without any material benefit to the pet owner. By way of illustrative analogy, following Brexit, the administrative burden imposed on veterinary professionals to issue single-use Animal Health Certificates ("**AHCs**") in place of GB-issued pet passports, to allow transportation of pets into the EU, has resulted in IVC's vets issuing around 15,000 AHCs per year, each taking 30-45 minutes. This is estimated to translate to an extra 10,000 hours of certifier (i.e. veterinary professional) time or 400 working days across IVC's vet practices alone. Across the industry, this has drawn limited resource and expertise away from clinical work – and contributed to the price rises seen across the sector. Pet owners would likely also experience reduced availability of consultation slots and thus longer waits, as the current shortage of vets would prevent FOPs from maintaining the current volumes of consultations.

(iv) In the longer term, IVC acknowledges that there would be scope for these written process requirements to become at least partially automated, e.g. leveraging nascent AI solutions, to alleviate the burden on vets. However, such automation would require a level of in-house technological sophistication that would not be possible without significant upfront resource investment, which would likely be unachievable for many smaller businesses. By way of illustrative example, the internal costs associated with IVC updating its own practice management system to automate the prescription process (including, for example, the creation of an internal prescription template) was in excess of £[REDACTED]. IVC anticipates that the upfront costs associated with automating these written requirements would be of a similar or greater magnitude, given the complexity described in (ii) above. Therefore, the **ongoing compliance burden is expected to disproportionately impact smaller independent vet practices going forward.**

2.52 For the same reasons, IVC cannot support the Remedies Working Paper's suggestion to build into the consultation process a (blanket) option of 'thinking time' for pet owners – this would be significantly costly with no clear benefit to clients or animals.

<u>IVC's (and other large veterinary groups') CMA market study remedy proposal would be an effective and proportionate alternative to ensure consumers are aware of treatment options</u>

2.53 IVC considers that the remedy proposal it submitted alongside other large veterinary groups ("**LVGs**") in the CMA market study phase to update the RCVS Code would effectively enhance customer transparency on treatment options and prices during consultations without the drawbacks discussed above, such that it is a much more proportionate and effective (and less onerous) remedy than the Remedy Working Paper's proposal. The relevant extracts are reproduced in **Figure A.1** below.

Figure A.1
Extract from LVGs' market study remedy proposal

Proposals to ensure consumers are aware of treatment options

The CMA is concerned that in some cases consumers may not be sufficiently aware of alternative treatment options (and associated costs) in order to be able to make an informed choice.

The CMA is also concerned that in some cases vets may be incentivised to refer intra-group for specialist or referral assessment or treatment or diagnostics.

The proposals will address this as follows.

In respect of Code provision 2.3 –

9. *Ensure that price estimations:*

    a. *Are given together with an explanation (which may be oral) of the reasons for the recommended treatment plan;*

    b. *Where there are multiple treatment options that are appropriate given the context in which the animal is presenting and the circumstances of the owner, such options are presented and estimates for each of the relevant options are provided and an equivalent explanation is provided for each option. For the avoidance of doubt, prescribing no treatment may also be a treatment option.*

10. *To the extent there are*

    a. *Any financial rewards to individual vets to incentivise them to refer intra-group for specialist or referral assessment or treatment or diagnostics; and/or*

    b. *financial rewards tied directly to the revenues generated by a vet on an individual basis specifically for consultations and treatments they conduct / administer;*

to remove such incentives and commit not to introduce them.

For the avoidance of doubt, benefits linked to the overall performance of a practice or corporate group are not regarded as rewards which should be prohibited under this provision.

11. *Provide at least annual Code refreshers and training to all practising vets on contextualized care that seeks to develop confidence in recommending treatment plans and reinforce the requirement in Item 9 above. As part of the training, vets would be reminded of the possibility of raising concerns under the whistleblowing regime (see above), for example if they perceived undue pressure from the practice owners as to the treatment options. As part of completing their CPD statement online with the RCVS, practising vets would then provide confirmation that they have undertaken training covering contextualised care.*

Should the CMA nevertheless wish to pursue the Remedies Working Paper's proposed remedy, additional safeguards and further close consultation with industry are needed.

2.54 IVC reiterates that the remedy proposed in the Remedies Working Paper would have very limited value to pet owners, be disproportionately onerous and costly, and have significant unintended consequences, such that it is unworkable in its current form – see paragraphs 2.50 and 2.51 above. Should the CMA nevertheless seek to pursue this remedy (in substance and form, i.e. by way of CMA Order separately from the Code), at least the safeguards in (i) – (v) below (which go beyond the very limited exceptions suggested in the Remedies Working Paper) would be needed to begin to mitigate these concerns. In any event, given the complexity of the proposed remedy and its potentially very significant unintended consequences for, among other things, the consultation process and the relationship between vets and pet owners (per paragraph 2.51 above), IVC urges the CMA to engage closely with IVC and the broader industry on the parameters of any such remedy as they are developed, and well before any final decision is made by the CMA.

(i) **Echoing the views of the BVA,**[45] **IVC has significant concerns about the use of a value or price threshold to trigger a written requirement to provide information on alternative treatment options.** Any such threshold is necessarily arbitrary given that pet owner understanding of 'expensive' is contextual, and because in any given clinical scenario there are likely to be a range of potential treatment options falling both above and below the threshold**. Should a value or price threshold nevertheless be used, this should be set at a level that seeks to capture only more complex non-routine treatments**. Such treatments are more appropriate candidates for detailed written information, given that they would involve higher costs due to their complexity, and because they are often composite or less predictable in nature (for example, due to scope for complications and need for follow-ups). IVC therefore considers that £1,500 + VAT is a much more appropriate threshold than the one suggested by the CMA (£250), which is disproportionately low and would trigger the concerns discussed in paragraph 2.51 above. IVC's proposed threshold: (a) would capture more complex non-routine and composite treatments and surgeries - e.g. involving more multifaceted diagnostics or treatments such as abdominal or orthopaedic surgery; or medical or trauma cases requiring a few days' in-patient care; while (b) ensuring that more routine, one-off, and familiar treatments and surgeries (e.g. vaccinations, neuters, basic dentistry, and surgical removal of a skin mass) are dealt with proportionately – see (ii) below.

(ii) **For treatments falling below any such (revised) value threshold, vets would remain obliged to provide clients with a verbal explanation** of the reasons for a recommended treatment plan[46] (and corresponding price estimates), together with alternative treatment options and estimates, deemed by the vet (based on clinical professional judgement) to be appropriate given the context in which the

[45] See https://www.bva.co.uk/media/6392/final-response-to-cma-remedies-working-paper.pdf, page 17.

[46] This is in accordance with the RCVS Code's provisions on record keeping, which provide that the treatment plan should be recorded in the clinical history of the patient.

animal is presenting and the circumstances of the owner. In order to promote effective compliance, IVC suggests that consent forms issued to clients ahead of treatment include a specific tick box for the client to confirm, with their signature, that they have received this information orally during the consultation process.

(iii) **Whether any value threshold is met (and therefore whether a requirement to provide a written summary of treatment options applies) is to be: (a) determined at the time of the initial consultation with the pet owner; and (b) subject always to the clinical judgment and experience of the consulting vet**. Therefore, where the recommended treatment(s) – and associated costs - change over the course of the treatment pathway, e.g. because the pet's condition deteriorates, this should not trigger the proposed remedy of having to provide a written summary of different treatment options.[47] Further, the consulting vet should have the discretion to decide that the threshold is not met where *realistic* treatment options fall below it (on the basis of the initial 'contextualised' discussion between the vet and pet owner), even if some *possible* treatment options would exceed the threshold.

(iv) **The scope and length of written summaries, where required, should be expressly limited for proportionality and to minimise the burden on vets**, e.g. to a list of a maximum of the three most appropriate treatment options,[48] and a maximum of one A4 page in length.

(v) Following the market study remedy proposal (paragraph 11), IVC suggests that **vets are provided with at least annual refreshers and training on these (and the RCVS Code) requirements**, including with respect to contextualised care.

Remedies 3, 4 and 6: Transparency remedies related to pet care plans, Referral Providers and certain business practices

2.55 IVC is in principle supportive of the Remedies Working Paper's other proposed measures to enhance transparency, including that:

(i) **FOPs should publish pricing information about pet care plans** ("**PCPs**"), including comparison with pay-as-you-go and uptake of services included in the plan. As previously explained,[49] PCPs offer significant benefits to pet owners, including that they promote preventative care and therefore animal welfare, are convenient for pet owners, and are cost-effective. It therefore makes sense to provide greater visibility to pet owners on pricing and related information to support them in making informed decisions about PCPs.

[47] N.B. it is already IVC policy and RCVS guidance, per paragraph 2.49(ii)above, to update written estimates of costs for the recommended / pursued treatment pathway (i.e. not for all different treatment options) in these cases.

[48] These may cover higher, medium, and lower price points. However, where the vet's clinical judgment is that fewer than three treatment options are appropriate, the written summary should be permitted to contain fewer treatment options/recommendations. There should be no artificial limits placed on vets' clinical autonomy.

[49] For further details, see IVC's response to Question 17, RFI 1 dated 13 September 2023 and slide 22, IVC's annotated hearing deck, submitted to the CMA on 21 March 2025 in response to the CMA's working papers.

(ii) **FOP vets should be provided with information about availability and price of services and treatments at Referral Providers**, that can be used to improve client choice, and which could be incorporated into the comparison website referenced in the context of Remedy 2 above. However, IVC echoes the Remedies Working Paper's note of caution on potential cost and resource challenges, and (as noted in the context of Remedy 2) encourages the CMA to work closely with industry to further develop the remedy parameters.

(iii) **Business practices** (including incentives, goals and/or other performance tools) **which inhibit vets' clinical freedom to provide or recommend a choice of treatments to pet owners** should be **prohibited**. As the Remedies Working Paper acknowledges, under the RCVS Code "*veterinary surgeons must provide independent and impartial advice and inform a client of any conflict of interest.*"[50] Consistent with this, IVC does not centrally set any financial or commercial targets or incentives, and does not monitor financial or commercial performance or metrics for individual vets, including in relation to referral and treatment options. Instead, IVC fundamentally protects and promotes its vets' clinical autonomy and professional expertise to provide appropriate treatment and referral options to clients, and to prioritise the best interests of patients and pet owners. As such, IVC supports monitoring and enforcement of such a requirement via a revised regulatory framework (see further Section E below), provided that it does not negatively impact the continued use of evidence-based clinical quality improvement and clinical guidance,[51] and is applied on a consistent industry-wide basis.

[50] RCVS Code, paragraph 2.2.

[51] For example, IVC provides, within its quality improvement work, Care Frameworks which are evidence-based tools developed with clinicians to support them with their evidence-based contextualised care. These are new resources made available to clinicians aimed at improving patient care. See further: IVC's response to Question 23, RFI 11 dated 13 November 2024; and IVC's response to Questions 17 and 35, RFI 17 dated 11 April 2025, updated 16 April 2025.

3. Section B – Proposals to address concerns on transparency regarding medicines pricing and the availability of medicines through alternative (online) retail channels, and branded alternatives to private label

Summary of IVC's views

3.1 IVC recognises that vet practices across the sector charge higher prices for prescription medicines than online retailers, and that the margins on medicines sold in practice appear high. IVC also recognises that the sector could do more in terms of transparency.

3.2 IVC is therefore in principle supportive of a proportionate, industry-wide remedy package that would increase price transparency and awareness of the savings that pet owners can achieve online. This would accelerate the growth of the online channel, and help rebalance the FOP market away from its reliance on medicine revenues.

The CMA needs to be mindful of the implications of its remedy package on FOP business models, which rely on cross-subsidy from medicines

3.3 The CMA needs to have regard to the impact of its remedy package on FOP business models, given their historic reliance on the revenue contribution from medicines. The CMA should be mindful of the potential unintended consequences from an overly interventionist medicines remedy package - in particular, the potential impact on the financial viability of some veterinary practices.

3.4 As the CMA is aware – and as its predecessor found[52] – historic industry-wide pricing practices have used medicines to cross-subsidise treatments. This cross-subsidy is driven in part by the fact that FOPs compete on a total package, including treatment services and medicines – and medicines are 'complementary' goods to treatments. As a result, all vets (both LVGs and independents) have historically tended to undervalue their time and charge unrealistically low fees for treatment prices (especially for consultations), and looked to make up the shortfall through higher medicine prices.

The CMA's remedy package will support a rebalancing of pricing from medicines towards treatments

3.5 There is already clear evidence of an upward trend in online sales for (repeat) medicines, and this has already been challenging FOP business models. The CMA's remedy package aims to accelerate this trend, thereby putting downward pressure on medicines pricing in-clinic.

[52] This was a finding of the Competition Commission in its 2003 report (see e.g. paragraph 2.157): https://webarchive.nationalarchives.gov.uk/ukgwa/20111203012031mp_/http://www.competition-commission.org.uk/rep_pub/reports/2003/fulltext/478c2.pdf.

3.6 A market-wide reduction in FOP medicine prices will – in the medium-term – lead to a rebalancing towards higher treatment prices in order for the sector to remain financially viable.

3.7 However, this rebalance will put financial pressure on FOPs during the transition phase – especially FOPs that are less financially resilient (likely including many independent practices).

3.8 The CMA's remedy proposal around an interim medicine price control is likely to be particularly challenging in terms of financial viability, and faces material risks of unintended consequences for the sector.[53]

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

3.9 Remedy 7 is aimed at increasing pet owners' awareness of their right to request a prescription, and the potential benefits (i.e. cost savings) of purchasing medicine from a third-party retailer. IVC supports the aim of this remedy in principle.

3.10 The CMA is currently considering five potential options around how pet owners should be informed about this. The CMA currently considers that a mandatory offer of a written prescription in all cases (Option C) or the introduction of a mandatory prescription for all medicines (Option E) would likely be most effective at addressing lack of awareness (paragraph 4.40 in the Remedies Working Paper). But the CMA's current thinking is that Option E is the leading option.

3.11 In IVC's view, the most effective and proportionate remedy would be Option C, i.e. requiring vets to offer each pet owner a prescription when medicines are required, but allowing pet-owners the option to opt-out if they either prefer or need to buy at the FOP, for example if they need to get medicine dispensed in-clinic immediately, or if they prefer the convenience, ease, and reassurance of buying medicines from their FOP.

3.12 This would strike an appropriate balance between giving pet owners sufficient information and choice, while also protecting patient welfare and not adding unnecessary regulatory burdens on vets, in turn adding increased time, complexity, and cost to a consultation. It is still important to recognise that there will be some situations where it would not be in the interests of the patient's welfare for their owner to get a prescription (e.g. where a vet considers that the medicine must be administered urgently or during in-patient care), and therefore the vet should not be expected to recommend the pet owner gets a prescription.

3.13 To help ensure compliance, the CMA should consider mandating that, in the situation where a pet owner opts out of getting a prescription, invoices have a statement confirming that the vet offered the pet owner a prescription and that the pet owner has opted out. This could come alongside broader messaging on their right to a prescription and the potential savings available from third party retailers. To the extent that this did not happen,

[53] See further paragraphs 3.44 - 3.47 below.

this would empower the pet owner to raise the issue in-clinic and therefore also act as an additional incentive for practices to comply.

3.14 Under this remedy option, IVC would also support improved signage and communication within clinic, such as more visible signs in reception, printed notices or leaflets, prominent notices on websites etc. (all elements described under Option B).

3.15 By contrast, Option D, i.e. mandatory prescriptions for defined categories of medicines, would be significantly less effective. This would require an agreed definition of what the appropriate categories would be and a mechanism to review this over time. Medicines typically administered for more urgent or acute needs (including during surgery) would be the obvious categories to exclude, but in practice the lines are blurred and this will vary according to the patient's circumstances. For example, Metacam is used for pain relief, as an anti-inflammatory drug for chronic osteoarthritis in dogs and cats, as well as to treat pain associated with surgery.

3.16 IVC would also discourage the CMA from proceeding with its preferred option of mandatory prescriptions in all cases with limited exceptions (i.e. Option E). In IVC's view this would risk animal welfare and would also impose unnecessary costs and inefficiencies for vet practices that are disproportionate to any incremental benefit from Option E over and above Option C.

3.17 It is important to keep in mind that veterinary surgeons already work in a very time pressured environment, and a vet must get through a significant number of steps within a c. 15-minute consultation – please see Section A, paragraph 2.51(ii) above for a description of these steps.

3.18 Mandating that a vet must write a prescription in every situation where medicine is required will add unnecessary time[54] and cost to the consultation as well as regulatory risk (see paragraph 3.19 below), especially in cases where: (i) the case is critical and a medicine must be dispensed at the FOP due to animal welfare concerns; (ii) pet owners prefer to be dispensed with medicine at the FOP, for a range of reasons including ease and convenience, reassurance, and peace of mind, or medicine specific advice given by the vet when dispensing medicines (see also paragraph 3.12 above); or (iii) the medicine is not available to be purchased online.[55]

3.19 This could have significant unintended consequences. For instance, it could lead either to vets needing to rush through other parts of the consultation – which may reduce the customer's perception of value or increase the likelihood of mistakes, or alternatively

[54] Dispensing a medicine is substantially simpler than writing a prescription in terms of time, attention, and clinical risk. In particular, regulatory requirements on prescriptions are different to dispensing of medicines, and prescriptions therefore take longer to complete.

[55] At present FOPs hold a far larger range of medicines than online pharmacies, i.e. many specialist veterinary medicines are not available online and must be carved out of any remedy on prescription offering.

FOPs will need to extend consultation times which will both increase costs to pet owners (via higher consultation fees) and reduce appointment availability.[56]

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

3.20 Remedy 8 is aimed at increasing the transparency of medicine prices to make it easier for pet owners to compare between FOPs and other suppliers. IVC supports the aim of this remedy in principle. The CMA is currently considering three potential options, including: directing the pet owner to a price comparison website (or a link to authorised online retailers) (i.e. Option A); including a personalised comparison price from online retailers on the prescription (i.e. Option B); or implementing an industry-wide prescription portal that all pet owners would need to use (i.e. Option C).

3.21 The CMA recognises two key considerations for this remedy: (i) the requirement for speed, as pet owners must make an imminent decision between dispensing and prescription; and (ii) specificity, i.e. providing pet owners with price information online and in FOP on the specific required medicine. IVC recognises that further price transparency than is currently in place may enable pet owners to make more informed decisions.

3.22 The CMA's current preferred remedy is Option B. While IVC recognises that it would be desirable from a pet owner point of view to have access to specific and up-to-date pricing information comparing FOP prices to online, IVC has significant concerns as to the feasibility and cost of such a real time tool.

3.23 In particular, IVC envisions real practical difficulties in displaying real time prices and the ability of FOPs to present online prices that are personalised to the pet's medicine in a timely way (which itself requires an established price comparison website). Such a tool would require a degree of technological sophistication and market-wide integration that most LVGs, let alone independent FOPs, would not be able to deliver. Requiring investment in such a tool would also be disproportionate to its potential benefits, over and above less costly and complex alternatives. The practical challenges of Option B would likely result in implementation delays, and therefore delays in delivering customer benefits of improved price transparency. Even a very 'low tech' version requiring vets to search a price comparison website or online retailer themselves would add additional time and complexity to an already time pressured consultation.

3.24 IVC considers that a less costly and more practical, but effective, solution would be a variation of Option A. In particular:

(i) Direct the pet owner to a price comparison website, or an RCVS webpage with a list of authorised online retailers (e.g. via a weblink).

(ii) Include on the prescription a statement highlighting the potential cost savings available online. Testing the most effective wording and framing of the message

[56] IVC also notes that unnecessarily increasing the numbers of prescriptions in circulation may also exacerbate prescription fraud. For example, a single prescription may sometimes be fraudulently submitted for fulfilment multiple times at different online pharmacies, and therefore any remedy generating wider prescribing could potentially magnify this issue.

could form part of customer research ahead of the Final Order. For example, "*Most pet owners could save over £x by buying medicines online*", or "*Competition and Markets Authority research shows that medicine prices online are often x% cheaper than in-clinic*" or "*Check whether you could save by buying medicines online*" etc.

(iii) In addition, mandate that all FOPs publish prices for the top 100 medicines sold (or even all medicines) in a standardised way on their website and in-clinic.

3.25 This would enable pet owners (especially regular purchasers of medicine, who have the most to save) to compare prices not only between their FOP and online, but also between different FOPs. By the CMA's own reasoning it also covers the majority of medicine sales (paragraph 4.126 in the Remedies Working Paper).

3.26 IVC considers Option C (implementing a mandatory industry-wide prescription portal) to be unworkable, and agrees with the CMA's current view that it "*could be difficult to implement*" (paragraph 4.69 in the Remedies Working Paper).[57] Indeed, IVC considers that this option requires a level of technical sophistication that has been reached only recently in most human healthcare systems in Europe, including the NHS, which benefit from a unitary structure and economies of scale of a different order of magnitude to vet businesses.[58] No such unified system and scale exists for animal health care.

3.27 IVC also considers that requiring pet owners to visit an online portal prescription requiring reliable internet access before they can purchase medicine (presumably while sitting in the vet practice reception, possibly with an unwell and anxious pet) would add significant friction and time to the customer journey and may result in delayed treatment. Vulnerable pet owners (e.g. elderly, disabled, those without internet or IT skills or sufficient confidence) are also likely to find this option very challenging. Therefore, even if the considerable practical difficulties in implementation could be overcome, the prescription portal is likely to have only limited effectiveness.

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

3.28 Remedy 9 appears to be aimed at two potential objectives: (1) a broader aim of increasing inter-brand medicine competition, for clinically equivalent medicines (paragraph 4.77 in the Remedies Working Paper); and (2) a narrower aim of tackling the potential role Own Brand medicines play in a creating a barrier to pet owners buying medicines online (paragraph 4.78 in the Remedies Working Paper).

3.29 The CMA is currently considering four potential options: (1) a requirement for generic prescribing (the CMA's preferred option); (2) a requirement that vets prescribing an Own Brand medicine also stipulate the brand-equivalent on the prescription or the

[57] Opting for a more technical solution (e.g. system integration, a single e-portal; integration with a price comparison website) would require a longer transitional phase – driven by the need for a third party to design and deliver a complex industry-wide IT project, and for a parallel onboarding IT project for each veterinary operator across the market.

[58] In Wales, where electronic prescribing was not widespread as of 2022, rollout timelines were estimated at 1-2 years for primary care and up to 5 years for secondary care. https://research.senedd.wales/research-articles/eprescribing-the-next-stage-of-digital-healthcare/, last retrieved 20/05/2025.

manufacturer brand originator product; (3) a prohibition of all Own Brand medicines; or (4) transparency remedies to make clear that the Own Brand medicine is equivalent to other specific medicines.

3.30 IVC notes that – beyond Own Brand medicines – the CMA has not assessed inter-brand competition in any meaningful way as part of its investigation, and it has presented almost no evidence on a potential AEC. This is likely to be the case because inter-brand competition is in part a function of the pharmaceutical supply chain, which is not included within the CMA's terms of reference. As such, IVC considers that the CMA should focus its remedies assessment on the narrower objective above, i.e. the role of Own Brand medicine (to the extent that the CMA has sufficient evidence that this is causing an AEC).

Requiring generic prescribing is the wrong solution, with no pet owner benefits but material unintended consequences

3.31 In IVC's view the CMA's preferred option of requiring generic prescribing is misguided: it does not target the CMA's identified concerns, and would certainly not be effective. It also faces a risk of material unintended consequences in terms of: (1) both pet welfare concerns and clinical and regulatory risks, reflected by concerns expressed by the Veterinary Medicines Directorate ("**VMD**");[59] and (2) interference with the functioning of the veterinary pharmaceutical supply chain – a market out of scope of the CMA's terms of reference for the market investigation, and an area it has spent limited time exploring as a result. It also demonstrates an important misunderstanding of the role of 'generics' in the veterinary medicine market.

3.32 Firstly, it is worth the CMA understanding that unlike in human pharmaceuticals, it is not the case that branded medicines are materially (if any) more expensive than 'generic' alternatives. For example, Metacam was the first veterinary product containing meloxicam to be authorised in the United Kingdom in 2000 for usage in dogs for certain conditions.[60] Since then a number of meloxicam alternatives have been authorised and come to market, for example: Meloxidyl (2007), Rheumocam (2008), and Loxicom (2009). Considering the current retail prices available at Pet Drugs Online ("**PDOL**"), IVC's online retailer, demonstrates that Metacam is comparable in price, if not slightly cheaper than the alternatives. This illustrates that pet owners would not necessarily be better off in terms of cost as a result of generic prescribing.

[59] See for example, the VMD's response to the CMA's February Working Papers: "*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*", available at: https://assets.publishing.service.gov.uk/media/681361deb0ef2c985052540f/VMD.pdf.

[60] Specifically, Metacam 1.5 mg/ml Oral Suspension for Dogs.

Table B.1
Retail prices of branded meloxicam medicines on PDOL

Branded meloxicam medicine	PDOL retail price	Webpage (at 20/05/25)
Metacam 1.5 mg / ml oral suspension for dogs (100 ml)	£16.96	https://www.petdrugsonline.co.uk/metacam-oral-suspension-for-dogs
Loxicom 1.5 mg / ml oral suspension for dogs (100 ml)	£20.48	https://www.petdrugsonline.co.uk/loxicom-oral-suspension-for-dogs
Rheumocam 1.5 mg / ml oral suspension for dogs (100 ml)	£18.95	https://www.petdrugsonline.co.uk/rheumocam-oral-suspension-for-dogs
Meloxidyl 1.5mg / ml oral suspension for dogs (100 ml)	£23.99	https://www.petdrugsonline.co.uk/meloxidyl-oral-suspension-for-dogs

3.33 This is because medicine retailers (FOPs, online retailers) will negotiate with competing manufacturers (either directly or via a buying group) on the purchase cost of these medicines, and will use the ability to switch to a clinically interchangeable product (i.e. remove from the FOP's preferred supplier list) as a way to compete the purchase cost down. This is a part of the market that appears to be working well, according to the CMA's Medicines Working Paper. The key competition challenge – and the focus of the CMA's other medicine remedies – is increasing medicine price competition between FOPs and third-party retailers, which will help ensure procurement savings negotiated from manufacturers are passed through to pet owners in the form of lower medicine prices. Requiring generic prescribing may in fact weaken the typical FOP's negotiating power, driving up its purchase costs – which will clearly not be positive for pet owners.

3.34 In addition, requiring generic prescribing is inconsistent with the current regulatory framework (see Remedies Working Paper response below at 3.34(ii)) and would result in huge additional burden in terms of time and responsibility on the veterinary profession. While the CMA correctly states in the Remedies Working Paper that "*current regulations allow for generic/active ingredient prescribing,*" this practice has never been adopted in a significant way because vets are responsible for animals under their care, the medicines prescribed for those animals, and any side effects. As such vets are understandably 'risk averse' in their prescribing. In the framework of "*vets' personal responsibility*", mandating that vets prescribe active ingredients rather than specific products would unduly put the entire burden of assuring safety of all possible medicines with the same active pharmaceutical ingredient, for the specific species and condition, on individual vets.

(i) By way of example, if a vet were to prescribe the active ingredient meloxicam for a guinea pig in need of moderate post-operative pain relief after a castration, the vet would have to assure themselves which medicines with meloxicam as the active pharmaceutical ingredient are suitable for guinea pigs. There are currently five such products, only one of which (Metacam) is licensed for use in guinea pigs for this purpose. If the vet were to prescribe any meloxicam product, there is a

high likelihood that the customer would purchase and administer a product that is not licensed for the animal and condition - any adverse effects on the animal would be the responsibility of the prescribing vet under current regulations.

(ii) Accordingly, the VMD has been highly critical of this suggestion in their response to the CMA: "*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*."

(iii) IVC is aligned with the VMD's opinion in this matter and considers that if any requirement of prescribing active ingredients is considered, this must be accompanied by appropriate change of the regulatory framework and guidance.

3.35 Moreover, a requirement for generic prescribing is overall disproportionate in relation to the real benefit that any such remedy can realistically have. Generic medicines are far from the levels of availability seen in human medicines markets. For veterinary medicines, generics are seldom available at all. By way of example, among IVC's most bought [REDACTED] POM-V medicine SKUs in FOPs by value, only [REDACTED] SKUs have generic alternatives. IVC considers it disproportionate to fundamentally change the prescription regime for veterinary medicine so that the generics available for a small amount of medicine sales can be more widely prescribed. [REDACTED]:

(i) [REDACTED];

(ii) [REDACTED];

(iii) [REDACTED];

(iv) [REDACTED]; and

(v) [REDACTED].

<u>A requirement that vets prescribing an Own Brand medicine also stipulate the branded equivalent is a much more proportionate and effective remedy</u>

3.36 If the CMA's concerns around generic prescribing are primarily aimed at Own Brand medicines, and the perceived inability of pet owners to find and compare white label equivalents online, IVC considers that remedies centred around Own Label medicines are much more proportionate and effective, especially as only two LVGs currently offer them (and for IVC this only covers a handful of SKUs). For completeness, IVC notes that it is already a mandatory requirement for all licensed prescription-only medicines

(whether branded or Own Brand) to clearly state the active pharmaceutical ingredient on the packaging.

3.37 IVC considers that a requirement that vets prescribing an Own Brand medicine also stipulate the branded equivalent on the prescription would be an appropriate remedy (i.e. as per the CMA's alternative option). This could be supplemented with a transparency remedy requiring that the labelling, packaging, and invoicing of the Own Brand medicine must also state the active ingredient clearly. In IVC's view, this package of remedies would comprehensively and robustly address the CMA's concerns around Own Brand medicines.

3.38 In contrast, IVC considers an outright prohibition of the sale of all Own Brand medicines by LVGs to be disproportionate and unwarranted, especially given the CMA's concerns at this stage appear to be largely conceptual and hypothetical, and not substantiated by any evidence.

Remedy 10: Prescription price controls

3.39 Remedy 10 proposes a prescription price control, aimed at ensuring pet owners are not discouraged from requesting a prescription as a result of the level of the prescription fee, which it worries can erode the savings pet owners can make when purchasing medicines elsewhere. More generally the CMA considers a prescription price control may help ensure pet owners are not charged an unreasonable prescription fee (paragraph 4.93 in the Remedies Working Paper), especially in a situation where prescriptions become more prevalent.

3.40 The CMA is currently considering three potential options for a prescription fee control: a price freeze at current levels (Option A); a price cap based on cost recovery (Option B); or a prohibition on charging for prescriptions (Option C). The CMA proposes to adopt the approach that it considers is the least burdensome, but which is also effective in ensuring pet owners are not discouraged from purchasing medicines outside of FOPs.

3.41 IVC considers that the prescription fee it currently charges is reasonable, and reflects the time, effort, and risk involved for vets. IVC's response to Question 2 of RFI 17 outlines the steps involved that a vet must follow in writing a prescription. As a 'rule of thumb', IVC generally recommends to practices that a prescription fee is [REDACTED]– to reflect the relative time that goes into writing a prescription. The CMA considers that the cost of writing a prescription is unlikely to be materially higher than the cost of dispensing a medicine in-clinic in a well-functioning market (paragraph 4.103(b) in the Remedies Working Paper). However, this ignores the fact that part of the cost of dispensing a medicine today is recovered by the profit contribution from the sale of the medicine. There is no such contribution when writing a prescription, meaning the fee needs to be cost reflective. Capping a prescription fee at a level materially below the current level would be distortive, and would mean FOPs have to increase prices elsewhere to recover the opportunity cost of the vet time.

3.42 As a result, IVC does not consider that a prescription price control is appropriate or necessary.

3.43 IVC would strongly reject the proposal for a prohibition on charging for prescriptions (Option C). Given that the CMA's concerns around high medicine prices are caused in large part by vets undercharging for their time via treatment prices, preventing vets from charging for their time to prepare a prescription goes very much against the grain of how the CMA is attempting to rebalance the market away from an overreliance on medicines. Such a remedy paired with a wider obligation to prescribe considered under Remedy 7 would make prescribing a loss-making activity for vets, which must be recovered elsewhere via higher treatment prices, effectively leading to a further need for cross subsidisation. In addition, such a situation may risk creating incentives for (some) vets to deviate from the high prescription standards in place today, and would therefore present a concern on animal welfare. It is important to also consider that the Competition Commission mandated in 2003 that prescription fees could not be charged for a period of three years.[61] The fact that the market has since then moved back to a situation where prescription fees are common and customary practice is indicative of the costs incurred by vets when prescribing. It also shows that a wholesale ban on prescription fees is not a sustainable situation for veterinary practices.

Remedy 11: Interim medicines price controls

3.44 Remedy 11 proposes an interim medicines price control, in order to suppress medicine prices whilst the CMA considers the implementation of some of the other medicine remedies it is proposing.

3.45 IVC strongly rejects the CMA's proposal for interim medicines price controls. This would distort competition in the markets for medicines and for veterinary services more widely, would lead to material unintended consequences, and would likely risk the financial viability of many veterinary practices – including independents, and must therefore be rejected as disproportionate.

3.46 As the CMA is aware, the FOP business model is heavily dependent on revenue from medicines, and medicine prices cross-subsidise treatment prices. The CMA's pro-competition medicine remedies (e.g. Remedies 7-9) aim to increase medicine price competition, and help the market rebalance to become less dependent on medicine revenue. However, this will have transition costs for FOPs as the market arrives at a new equilibrium where treatment pricing makes a larger relative contribution versus today. Imposing an interim price control – including a price reduction versus today – would risk financially undermining FOPs, especially less financially resilient independent practices during this transition period. Even the CMA's own (highly flawed and fundamentally unreliable) financial and profitability analysis shows that many FOPs (including some LVGs) have low – and even negative – profit margins.[62] Capping – or even reducing – their revenue sources while underlying drug procurement costs to continue rise in the context of rising uncertainties in global trade, and while the CMA disrupts the market with a wider set of pro-competition remedies, imposes a real risk of FOP practices going out of business.

[61] See https://www.legislation.gov.uk/uksi/2005/2751/article/3/made.

[62] CMA profitability working paper, Table 1.1. and paragraphs 5.30 - 5.31.

3.47 In addition to that, the CMA's proposed price control measures would likely have significant upstream effects on manufacturers, even though this market falls outside the direct terms of reference for the market investigation. Such controls would restrict the ability of manufacturers to adjust prices in response to rising production costs, regulatory changes, or raw material fluctuations. Consequently, the remedy would constrain the extent to which manufacturers can pass on cost changes, potentially hampering their ability to supply profitably within the UK market. As referred to in IVC's response to RFI 11 Question 29, the innovation funding model for animal medicines is considerably less resilient compared to human medicines. As a result, the CMA's proposed measures are very likely to dampen incentives for research and development, possibly leading to slower advancements and reduced availability of novel treatments for animals in the longer term.

4. Section C – Proposals regarding out of hours (OOH) contracts

Remedy 12: Restrictions on certain clauses in contracts with third-party OOH care providers (e.g. long contract lengths or large exit fees)

Summary of IVC's views

4.1 At the outset, IVC notes that:

(i) The OOH business model is particularly challenging given relatively lower demand and vet productivity than daytime clinics, and higher staff costs of veterinary professionals willing to work unsociable hours. To operate viably (i.e. meet minimum efficient scale), it is necessary for OOH clinics to seek predictability on levels of demand and revenues – and FOP partner practice contracts are an important tool to do this.

(ii) Pet owners always retain the ability to choose which OOH clinic they wish to use to treat their pet. The fact that a given pet owner's FOP has a partner practice relationship with a particular OOH provider does not mean that that pet owner must or will use that OOH provider. In fact, nearly [REDACTED]% of the caseload of Vets Now is business to consumer (i.e. it relates to pet owners without a registered FOP and/or pet owners who use a FOP that is not partnered with Vets Now).

(iii) There is no evidence that it is difficult for a FOP to switch OOH provider. If pet owners are not happy with the price or service provided by an OOH provider, the FOP would then look to change provider. Vets Now does see proactive switching and early contract terminations from its FOP partner practices. For instance, Vets Now is aware of [REDACTED] FOPs that left Vets Now in 2024. Vets Now received [REDACTED] notices of termination during 2024 from FOPs (effective upon completion of the relevant notice period or an earlier agreed date).

(iv) [REDACTED].[63]

(v) [REDACTED].

4.2 IVC welcomes the Remedies Working Paper's recognition that any remedy relating to terms in OOH service contracts with FOP partner practices must take into account the underlying commercial rationale for these clauses. In particular:

(i) **Partner practice termination notice periods** are designed to ensure that Vets Now's services remain commercially viable, i.e. provide sufficient predictability on levels of demand and revenue streams to meet minimum efficient scale and avoid a mismatch with (notice periods applicable to) significant supply-side cost liabilities, including host practice arrangements and resourcing and staff costs.

[63] See slides 27 and 49A of IVC's annotated hearing deck, submitted to the CMA on 21 March 2025 in response to the CMA's working papers.

(ii) **Early termination fees payable by partner practices** seek to ensure that partner practice termination notice periods provide meaningful protection to Vets Now revenue streams. Without these fees covering expected Vets Now revenue for the duration of the notice period, the notice period would not be effective in serving its purpose.

4.3 Therefore, to the extent that any remedy is considered, IVC submits that, to maintain proportionality and avoid significant unintended consequences:

(i) **Termination notice period caps should be limited to 12 months –** to strike an effective and proportionate balance between: (a) commercial certainty, which is needed for OOH providers such as Vets Now to operate viably, and is also beneficial to FOPs in discharging their regulatory obligations to make arrangements for emergency service; and (b) avoiding any material barriers for switching by FOPs. For the reasons explained in paragraphs 4.6 - 4.9, capping the notice period in OOH partner practice contracts at a shorter period (e.g. three or six months) would have a significant adverse impact on the viability of OOH clinics – with knock-on adverse implications for vets, FOPs, pets, and pet owners.

(ii) **There should be no cap on early termination fees –** as this would effectively amount to a highly interventionist price control on OOH services that is not justified by a sufficiently robust body of evidence (to the applicable standard of proof) showing that FOPs' ability to switch OOH providers is materially impaired by these clauses. In any case, given that termination notice periods and early termination fees terms are interrelated and interdependent (i.e. the latter makes the former meaningfully and practically enforceable against counterparties), IVC submits that a cap on termination notice periods of 12 months is effective and sufficient to achieve any remedial objectives.

4.4 Without the predictability offered by reasonable partner practice termination notice periods and corresponding early termination fees, Vets Now's (and other OOH providers') ability to support FOPs to discharge their regulatory obligation to offer OOH services to their clients would be significantly curtailed in many local areas. This would have significant unintended consequences, including limiting the OOH services available to pets and pet owners, increasing the (already very significant) workloads (and attrition) of daytime vets if they are unable to outsource this critical regulatory requirement, and increasing barriers to entry and expansion for FOPs.

4.5 IVC's views on Vets Now partner practice termination notice periods and early termination fees are explained in further detail below.

<u>Due to the features of OOH veterinary services, OOH clinics require reasonable notice of termination from their FOP partner practices</u>

4.6 As recognised by the CMA, commercial certainty is very important for the business model of OOH providers. Various features of the market for the provision of OOH veterinary services are such that OOH providers require meaningful advanced notice if a FOP wishes to terminate its partner practice relationship with an OOH provider. These features include:

(i) **Challenging economics of OOH market and minimum efficient scale**: The economics of OOH provision are already very challenging given: (i) relatively lower demand than daytime clinics given the emergency nature of the service; (ii) relatively lower vet productivity (i.e. vets are likely to see fewer cases per hour during OOH periods than during normal working hours); and (iii) higher costs (including the costs associated with recruiting and retaining staff willing to work unsociable hours). In order to be able to operate viably in this challenging environment and not jeopardise the minimum efficient scale that an OOH clinic requires to continue to provide services, it is necessary for an OOH clinic to have certainty that it will receive OOH referral traffic from its partner practice FOPs.[64]

(ii) [REDACTED]:

(a) [REDACTED]; and

(b) [REDACTED].

[REDACTED]:

(a) [REDACTED].

(b) [REDACTED].

(c) [REDACTED].

[REDACTED] that if a Vets Now clinic only had six months' (or three months') notice of its partner practices leaving, this would: (i) provide an unrealistic timeframe to find alternative sources of income because of the specific challenges of the OOH segment - in particular lower and more inconsistent overall demand than for daytime services [REDACTED]; and (ii) therefore fundamentally jeopardise the financial viability of that Vets Now clinic.

(iii) **Arrangements between OOH clinic and host practice**: OOH providers (such as Vets Now) typically use the premises of a host clinic (i.e. clinics which provide FOP services in the daytime and lease the premises to Vets Now out of hours).[65] The terms under which a Vets Now clinic uses the premises of a host clinic will be specified in a contact agreed with the host clinic. Such contracts typically require Vets Now to provide [REDACTED] months' notice to terminate the arrangement with a host clinic. If the termination notice period applicable to partner practice FOPs is shorter than the notice period which the OOH provider needs to provide to its host clinic, this could lead to Vets Now clinics no longer having the necessary revenue streams to be able to offset the costs of their contractual obligations to host clinics for an extended period, which would undermine their financial viability. The CMA should therefore be cognisant of the

[64] As explained at paragraph 4.1(ii), pet owners are not required to use the OOH provider recommended by their FOP and are free to use any OOH clinic they wish.

[65] With the exception of [REDACTED] Vets Now centres, all Vets Now clinics utilise the premises of a host clinic (which include both IVC and non-IVC owned sites).

impact of host clinic arrangements when considering potential remedies in relation to OOH contracts. In particular, a mismatch between notice periods applicable to upstream and downstream contracts, respectively, would significantly increase the risk-profile of an already challenging business model, and would significantly reduce the incentive for OOH providers to enter or expand in this space.

(iv) **Employment commitments:** Similarly, when a decision is made to close a Vets Now clinic (for instance because the clinic no longer has sufficient FOP partner practices to remain financially viable), it will be necessary to provide notice on the relevant employees (including veterinary professionals) in accordance with the terms of the relevant employment contracts. Moreover, if employees are being made redundant by Vets Now, Vets Now would also need to satisfy applicable redundancy consultation obligations, such as those required by the Trade Union and Labour Relations (Consolidation) Act 1992 (TULRCA). [REDACTED] such consultation processes often require numerous months. [REDACTED]. IVC encourages the CMA to be mindful of the need to serve notice on, and consult with, employees if an OOH clinic is being closed, which creates an extended period of contractual cost liabilities for the OOH clinic, and factor that into its consideration of any potential cap on notice periods for partner practice FOPs.

Limiting FOP partner practice termination notice periods to three or six months would undermine OOH clinics' viability, with knock-on adverse consequences for other stakeholders

4.7 For the reasons explained in paragraph 4.6, limiting notice periods for partner practice FOPs to six months (or three months) would be a disproportionate remedy with a significant negative impact on Vets Now's ability to provide OOH services to clients and their pets.[66] It would introduce a high level of uncertainty into the OOH business model in relation to key revenue streams, create a mismatch between upstream and downstream contractual obligations, and put at risk the minimum efficient scale clinics require to continue to provide OOH services – all of which would be expected to lead to fewer OOH clinics operating viably in the UK.

4.8 This could, in turn, have adverse knock-on effects for other stakeholders, such as pets and pet owners (who would have fewer options when looking for an OOH clinic, often in emergency situations), FOPs (who would need to find an alternative OOH provider or make provisions themselves, increasing barriers to entry and expansion), FOP vets (who may need to take on out-of-hours work alongside their daytime responsibilities, exacerbating work/life balance pressures), and host practices (who make their premises available for use by OOH clinics and benefit from an additional revenue stream as a result).

4.9 However, capping the notice period at 12 months would strike a workable and proportionate balance between achieving the commercial certainty which is critical for the OOH business model, and flexibility for FOPs to switch OOH providers. In particular, this

[66] In addition, capping notice periods at less than 12 months could also negatively impact the ability of OOH providers to make different options available to partner practices regarding monthly service fees (i.e. the option to pay a lower monthly service fee in exchange for a longer notice period).

would provide sufficient time for OOH providers to find alternative FOP partner practices and/or B2C customers to fill the revenue gap created by partner practice contract terminations. Anything shorter – [REDACTED] – would not give OOH clinics enough time to replace lost revenues.

Notice period and early termination fee provisions in Vets Now partner practice contracts are interdependent

4.10 Where an early termination fee is paid by the FOP partner practice, this is typically calculated based on the expected loss of income to Vets Now for the remaining term of the applicable partner practice termination notice period, [REDACTED]:

(i) [REDACTED].

(ii) [REDACTED].

4.11 [REDACTED].

4.12 [REDACTED].

Importance of phasing-in any such remedies over a transition period

4.13 IVC would also like to emphasise that it is important that OOH providers have sufficient time to implement any remedies relating to OOH contracts in an orderly fashion and limit as far as possible any transitional uncertainty, which is detrimental to business and to animal welfare.

4.14 OOH providers will need to allocate time and resources to work with FOPs to modify their OOH partner practice contracts in a manner which is consistent with any remedies required by the CMA, and to strategically assess and plan for their commercial impact. In particular, some OOH providers may need to reassess their clinic footprint and/or investment plans. IVC therefore encourages the CMA to consider “phasing-in” any remedies relating to OOH contracts, by giving OOH clinics a transitional period of 12 months to implement the required changes to their existing partner practice contracts.

5. Section D – Proposals regarding cremation services

Remedies 13 and 14: Transparency on differences between fees for communal and individual cremations; and price control on cremations

The CMA's framing of "*high mark-ups*" is misleading

5.1 IVC reiterates its previous comments[67] that the CMA's framing of "*high mark-ups*" on the third-party cremation cost is a misleading way to think about retail cremation prices.

5.2 A cremation service is not simply a commodity product sold on with a 'mark-up' applied on top. Framing it in this way belies the valuable service that FOPs provide to pet owners during a very emotional and difficult time.

5.3 The cremation services provided to clients by a FOP are distinct and complementary to the service provided by the crematorium.

5.4 It is crucial not to underestimate the service provided by practice staff (at all levels) to support clients through the cremation process, which includes highly skilled levels of technical, professional, and emotional support, the ability to make shared decisions with owners, understanding and navigating pain and distress, providing comfort and dignity to clients and their pets, and navigating moral and ethical considerations.

5.5 This is extensive work akin to the service provided by human funeral directors, and can take a significant emotional toll on all individuals involved in the end-of-life process, to ensure that end-of-life care is delivered with compassion and professionalism.

5.6 There is a recognised need to support all colleagues involved in end-of-life procedures due to the emotional toll, which can lead to compassion fatigue and professional grief, both of which are recognised industry-wide and were key drivers for IVC implementing Mental Health First Aiders across all of its sites.

The CMA has not evidenced significant detriment in this area

5.7 The prices for cremations charged by FOPs reflect the service and support they provide to clients. The CMA's apparent focus on cremations appears to be driven predominantly by the fact that, unlike many other treatments provided, there is a third-party cost component.

5.8 The CMA's analysis to date simplistically compares the difference between the retail price of a cremation and the third-party cost. From this, it provisionally concludes that there are "*high mark-ups*" and that prices may be excessive, although it provides no benchmark for what a "reasonable" price or mark-up might be. This is flawed and incomplete evidence.

5.9 IVC has presented the CMA with data which shows that:[68]

[67] See for example IVC's response to Question 40, RFI 17 dated 11 April 2025, updated 16 April 2025.

[68] See IVC's response to Question 40, RFI 17 dated 11 April 2025, updated 16 April 2025.

(i) **Communal cremations are priced at an affordable level** to ensure all clients have access to a safe and dignified way of bidding farewell to their pets. In practice, communal cremations make a relatively low profit contribution – and it would not be financially sustainable to price all treatments in such a way.

(ii) **Individual cremations are priced to reflect the additional 'value add' service clients** receive via a more tailored and personalised experience. The pricing of individual cremations can by no means be considered 'excessive', and reflects the level of service provided to clients, including the labour, emotion, and skill required by FOPs to offer this. The pricing of individual cremations is in line with other treatments, reflecting the relative cost to provide the service.

IVC strongly rejects the proposal for a price control on retail fees for cremations

5.10 On this basis, IVC strongly rejects the proposal for a price control on retail fees for cremations (i.e. Remedy 15).

5.11 It is neither justified, reasonable, nor proportionate. The CMA has produced insufficient evidence of the detriment to justify such a drastic intervention. The CMA has also jumped prematurely to a price control option, without giving serious or sufficient thought to alternative (more effective and proportionate) options, nor has it given any serious thought to the potential risks and unintended consequences of a price control, as set out in its own Guidance.[69] This is demonstrated by the limited analysis dedicated to cremations in the Remedies Working Paper. This is in contrast to, for example, medicines, where the CMA has dedicated significant attention to considering a number of broad options with several potential variants within each – with a price control presented at the extreme end of a set of more balanced, pro-competition alternatives.

5.12 Introducing cremation price controls also risks significant unintended consequences, including material risks to client welfare. By limiting the income FOPs can earn from providing cremation services, this will make it relatively costly for FOPs to continue to provide a high-quality, compassionate, and professional service. This risks undermining the level of care provided to pet owners, at a vulnerable moment for them.

IVC does support increased transparency measures for cremation options

5.13 IVC does however support transparency measures around cremation options and pricing as an effective and proportionate remedy.

5.14 Remedy 13 is aimed at increasing price transparency on cremation pricing, to support pet owner decision making. The proposal would require FOPs to publish information on the prices of communal and individual cremations (as covered under Remedy 1).

5.15 IVC considers this to be a proportionate remedy, that will support clients to make well-informed choices.

[69] See CMA guidelines for market investigations: Their role, procedures, assessment and remedies (CC3, revised), paragraph 378.

5.16 If the CMA is concerned that this remedy does not go far enough, IVC would also support requiring that FOPs inform pet owners of their choice to use a third-party cremation provider (e.g. going direct to a local pet crematoria). This information could potentially be included within 'end-of-life' literature that some FOPs provide pet owners at the right time, or on an equivalent page on the FOP's website.

5.17 The CMA is also considering recommending revisions to the RCVS Code and associated guidance to ensure that choice options are framed appropriately. IVC has no concerns with this proposal in principle.

5.18 However, IVC rejects the CMA's motivation for this recommendation. The CMA is concerned about the "*risk of pet owners feeling pressured into purchasing a more expensive option.*"[70] However, the CMA has provided nothing to substantiate this concern. In fact, the available data would suggest this is not an issue:

(i) The CMA itself has acknowledged that the evidence it has seen, "*indicates that pet owners are generally provided with a choice of type of cremation service, such as individual or communal cremation*."[71]

(ii) Over [REDACTED]%[72] of IVC's clients opt for a communal cremation over an individual cremation, demonstrating that many clients feel able to exercise their choice and pick a service that suits their needs best. While individual cremations have been growing at faster rate in recent years, this reflects changing pet owner preferences, who are increasingly treating their pet as part of the family. The CMA provides no basis for its suggestion that this trend is because of vets pressurising bereaved and emotionally distressed pet owners.

5.19 In summary, IVC is supportive of transparency measures for cremation options to aid pet owners in making appropriate choices for their circumstances, including through revisions to the RCVS Code and associated guidance.

[70] Remedies Working Paper, paragraph 5.10.

[71] Demand Working Paper, paragraph 5.265.

[72] See IVC's response to RFI 8 dated 23 September 2024.

6. Section E – Proposals regarding regulation and transparency and comparability of quality standards at vet clinics

Summary of IVC's views

6.1 IVC is aligned with the CMA's emerging views that a system of robust and effective regulation is required to sustain well-functioning veterinary services for household pets, but that the current system of regulation is not fit for purpose for the modern day.[73] In particular, IVC is supportive of:

(i) **A revised regulatory framework**, which will regulate vet businesses as well as individual vets and veterinary nurses,[74] includes clear and workable standards for effective and proportionate (in-house and third-party) complaints and redress systems, and is underpinned by effective and proportionate monitoring and enforcement by an industry body that understands the specificities of the sector.

(ii) As part of that system of effective regulation, ensuring that clients have better information to make effective and meaningful choices for their circumstances - including (crucially) by reference to **quality**. IVC agrees with the Remedies Working Paper that PSS is an appropriate starting point for that quality framework, including for a minimum mandatory legal standard.

6.2 However, IVC is concerned that:

(i) Limiting quality transparency to a '**basic' measure of quality** (as proposed by the Remedies Working Paper), and which does not incorporate a measure of client satisfaction (as an effective vehicle for meaningful competitive differentiation), would not enable clients to effectively compare vet practices. Coupled with the proposed measures on price transparency and comparability, this could lead to a 'race to the bottom' on price to the detriment of quality standards. Instead, IVC urges the CMA to prioritise the development of a more robust quality framework as a primary element of the overall remedy package, which includes client satisfaction as a key measure of quality - with the 'Net Promoter Score' as the fundamental underlying metric. A prominent role for an accessible, already well-known, and client-friendly measure such as NPS in an enhanced PSS framework is a proportionate and effective means of improving transparency and comparability of quality standards at vet clinics for clients, with limited time and resource burden involved in compliance, given PSS has already been adopted by a significant proportion of clinics in the UK.

(ii) The Remedies Working Paper's proposals for a **veterinary ombudsman** do not meet the applicable legal test for an effective and proportionate remedy – because of the time, cost, and resource burden it would place on vet clinics, and

[73] Remedies Working Paper, paragraph 6.1.

[74] IVC also supports the regulation of paraprofessionals by the RCVS under the new regulatory regime – see paragraph 8 of IVC's response the CMA Issues Statement dated 30 July 2024.

the likely detrimental impact on trust-based vet-client relationships, which are premised on collaborative problem-solving.

6.3 Subject to these amendments, the proposed new regulatory framework and a strengthened regulator will effectively support transparency remedies (described in the sections above) to meaningfully enhance consumer choice in the sector, and drive increased competition between vet services provider to the benefit of pets, pet owners, vets, and other industry stakeholders.

6.4 IVC elaborates on these points below.

Remedies 15, 17 – 24, 26 – 28: Various remedies relating to the new statutory regulatory framework

IVC welcomes the proposed reform of the statutory regulatory framework

6.5 The CMA recognises that, in the context of professional services markets in the UK – of which the vet sector is one – effective regulatory frameworks contribute to "*building public trust by setting out standards of competence and appropriate monitoring and enforcement so that lay users and purchasers of services can be assured of the quality of the services that they are using*."[75] In a market that is underpinned by pet owners displaying high levels of trust in veterinary experts and their advice, IVC supports the CMA's proposals to recommend to the Government revisions to the current regulatory system to ensure it offers more robust protections to pet owners, including:

(i) Extending the scope of the regulatory regime to vet businesses, alongside individual vets;

(ii) A more robust, standardised, and visible complaints and client redress system;

(iii) A consumer and competition duty, to promote competition and consumer interests, included within the mandate of a strengthened and industry-credible regulatory body (such as the RCVS); and

(iv) Enhanced monitoring and enforcement powers for that regulator.[76]

6.6 Further, as previously explained in IVC's response to the CMA Issues Statement dated 30 July 2024, the key challenge facing the industry is a national shortage of vets leading to stress, over-work, and individuals leaving the profession, further fuelling the challenge. This is also a key factor behind industry-wide price increases over the last decade.[77] IVC therefore welcomes the CMA's suggestion that the protection of the veterinary nurse title, clarification of the existing regulatory framework relating to vet nurses, and reform to

[75] Remedies Working Paper, paragraph 6.4.

[76] See paragraph 6.19 below for further detail on these points.

[77] See further IVC's response to the CMA profitability working paper.

expand the role of veterinary nurses would have a significant positive impact on the veterinary sector.

(i) Addressing the **current under-utilisation of vet nurses** through changes to and clarification of the relevant regulatory framework[78] will help alleviate pressures on vets. By reducing regulatory limits on veterinary nurses and enabling them to carry out more clinical tasks, vets will be freed up to undertake vet-specific tasks. This will: (i) facilitate the more efficient allocation of staffing resources within veterinary practices; (ii) enhance delegation between veterinarians and veterinary nurses, which will in turn help address attrition and increase morale across the profession; (iii) promote career progression opportunities for veterinary nurses; and (iv) alleviate the labour-related cost pressures on the industry.

(ii) Protecting the title of veterinary nurses will also provide pet owners **with greater transparency and confidence in the professional qualifications** of those who are treating their pet. Moreover, protecting the title of veterinary nurse will also help ensure quality of care standards and patient safety.

6.7 IVC considers that these reforms should be built on a clear and durable footing in primary legislation, and proposes that the CMA should set out recommendations to Government for statutory reform, i.e. replacing the Veterinary Surgeons Act 1966. Detailed regulatory reform would then be the responsibility of specialist government departments and an empowered sectoral regulator. These matters are not well-suited to being regulated by CMA Order, not least because the CMA lacks the necessary expertise on scientific, clinical, and ethical considerations (i.e. these are not purely competition or consumer matters), the institutional mandate and procedural scope to effectively consult with and reflect the views and interests of a multiplicity of stakeholders, and the resources to effectively monitor compliance on an ongoing basis.

Remedy 16: New quality measures

Development of new quality measures must not be 'basic' – these are a crucial part of the overall remedy package that will meaningfully enhance transparency and competition in the sector

6.8 IVC also welcomes the CMA's suggestion of enhancing the role that quality transparency measures play in supporting pet owners to make informed choices. IVC is supportive of the CMA's proposal to utilise the current framework set out in the **RCVS's PSS as the starting point** for assessing and conveying the quality of practices to pet owners. This is for a number of reasons:

(i) PSS already exists. Creating a quality transparency framework which leans on the quality measures already captured by the PSS is **practical** on the basis that the timescales and work required for effective implementation will be significantly less than creating an entirely new quality framework, and (unlike the other regulatory reforms referenced in the section above) could be implemented by way

[78] Namely Schedule 3, Veterinary Surgeons Act 1966.

of CMA Order alongside other transparency remedies (at least on an interim basis, until the broader revised statutory regime is developed and enters into effect).

(ii) Rolling out an enhanced version of PSS is the most **proportionate** approach. PSS is already well-known among veterinary professionals and a significant proportion of eligible practices have already received (some level of) accreditation under it.[79] This will mitigate the associated implementation and compliance burden on vet practices.

(iii) If, in line with the CMA's suggestion, the 'Core Standards' set out in the PSS are converted into a set of compulsory core competence requirements,[80] with the other current levels of accreditation and awards operating as quality differentiators, then the **quality standard across the vet industry will be raised**. This will ensure that clients are confident that a minimum level of quality has been met by all practices, and will promote animal welfare.

6.9 However, IVC encourages the CMA to ensure that the quality transparency remedy goes beyond just a 'basic' measure, including to mitigate against the risk (which the CMA itself has recognised)[81] that client comparison between clinics is based solely on price, thereby resulting in a "race to the bottom" at the expense of good quality service.

6.10 As the CMA has indicated,[82] it will consider the way in which measures proposed as part of a remedy package are expected to interact with each other.[83] IVC is confident that a more robust quality transparency framework will, alongside the price transparency remedies that the CMA has proposed (subject to amendment per IVC's suggestions in Section A above), significantly enhance clients' ability to understand and choose between different clinic propositions, and therefore encourage practices to compete heavily on multiple parameters (including price and quality) – without the need for more interventionist remedies.

Key principles to guide enhancements to PSS

6.11 IVC recognises that the development of this framework will be an iterative process with the involvement of a wide range of industry stakeholders, including the CMA, competent governmental and industry bodies, market participants, and pet owners. IVC is committed to working collaboratively with the CMA and other stakeholders to achieve a sufficiently robust industry-wide quality framework. As a first step in this process, IVC sets out below

[79] Remedies Working Paper, paragraph 6.39.

[80] Remedies Working Paper, paragraph 6.34.

[81] The CMA has proposed a two-tier quality framework, underpinned by the PSS, under which all practices must meet a set of compulsory, core competence requirements to give "*pet owners confidence that a baseline level of quality has been met…following the increased price competition that other remedies we may impose would seek to promote*." See Remedies Working Paper, paragraphs 6.34 - 6.35, and footnote 140.

[82] Remedies Working Paper, paragraph 1.7.

[83] See CMA guidelines for market investigations: Their role, procedures, assessment and remedies (CC3, revised), paragraph 329.

a proposed set of principles it believes should guide the reform of the existing PSS framework, and frame the consultations with industry on the details of those enhancements:

(i) **Greater focus on client satisfaction, and promoting better client awareness of PSS**: As the CMA recognises, in its current form, PSS has limited client engagement.[84] IVC considers that this is the fundamental shortcoming of the present PSS framework, but could be addressed through:

(a) Renaming or rebranding of PSS, to clearly signal that it is an assessment of quality. This renaming exercise could also flow through to certain of the accreditation levels and awards, so that clients are able to understand the measures of quality that are being assessed with each level of accreditation/award.

(b) Prominently featuring a simple, accessible metric effectively capturing (different levels of) client satisfaction (i.e. NPS) in the quality measure – see further the paragraph below for a detailed discussion.

(c) Clearer signposting of the PSS (as a measure of quality) both online and in-practice, including practices clearly advertising their own accreditation and awards.

(d) Engaging pet owners in a proactive consumer survey, to ascertain their feedback on the proposed revisions to the PSS, which would also be a good opportunity for early advertisement of the framework.

(ii) **The structure of accreditations and awards should be made clearer to pet owners to allow for meaningful differentiation across practices**: The current structure of PSS accreditation levels and awards lacks clarity. For example, it is not obvious to pet owners that 'General Practice' accreditation is a level above 'Core Standards' accreditation for FOPs, nor that Awards are assessed separately (as additional indicators of quality) to accreditation (although with some overlap in terms of requirements). This can be rectified by more clearly delineating accreditations and awards such that it is clear to pet owners that:

(a) 'Core Standards' operate as the mandatory, minimum legal threshold of accreditation;

(b) A 'level up' in quality standards from 'Core Standards' are the other accreditations, i.e. 'General Practice' or 'Veterinary Hospital', depending on the services offered by the specific practice; and

(c) Awards are presented as separate and incremental to accreditation, and are a mark of excellence in discrete assessment categories.

[84] Remedies Working Paper, paragraph 6.48.

Clarifying this structure will improve transparency and enable pet owners to differentiate between the quality offering of practices, to support them in making informed decisions. It will also have the effect of increasing competitive pressure in the market.

(iii) **PSS assessment process should be simplified to reduce the burden on practices**: IVC is supportive of the CMA's view that any new quality framework must not have an unduly discriminatory effect[85] by imposing a disproportionate compliance burden. IVC considers that the PSS accreditation and awards assessment process should be simplified into one single assessment event,[86] instead of maintaining the current approach whereby practices are separately assessed (at different times) for each level of accreditation and each award. As part of this simplification, the awards themselves could be rationalised, given there is overlap between the requirements of certain modules,[87] which would further streamline the assessment process.

(iv) **Industry to provide the necessary resource for efficient implementation, but PSS assessment must remain independent**: IVC recognises that any changes to the current PSS assessment process will necessarily require additional resource, particularly to ensure efficient implementation. To help manage the uptick in assessments and the need to expand the pool of PSS-approved assessors, particularly where compliance with a core set of quality requirements becomes mandatory, industry should provide the necessary resource and funding to the body responsible for the assessment process (which may initially be the RCVS in its current form and later the new sectoral regulator). This requirement to provide funding should be subject to certain guardrails, particularly around proportional allocation of the burden across the whole industry and the need to ensure that PSS assessors continue to operate independently and impartially, irrespective of the vet business(es) that they may be or may have been affiliated to.

(v) **No disproportionate impact on practices awaiting accreditation**: Where compliance with a set of core competence requirements is compulsory, it will be important to ensure that the practices awaiting accreditation are not disadvantaged. These practices should benefit from 'grandfather rights', meaning they will not be treated as non-compliant while awaiting accreditation, and pet owners should be made aware that these practices are in the process of accreditation. Minimising the assessment timeframe will also mitigate against this risk.

<u>Inclusion of NPS in a revised quality framework, as a consistent and accessible measure of customer satisfaction</u>

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[85] Remedies Working Paper, paragraph 6.45.

[86] For the avoidance of doubt, a practice would need to satisfy the requirements of the mandatory 'Core Standards' in order to obtain an award.

[87] By way of example, the 'Team and Professional Responsibility', 'Patient Consultation Service', and 'In-Patient Service' awards are all assessed by reference to the requirements set out in the 'Infection Control and Biosecurity' module.

6.12 IVC strongly suggests that customer satisfaction, measured using NPS, is afforded significantly increased prominence within the new quality framework - as a separate and distinct measure of quality. This will act as an accessible and well-recognised quality indicator for clients, and be proportionate and practical for the industry to implement.

6.13 The Remedies Working Paper recognises that NPS is employed by some vet businesses to monitor customer satisfaction, but it raises concerns with potential "*substantial variation in how the [NPS] methodology is currently implemented in practice*"[88] and considers that, as a result, "*requirements relating to standardised customer feedback or publishing complaints may not be effective in addressing our concerns and could pose considerable practical challenges that may outweigh the potential benefits to consumers*" and is not minded to propose the inclusion of a customer satisfaction metric in its proposed remedies package.[89]

6.14 IVC strongly believes that the Remedies Working Paper's concerns are unfounded and that an effective standardised NPS measure can be rolled out on an industry-wide basis with limited time or resource burden on practices. In particular:

(i) NPS is a well-recognised metric that is used to measure customer experience in multiple consumer-facing industries alongside the vet sector.[90]

(ii) It is calculated based on customer response to a single simple question survey which asks the likelihood of customers recommending the particular business, service or product to others (i.e. friends, family, colleagues). It is therefore focused on outcomes rather than inputs, so is effective in avoiding discriminatory effects on smaller businesses.[91]

(iii) NPS is already used as a measure of quality in the Client Service Award within the PSS, and is therefore already familiar to vet businesses and has credibility within the industry.[92] However, NPS does not currently carry sufficient weight or

[88] Remedies Working Paper, paragraph 3.23.

[89] Remedies Working Paper, paragraph 3.25.

[90] See e.g. https://www.qualtrics.com/en-gb/experience-management/customer/net-promoter-score/.

[91] Respondents give a rating between 0 (not at all likely to recommend) to 10 (extremely likely to recommend) and these ratings will fall within one of three categories: (i) respondents who respond with a score of 9 or 10 are classed as 'promoters', and are considered to be positive and enthusiastic customers; (ii) those who respond with a score of 7 or 8 are categorised as 'passives' in that they are generally satisfied, but not enough to actively recommend a business, service or product; and (iii) respondents who give a score of 0 to 6 are labelled as 'detractors' as they are considered to be unsatisfied customers who may even discourage others from using a product or service. A business' overall NPS score is then calculated by subtracting the percentage of detractors from the percentage of promoters.

[92] The Client Service Award is given to practices demonstrating high levels of care for their clients and assesses 54 practical and behavioural steps that practices can take to improve customer experience. A number of these requirements are already necessary for accreditation, while the remaining (including with respect to NPS) are each assessed as part of the Award, and are worth a certain number of points. The total number of points determines whether a practice receives a Client Service Award, designated as either 'Good' or 'Outstanding.' There are a total of 650 points available and a practice must be awarded at least 390 points (60%) to achieve a 'Good' designation and at least 520 points (80%) to achieve an 'Outstanding' designation.[92] Anything below 390 points means that a practice will not receive the Award. An NPS score of 80 or higher is worth 20 points and there are no points awarded for NPS scores lower than 80. See PSS Small Animal Modules and Awards (V3.3), pages 38 - 61.

visibility in the PSS framework[93] – IVC's suggestion is for it to be published as a standalone indicator with equal prominence alongside each practice's PSS assessment. See **Figure E.1** for an illustrative example of a quality badge that could be prominently displayed in-practice and online.

Figure E.1
Illustrative example of a quality badge

(iv) It is quick, practical, and low cost to implement. There are numerous 'off-the-shelf' systems available to vet practices to provide support in setting up an NPS survey and rolling out to pet owners. By way of example, IVC practices use iRecall, an automated client communications platform,[94] to send clients the NPS survey following a visit to one of its practices, gather and aggregate feedback, and provide each practice with an overall NPS score. Similar to other systems, iRecall is cost effective and simple to implement, compatible with a number of different practice management systems (which, contrary to the suggestion in the Remedies Working Paper, are widespread, basic industry practice to ensure pet safety and good administration of clinics),[95] with no requirement for those using it (i.e. vets, nurses, veterinary support staff) to have specific technical knowledge.[96] To illustrate, for IVC practices, the cost of sending out an SMS to ask clients to fill out an NPS survey through iRecall is only around [REDACTED] per client, and around [REDACTED] per email.[97] There are also a number of

[93] Currently, there are only a small number of practices which have received the Client Service Award - 129 practices in total, according to Find a Vet, accessed 20 May 2025. However, this is also typically the case for other PSS Awards which, in IVC's view, is due to the current administrative and time burden associated with gaining Awards. IVC does not consider this to be as a result of any principled issue with client satisfaction monitoring (including through NPS) within the industry.

[94] iRecall is also used by other vet industry participants, as evidenced by the number of testimonials from other veterinary practices on iRecall's website. See here: https://www.irecall.vet/uk/why-irecall/what-our-customers-say.

[95] As at 19 May 2025, iRecall is compatible with 19 different practice management systems.

[96] See various customer testimonials: "*Bringing iRecall into our practice has had a significant and positive impact on incoming client contact. …. All in all; a worthwhile, a cost effective communication tool for securing repeat business.*" See here: https://www.irecall.vet/uk/why-irecall/what-our-customers-say.

[97] Certain platforms, such as the client communications system available via Digital Practice, avoid this cost as they rely on online messaging services such as Whatsapp rather than SMS for client messaging. In these cases, practices would

alternative customer engagement platforms available for use by vet practices – which are also cost-effective and easy to implement.[98] Based on the above, IVC does not consider there to be any logistical, technical, or resource hurdles to the industry-wide roll-out of NPS.

(v) IVC's own experience of aligning formerly independent clinics, once acquired, with its group-wide approach to using iRecall and measuring NPS illustrates the practicality and value of NPS. By way of illustrative example of a typical experience across IVC's clinical estate, Inglis Vets, which was acquired by IVC in 2018, has strongly benefitted from the improvements iRecall has brought to its client engagement process, which has also led to Inglis Vets implementing improvements to the clinic's client proposition to the benefit of pets and pet owners.[99]

6.15 Monitoring of customer satisfaction via NPS is already, in IVC's opinion, best practice in the vet industry. IVC therefore considers that measuring and displaying client satisfaction, via NPS, is practical and workable for the industry and implementable within a short timeframe and with limited cost. Alongside amendments to the PSS in line with the principles set out above, IVC is confident that these proposals will significantly enhance transparency and comparability of vet practices as regards quality standards, and give clients the information they need to make informed choices. This (along with other transparency measures discussed in Section A above) will in turn drive enhanced competition between veterinary practices, to the benefit of pet owners, pets, and wider industry stakeholders.

Remedy 25: Establishment of a veterinary ombudsman

The existing complaints and redress system should not be replaced with an ombudsman

6.16 IVC also has significant concerns with the Remedies Working Paper's proposal to recommend to Government that a statutory veterinary ombudsman is established to replace the existing redress scheme. The Remedies Working Paper sets out the emerging view that "*the existing system of regulation does not contain the right combination of […] monitoring, enforcement and redress mechanisms*"[100] to support

only incur a module fee for the service. For completeness, IVC pays a monthly fee for iRecall of £[REDACTED] per site, and an initial upfront fee of £[REDACTED] to transition a site from another platform to iRecall.

[98] These include: PetsApp, PetDesk, AllyDVM, Covetrus Comms, Weave and Otto.

[99] See Inglis Vets' customer testimonial: ""*One word...FANTASTIC! iRecall® has been a brilliant addition to our service, which clients hugely appreciate. We've seen a significant increase in vaccinations and preventive product recall, as well as compliance. This increase, and repeat purchases, have translated into sales growth that exceeded our expectations, both in vaccines and parasiticides. Virtual Recall's online hub makes keeping track of things really easy across all our branches. We can see messages sent, sales and repurchases (down to the individual products) for each of our clinics, or consolidated as a whole. We can track exactly what is going on, both on a daily basis and over the long term, which helps purchasing decisions. We are just about to start using iRecall® for our client satisfaction surveys, which will help us improve our all round client-focused service even more*." See here: https://www.irecall.vet/uk/why-irecall/what-our-customers-say.

[100] Remedies Working Paper, paragraph 6.1(b).

effective competition and outcomes that it would expect to see in a well-functioning market.

6.17 While IVC agrees that a more robust system of regulation is needed to address these concerns, the implementation of a veterinary ombudsman would add a layer of unnecessary and disproportionate burden to a clinical environment, particularly where the specialist industry regulator already has jurisdiction (see further paragraph 6.18(iv) below), and where the ombudsman, as an external third-party, will be ill-equipped to address complex clinical and ethical issues. There are less onerous and less costly changes to the existing redress and complaints system which would better address the CMA's emerging concerns, and avoid unintended consequences (including on animal welfare).

6.18 In particular:

(i) A veterinary ombudsman would be neither appropriate nor effective in **a trust-based sector.** As the Remedies Working Paper acknowledges, ombudsman schemes are top-down, investigative, and inquisitorial in nature.[101] Conversely, the relationship between vet and client requires a high degree of trust and open communication. If implemented, an ombudsman scheme risks undermining this trust-based relationship in place between pet owners and their vets, given it removes the scope for complaints to be dealt with in an open and collaborative way between the parties. The prolonged timeframe in coming to an outcome will also add further stress for all parties, including the pet owner, which would ultimately also be to the detriment of animal welfare.

(ii) Vet sector complaints are wide ranging and in general **involve some element of clinical care** being brought into question, meaning that expert opinion is often necessary. An independent third-party ombudsman may lack the deep sector-specific knowledge which IVC believes to be necessary to ensure that client complaints are dealt with efficiently and according to clinical best practice.

(iii) Implementing a veterinary ombudsman scheme would be a **more onerous remedy than is required** to address the CMA's concerns. Such a scheme would have **severe unintended consequences** on the vet sector, and on animal welfare and clients. In particular, an ombudsman system would result in significant additional costs being imposed on the sector given the resource and process burden that such a system would place on – already stretched – veterinary professionals, and exacerbate staffing challenges.[102] Dealing with a single, simple complaint already takes up hours of administrative time, spread across practice managers, vets, nurses, and other support staff, due to the time taken to investigate, review client records, engage with the necessary stakeholders, and respond. Where complaints are escalated, for example to the RCVS, this administrative burden is substantially increased. There is also an

[101] Remedies Working Paper, paragraph 6.107.

[102] Veterinary professionals are required to have professional indemnity insurance in place to cover risks arising from civil and regulatory-related claims. An ombudsman scheme would also likely require a revision to the remit of this insurance, alongside increased costs of cover.

acute impact on the mental health and wellbeing of veterinary professionals where complaints are repeatedly escalated but are eventually found to have no reasonable basis (e.g. where derived instead from the grieving process).[103] Adding a further layer to the complaints process would exacerbate these effects,[104] and could create additional uncertainty where, for example, a complaint falls within the remit of both an ombudsman and the industry regulator.

(iv) Further, such a system would be **impractical for smaller independent practices** to comply with, given the disproportionate impact that compliance requirements would have on these practices, and have the effect of diverting resource away from prioritising animal welfare and quality of service. In the longer term, LVGs could manage the internal compliance burden by recruiting a dedicated compliance officer to manage complaints raised to the ombudsman scheme, but this is not likely to be an option available to independent practices.

The existing complaints and redress system should instead be enhanced

6.19 A far less onerous and costly approach that would more effectively address the CMA's emerging concerns is the establishment of: (i) standardised in-house complaints handling procedures; and (ii) an enhanced third-party redress system modelled on the pre-existing VCMS scheme - in each case communicated clearly to clients both online and in-practice, and enforced by a strong specialist regulator with a deep understanding of the vet sector.

(i) **Extension of regulation to cover all vet businesses alongside individual vets**. IVC is supportive of the Remedies Working Paper's proposal to expand the regulatory remit to also cover vet businesses. All vet businesses should fall within scope, including those which are owned or managed by vets also regulated in their individual professional capacity. As the Remedies Working Paper rightly points out, in order for a revised regulatory framework to be effective, it must apply to individual vets and equally to (all) vet practices given decisions which affect both clients and patients are made at both the individual and organisation level. The new requirements relating to in-house and external complaints and redress standards could then apply to vet businesses, giving the sectoral regulator (see (iv) below) jurisdiction to effectively enforce these.

(ii) **Implementation of industry-wide standardised in-house complaints handling procedures**. IVC agrees with the Remedies Working Paper's suggestion of imposing a requirement on vet businesses to have a standardised written internal complaints handling procedure, as a way to improve minimum industry-wide standards on this topic. IVC considers that this should already be best practice within the industry, but welcomes the industry-wide mandatory obligation, in line with the approach taken in other regulated industries such as the legal sector, as a way to ensure that clients experience a clear, consistent,

[103] Indeed, the RCVS has recently explored the integration of a pet owner bereavement support system into the complaints process, as part of its strategic plan for 2025 - 2029. See https://www.rcvs.org.uk/news-and-views/publications/rcvs-strategic-plan-2025-to-2029/.

[104] There would also potentially be a significant case fee to pay to the ombudsman (on top of the resource burden on the vet business in handling the case) – which is up to £650 per case at the Financial Ombudsman Service, for example. See https://www.financial-ombudsman.org.uk/businesses/resolving-complaint/case-fees.

and fair process regardless of the clinic they visit. In particular and drawing inspiration from the relevant aspects of the complaints procedure in the legal sector,[105] IVC considers that an effective industry-wide procedure would have: (a) commonality across the definition of a complaint, the entry point into the complaints handling process, and subsequent steps (including options to escalate externally), timeframes, records-keeping, and compliance reporting; (b) clear communication of the existence of the complaints handling procedure, and each of these common aspects, to clients via multiple methods (such as online, in-practice, leaflets, and emails); (c) minimum standards for staff awareness of the procedure, together with regular training; (d) an effective feedback loop and opportunity for reflecting learnings arising from complaints data.

(iii) **Utilisation of VCMS as a model for an enhanced third-party redress scheme**. IVC considers that an enhanced client redress scheme, modelled on or enhancing the pre-existing VCMS system (coupled with enforcement by a strong specialist regulator – see (iv) below), will more effectively and proportionately address the CMA's concerns than the implementation of a veterinary ombudsman. The VCMS scheme already exists, and is familiar to, the vet industry, so working with this pre-existing framework will minimise the timeframe and resource burden for effective implementation. To enhance its effectiveness, IVC is supportive of the Remedies Working Paper's proposals for:

(a) Greater transparency requirements imposed on practices to raise awareness of VCMS to clients, both as part of an internal complaints handling process and more generally via clear signage online and in-practice.

(b) Registration with the VCMS scheme to be made mandatory for all vet practices, and for vet practices to engage in good faith with mediation in appropriate cases where a client's complaint is not resolved under an in-house procedure and the client elects to use the scheme.

(c) The VCMS to communicate best practice guidance, as well as publish information on insights it has from complaints processes, which practices would then use alongside their own complaints data to improve standards.

(iv) **Creation of an effective specialist regulator to enforce a revised regulatory framework, including enforcement of an enhanced redress system**. IVC supports enhanced monitoring and enforcement powers for a competent

[105] See, in particular, SRA Code of Conduct for Solicitors, RELs, RFLs and RSLs (paragraphs 8.2 - 8.5) and SRA Code of Conduct for Firms (paragraph 7.1(c)) which set out equivalent obligations on solicitors and law firms with respect to complaints handling. In particular, solicitors/firms are required to, as appropriate in the circumstances: establish, maintain, or participate in a procedure for handling complaints in relation to the legal services they provide; inform clients in writing at the time of engagement about the complaints handling process; deal with complaints promptly, fairly, and free of charge; and escalate complaints within a prescribed timeframe and inform the client in writing, if not resolved. The Law Society and the Legal Ombudsman have provided best practice guidance in relation to, *inter alia*, handling a complaint, clear communication with a client, and good record-keeping. See the Legal Ombudsman's best practice complaints handling guide and Scheme Rules, and the Law Society's practice note outlining best practice for handling complaints.

regulatory body that has extensive knowledge of and experience in the vet sector. In particular, IVC is supportive of an enhanced RCVS regulatory remit. IVC sets out below its suggestions for how this could be implemented. IVC stands ready to work constructively with competent governmental and industry bodies, in consultation with the sector, in enacting these reforms:

(a) *Governance and resourcing reforms*:

(I) Switching from elected to appointed governance to align with enhanced regulatory powers, alongside additional external scrutiny of these powers against similar standards to the Professional Standards Authority for Health and Social Care;

(II) Ringfencing of the RCVS's existing Royal College functions along with separate governance arrangements more suited to the nature of those responsibilities, with scope for these functions to be hived out and undertaken by a separate specialist organisational body; and

(III) New resourcing arrangements to ensure the RCVS is able to effectively carry out these regulatory functions. The additional resource required could be funded through annual registration fees paid by market participants.

(b) *Extended remit*: To cover both individual vets and vet practices, with responsibilities to monitor and enforce new requirements for, e.g.: (1) the enhanced quality framework (see further paragraphs 6.8 – 6.15 above); (2) effective in-house complaints-handling procedures, as well as early pathways for escalations through an enhanced VCMS scheme, where needed (see further paragraphs (ii) – (iii) above); and (3) periodic self-assessment and compliance reporting by market participants (e.g. an annual compliance statement), where deemed necessary for the purpose of compliance monitoring.

(c) *New powers to inspect clinics*: (1) where the RCVS has good grounds to suspect a serious breach of the Code (currently, outside of PSS, the RCVS has to be invited by the vet); and (2) to assess and publish quality scores, on a more regular basis, for example every two or three years, depending on assessor capacity.

(d) *Enhanced enforcement and sanctioning powers*: To reflect the expanded regulatory remit of the RCVS, which may include a wider range of sanctions (depending on the breach) in line with those proposed by the RCVS in its Legislative Reform Consultation.[106]

6.20 IVC believes that the above package of remedies, alongside other transparency measures discussed in Sections A – D above, would provide an effective and

[106] See, in particular, Recommendation 4.5 of the RCVS Legislation Working Party's Legislative Reform Consultation.

proportionate solution to enhance customer transparency and choice, and drive increased competition in vet services. A robust, industry-wide regulatory framework which prioritises quality of service, is enforced by a strong, specialist regulator, and regulates both veterinary professionals and vet businesses is pro-competitive and pro-consumer, and removes the need for unworkable and disproportionate remedies, such as price controls. These measures and recommendations (as amended by IVC) would – unlike the package in the Remedies Working Paper - also be consistent with the '4Ps' (and CMA Guidance), which is crucial to ensure that: (i) there is renewed incentive for investment in UK veterinary services (which has significantly diminished through the CMA regulatory process), to the benefit of pets, pet owners, veterinary professionals, and wider stakeholders; and (ii) the CMA sends a clear message to the wider UK economy that it is serious about driving growth and investment whilst fulfilling its mission of promoting competition and consumer welfare. IVC stands ready to work constructively with the CMA, alongside competent governmental and industry bodies, in consultation with the sector and pet owners, to further develop these reforms.

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Annex A
IVC's proposed standardised price list

1. IVC provides a proposed standardised price list template, reflecting larger amendments (as referred to in IVC's response to Remedy 1 above), in addition to other smaller – but necessary – changes to wording or information to be included.

2. IVC has included a column '*Inclusion in the Referral Provider template'* to highlight treatments that IVC believes are not relevant and should not be included (as they are not typically offered by the majority of Referral Providers), in addition to treatments where more flexibility is needed versus the 'standard' price list (i.e. for FOPs).

3. IVC has highlighted in green incremental treatments that have been included.

Treatment	Service information to be provided	Comment to the CMA ("standard" (FOP) template):	Inclusion in the Referral Provider template?	Comment to the CMA (Referral Provider template):
1. Consultation and preventative care				
First, repeat and OOH vet consultation (including duration)	Required: • Prices for first, repeat and OOH consultations • Duration in minutes *"£X for a 15 min initial consultation. £Y for a 15 min repeat consultation. £Z for an OOH consultation (provided at the practice)."*	IVC agrees with the CMA's suggestion to include the duration in minutes in the required service information, for the First and Repeat consultations, due to the variation in the standard length of appointment. On the other hand, IVC disagrees with the inclusion of duration for the OOH consultation on the basis that time is not a constraint in an OOH consultation. The patient received care for as long as needed, and therefore OOH consultations are not provided on the basis of time duration. Additionally, we would encourage the CMA to ensure the standardised price list is precise as to only include the price	**Yes – but flexibility is needed**	Consultation length and price will vary across the disciplines (e.g. dermatology consultation (90 mins) vs surgery consultation (45 mins) and are therefore not directly comparable to the Initial/Repeat consultations provided in a FOP. IVC would encourage the CMA to recognise these differences in any price list template provided for Referral Providers to complete.

Treatment	Service information to be provided	Comment to the CMA ("standard" (FOP) template):	Inclusion in the Referral Provider template?	Comment to the CMA (Referral Provider template):
		for an OOH consultation price offered at the practice itself if they offer a 24 hour service (and N/A otherwise).		
Nurse consultation (including duration)	Required: • Price • Duration in minutes *"£X for a 15 min nurse consultation."*		**No**	Due to the specialised nature of consultation, IVC notes that for Referral Providers, it would not be necessary to include "nurse consultation" as this is not typically offered.
In-patient care (up to X hours)	Required: • Duration • What is included (e.g. admission, vet or nurse checkups throughout the 12-hour period, feeding of the pet etc) *"£X for up to 12 hours of in-patient care, including admission, vet or nurse checkups throughout the 12 hour - period, feeding of the pet ."*	It was not clear to IVC exactly what "nursing care" in the CMA's Appendix A referred to, and have taken this to mean in-patient care (sometimes known as hospitalisation care). IVC believes that it is appropriate to include in-patient care, but that this would need to be precise in its definition. For example, "In-patient care (up to X hours)", would represent the price for in-patient care inclusive of vet and nurse time - for a set block of time - but excluding any medicines or procedures along with the duration'. In IVC's case, to give an example, that block of time would be [REDACTED].	**Yes – but flexibility is needed**	For Referral Providers, hospitalisation is considerably more complicated and nuanced than in a FOP setting due to the complex needs of many of the centres' patients. We therefore suggest to the CMA that the template for Referral Providers should allow for more flexibility. For IVC Referral Providers the following proposal would work, but the CMA should be mindful that this standardisation may not be appropriate for other centres, and therefore should allow a degree of flexibility: • 'Boarding fee' - including bed and feeding. • 'In-patient care' - priced depending on intensity of care required: from £X (routine/basic care) /12h - £X (intensive care) /12h).
Nail clipping	Required: • Price, specified: if performed by vet vs nurse, if performed at the same time as other treatment vs absent any other treatment	IVC encourages the CMA to add to the service information provided, to ensure practices have the option to specify if the nail clipping is performed by a vet or a nurse, and at the same time as any other treatment or as a standalone appointment, as the price will differ depending on these factors.	**No**	It would not be necessary to include 'nail clipping' for Referral Providers as these are not typically offered.

Treatment	Service information to be provided	Comment to the CMA ("standard" (FOP) template):	Inclusion in the Referral Provider template?	Comment to the CMA (Referral Provider template):
	"£X for nail clipping performed by a nurse at the same time as other treatment"			
Anal gland expression	Required: • Price, specified: if performed by vet vs nurse, if performed at the same time as other treatment vs absent any other treatment *"£X for anal gland expression performed by a nurse at the same time as other treatment"*	We would encourage the CMA to add to the service information provided, to ensure practices have the option to specify if the anal gland expression is performed by a vet or a nurse, and at the same time as any other treatment or as a standalone appointment, as the price will differ depending on these factors.	**No**	It would not be necessary to include 'anal gland expression' for Referral Providers as this is not typically offered.
Microchipping	Required: • Price *"£X for microchipping."*		**No**	It would not be necessary to include 'microchipping for Referral Providers' as these are not typically offered.
Animal health certificate	Required: • Price *"£X for animal health certificate."*	The recent UK – EU deal may soon make Animal Health Certificates obsolete, to be potentially replaced by PETS passports. If this is actioned as part of the deal, this row should be updated to include PETS passports in place of an Animal Health Certificate.	**No**	It would not be necessary to include 'animal health certificates' for Referral Providers as these are not typically offered.
Vaccinations primary course (bundle of vaccination and consultation) **Vaccinations booster (bundle of vaccination and consultation)**	Required: • Price per species • [For vaccination booster] Duration in minutes of consultation • Text information on vaccines included *"£X for basic primary/booster vaccination course for a dog*	IVC has included a standalone treatment line for Kennel Cough vaccine. The notes should specify both for when given at the same time as a booster vaccination, and when given at a standalone appointment (as shown in the standardised price list included here). It is only appropriate to include the duration of consultation for vaccination booster. Vaccination courses are often more complex with variable times, number of visits, vets/nurse led	**No**	It would not be necessary to include 'vaccinations' for Referral Providers as these are not typically offered.

Treatment	Service information to be provided	Comment to the CMA ("standard" (FOP) template):	Inclusion in the Referral Provider template?	Comment to the CMA (Referral Provider template):
Kennel Cough vaccine (same time as booster / standalone)	*(includes X, Y, Z vaccines and a 15-minute consultation). Depending on your pet's specific clinical situation, the vet may recommend further vaccinations at additional cost."*	etc. It is therefore too complex to include a "standard" duration for the course. In addition, it is not clear to IVC what the CMA was referring to in terms of "exceptions" in its free text, as the example provided by the CMA (e.g. where geographic location dictates different vaccinations) was not something IVC recognises as being a feature of the market. In any case, the stipulation of which vaccines are included in the text information would provide customers with the variation in included vaccinations across practices.		
2. Prescription, dispensing and administration				
Prescription fees	Required: • Price, specified, for one prescription script *"£X for one prescription script, covering one drug"*	Practices have different charging structures for prescription fees, and this price list will need to specify some standardisation in order to be meaningful for customers. Specifically, some practices charge different prices for one prescription vs multiple issued at the same time. IVC therefore recommends standardising such that the quoted price is for one drug.	**Yes**	
Dispensing fees	Required: • Price per drug or medicine dispensed, or specified by type of drug injectables, tablets, pre-packaged liquid, or spot-ons	IVC agrees with the CMA's suggestion to specify that the price is per drug dispensed, but note that many practices do not distinguish the dispensing fee based on the formulation type. The notes should therefore also include the option to have price per drug/medicine dispensed (i.e. regardless of formulation type).	**Yes**	

Treatment	Service information to be provided	Comment to the CMA ("standard" (FOP) template):	Inclusion in the Referral Provider template?	Comment to the CMA (Referral Provider template):
	"£X for one prescription script, covering one drug"	We invite the CMA to consider the wording in the categorisation, as the terminology "suspension" has a precise definition and only a very small number of drugs would be included in a suspension form. We instead suggest changing the category to "pre-packaged liquid".		
Injection fees	Required: • Price per injection administered *"£X for each injectable administered"*	The incidence of making a charge for the administration of tablets, spot on or suspensions is very low such that it would not be proportionate to include this as a separate item in an already long standardised price list. IVC has adjusted the price list on this basis.	**No**	In Referral Providers, the cost of injections is often included in consultations and hospitalisation fees.
3. Medications				
Flea treatment **Tick treatment** **Wormer treatment**	Required: • Price per species and weight category, and chemical and pharmaceutical formulation, for the most common treatment sold at the practice • Duration in weeks/months *"£X for a 6-month course of the most common flea/tick/worming treatment purchased for dogs, price for a dog under 20kg.* *Depending on your pet's specific clinical situation, the vet may*	As evidenced in its submission to RFI 17, there would be substantial challenges in providing all flea, tick and wormer treatment options on a price list due to the substantial variation in treatment options that exist. Instead, in an effort to make this price list as useful as possible for customers whilst being proportionate, IVC suggests including the most common flea/tick/wormer treatment cost, alongside the duration that treatment lasts for. This approach would align with the approach taken when calculating IVC's own PHC savings. IVC also proposes to include a disclaimer that the actual treatment received will depend on a pet's needs.	**No**	It would not be necessary to include 'flea/tick/wormer treatments' for Referral Providers as these are not typically offered.

Treatment	Service information to be provided	Comment to the CMA ("standard" (FOP) template):	Inclusion in the Referral Provider template?	Comment to the CMA (Referral Provider template):
	recommend alternative treatments."	As discussed in IVC's response to Remedy 1, Chronic medications have been dropped from the price list.		
4. Surgeries and treatments				
Routine dentistry (initial examination of mouth, scale and polish, anaesthetic)	Required: • Price per species and weight category for bundle of initial examination, scale and polish, including anaesthetic. To specify if x-ray included or charged separately *"£X for initial examination, scale and polish, including anaesthetic for a dog under 20 kg. Any needed x-rays are charge separately"*	Given the importance of x-rays in routine dentistry, it is important from a customer perspective to include text to specify whether these are included or excluded from the price.	**No**	It would not be necessary to include 'routine dentistry' for Referral Providers as this is not typically offered.
Routine surgeries (lump removal, laceration repair)	Required: • Price range for each type of routine surgery per species and weight category, and per size of lump/laceration • Text information on what is included and excluded *"Lump removal from £X to £Y for a dog under 20kg. The procedure includes X, Y, Z. The*	In order for these price ranges to be useful to customers, it is best to specify prices based on the size of the lump/laceration. This will result in price ranges being narrower, and therefore more informative to customers. It is also important to include a disclaimer that end price may depend on the severity of the condition (for example depth of the mass, closure technique etc).	**Yes – but flexibility is needed**	For Referral Providers - who typically see complex serious cases - IVC argues it is appropriate to include different price ranges for different complexities of routine surgeries, for example simple, intermediate, complex. This row will therefore not be directly comparable to a FOP setting.

Treatment	Service information to be provided	Comment to the CMA ("standard" (FOP) template):	Inclusion in the Referral Provider template?	Comment to the CMA (Referral Provider template):
	price may vary based on severity of the condition, (e.g. the depth of the mass, closure technique etc)."			
Castration **Spay**	Required: • Price per species and weight category • Text information on type of castration/spay procedure and what is included and excluded *""£X for standard spay of a dog under 20kg. The procedure includes X, Y, Z."*		**No**	It would not be necessary to include 'castration and spay' for Referral Providers as these are not typically offered.
Physiotherapy session	Required: • Price for standalone session, and also for course (if offered) • Duration in minutes Optional: • Prices for exceptions (e.g. specialised equipment) • Text information on exceptions *"£X for a standalone 30 min physiotherapy session. £Y for a package of 6 sessions"*	There should be the option to include both a standalone price for one session, and also the option to include the price for a course of sessions, noting that many practices do not offer single sessions and/or offer a discount for the purchase of a course.	**Yes**	

Treatment	Service information to be provided	Comment to the CMA ("standard" (FOP) template):	Inclusion in the Referral Provider template?	Comment to the CMA (Referral Provider template):
Laser therapy	Required: • Price for standalone session, and also for course (if offered) • Duration in minutes *"£X for a standalone 30 min laser therapy session. £Y for a package of 6 sessions"*	There should be the option to include both a standalone price for one session, and also the option to include the price for a course of sessions, noting that many practices do not offer single sessions and/or offer a discount for the purchase of a course.		
Anaesthesia	Required: • Price for anaesthesia induction and initial 30 mins of anaesthesia, specified by species and weight *"£X for anaesthesia for a 20kg dog for induction and initial 30 mins. Additional anaesthesia - for example during longer surgeries - will be charged separately."*	Anaesthesia is an important treatment not included in the CMA's list. Given the dependency of many procedures and surgeries on anaesthesia, IVC believes that it is appropriate to include this in the price list. IVC has provided standardisation for the treatment in the "service information required" column.	**No**	It is not appropriate to include this in a standardised template for Referral Providers because: • Firstly, many referrals procedures include the cost of anaesthesia in their bundled price. • Secondly, due to the complexities in terms of the grading of anaesthesia and care provided (degree of supervision etc), it is not appropriate to include anaesthesia for Referral Providers due to the varying dimensions leading to potential confusion risk for customers.
Sedation	Required: • Price for sedation, specified by species and weight • Specify whether drugs are included, or charged in addition *"£X for sedation for a 20kg dog, including the dose of all*	Sedation is an important treatment not included in the CMA's list. Given the dependency of many procedures and surgeries on sedation, IVC believes that it is appropriate to include this in the price list. IVC has provided standardisation for the treatment in the "service information required" column.	**No**	It is not appropriate to include this in a standardised template for Referral Providers given many referral procedures include the cost of sedation in their bundled price.

Treatment	Service information to be provided	Comment to the CMA ("standard" (FOP) template):	Inclusion in the Referral Provider template?	Comment to the CMA (Referral Provider template):
	necessary drugs to perform the sedation"			
5. Diagnostic and laboratory tests				
X-ray	Required: • Price per x-ray image or bundle of x-ray images • Price and duration of a repeat consultation if follow-up appointment required *"£X for up to 2 x-ray images. £Y for up to 5 x-ray images. £Z for each additional x-ray image above 5. Price may vary based on part of the body imaged. Prices include performing the test, interpretation (whether performed at the practice, or externally) and reporting to the customer (by phone/email).* *Prices do not include sedation or anaesthetic. If a follow-up consultation is required by the vet, this will be charged as a 15 min repeat consultation - an additional £Y."*	For all diagnostic tests, the specified price should include taking the sample (if appropriate), performing the test, interpretation (whether performed at the practice, or sent externally for interpretation) and reporting to the customer (by phone or email). If a separate consultation is required to discuss results and follow on treatment, this will be charged separately as a standard repeat consultation.	**Yes**	

Treatment	Service information to be provided	Comment to the CMA ("standard" (FOP) template):	Inclusion in the Referral Provider template?	Comment to the CMA (Referral Provider template):
Abdominal Ultrasound **Cardiac Ultrasound** **Ultrasound for pregnancy diagnosis**	Required: • Price • Price and duration of a repeat consultation if follow-up appointment required *"£X for abdominal ultrasound scan, including performing the test and interpretation (whether performed at the practice, or externally) and reporting to the customer (by phone/email). Sedation is charged separately if required. If a follow-up consultation is required by the vet, this will be charged as a 15 min repeat consultation - an additional £Y."*	There is not one standard "ultrasound" charge in the majority of practices, due to the differences in the underlying treatment in various ultrasounds offered. IVC therefore suggests specifying the three most common ultrasounds: abdominal, cardiac and pregnancy diagnosis. IVC have updated the text correspondingly. For all diagnostic tests, the specified price should include taking the sample (if appropriate), performing the test, interpretation (whether performed at the practice, or sent externally for interpretation) and reporting to the customer (by phone or email). If a separate consultation is required to discuss results and follow-on treatment, this will be charged separately as a standard repeat consultation.	**No**	In a Referral Provider setting, there is a substantial number of distinct ultrasound fees depending on the part of the body, or clinical condition of the pet. IVC does not, therefore, believe it is meaningful to include 'ultrasound' in a price list due to a lack of standardisation, and to ensure the list does not become overly lengthy.
Cytology test	Required: • Price • Price and duration of a repeat consultation if follow-up appointment required *"£X for cytology test, including taking the sample, performing the test, and interpretation (whether performed at the practice, or externally) and*	For all diagnostic tests, the specified price should include taking the sample (if appropriate), performing the test, interpretation (whether performed at the practice, or sent externally for interpretation) and reporting to the customer (by phone or email). If a separate consultation is required to discuss results and follow on treatment, this will be charged separately as a standard repeat consultation.	**Yes – but flexibility needed**	In a Referral Provider setting, it is possible to include 'in-house cytology' in a standardised price list, i.e. where the cytology is conducted by the practice itself. There is however significant variation in cytology tests provided by external providers, which IVC argues would not be appropriate to include in the price list for Referral Providers, as many cytology samples will be examined both 'in-house' (for expediency) and by a certified external laboratory.

Treatment	Service information to be provided	Comment to the CMA ("standard" (FOP) template):	Inclusion in the Referral Provider template?	Comment to the CMA (Referral Provider template):
	reporting to the customer (by phone/email). *If a follow-up consultation is required by the vet, this will be charged as a 15 min repeat consultation - an additional £Y."*			
Basic urine screen, such as urine dipstick and specific gravity	Required: • Price • Price and duration of a repeat consultation if follow-up appointment required • Text to specify what is included in the basic urine screen (e.g. if not a urine dipstick and specific gravity) *"£X for basic urine screen, including taking the sample, performing the test, and interpretation (whether performed at the practice, or externally) and reporting to the customer (by phone/email).* *If a follow-up consultation is required by the vet, this will be charged as a 15 min repeat consultation - an additional £Y."*	It is necessary to specify what is included in a basic urine screen to assist pet owners' comprehension. IVC would suggest including urine dipstick and specific gravity (the most common), and the option for free text in the notes in the case a practice differs from that for its standard test. For all diagnostic tests, the specified price should include taking the sample (if appropriate), performing the test, interpretation (whether performed at the practice, or sent externally for interpretation) and reporting to the customer (by phone or email). If a separate consultation is required to discuss results and follow-on treatment, this will be charged separately as a standard repeat consultation.	**No**	In a Referral Provider setting, urine tests are individually charged and there is no typical 'basic' test. IVC does not, therefore, believe that it is meaningful to include 'urine tests' in a price list aimed at enhancing price transparency and comparison in a Referral Centre setting.

Treatment	Service information to be provided	Comment to the CMA ("standard" (FOP) template):	Inclusion in the Referral Provider template?	Comment to the CMA (Referral Provider template):
CT scan (including anaesthesia/sedation) MRI scan (including anaesthesia/sedation)	Required: • Price for CT/MRI scan including anaesthesia/sedation per species and weight category, and per number of body areas scanned. • Specify if sedation or anaesthesia is included in the price • Price and duration of a repeat consultation if follow-up appointment required *"£X for CT/MRI scan including sedation for a dog under 20kg, including taking the sample, performing the test, and interpretation (whether performed at the practice, or externally) and reporting to the customer (by phone or email).* *If a follow-up consultation is required by the vet, this will be charged as a 15 min repeat consultation - an additional £Y."*	It is important to be more precise in the service information provided as to what is included in the treatment, as included for ultrasound scans. IVC has therefore refined the text we believe necessary to include. For all diagnostic tests, the specified price should include taking the sample (if appropriate), performing the test, interpretation (whether performed at the practice, or sent externally for interpretation) and reporting to the customer (by phone or email). If a separate consultation is required to discuss results and follow-on treatment, this will be charged separately as a standard repeat consultation.	**Yes – but flexibility is needed**	In a Referral Provider setting, there is a substantial number of distinct CT / MRI options, depending on the part of the body, the clinical condition of the pet, and the in-house ability to interpret the scan. IVC believes that it is therefore appropriate for CT/MRI fees to be set "starting from" given the variation in prices.
6. End-of-life care				

Treatment	Service information to be provided	Comment to the CMA ("standard" (FOP) template):	Inclusion in the Referral Provider template?	Comment to the CMA (Referral Provider template):
Euthanasia	Required: • Price, specified by species and weight category *"£x for euthanasia for a dog under 20kg"*		**Yes**	
Cremation: communal	Required: • Price, specified by species and weight *"£X for communal cremation for a dog under 20kg."*		**Yes**	
Cremation: individual	Required: • Price, specified by species and weight Optional: • Prices of add-on services *"£X for individual cremation for a dog under 20kg. Add-on services, such as vessel choice, are not included in this price"*	As the CMA has included in its Appendix A, IVC agrees that the inclusion of all the add-on services for individual cremations should be optional. IVC believes that it is important to specify in the price of the individual cremation that no add-ons are included (if that is the case for a practice), as we have included in the example notes.	**Yes**	
7.Specialist treatments and procedures				
N/A	**N/A**	IVC believes that it would not be appropriate for the CMA to include this list of specialist treatments and procedures for the majority of practices. IVC therefore has not included any specialist procedures in the first column.	**Yes**	IVC's view, however, is that the full list of specialist treatments and procedures contained within category 7 on the CMA's Appendix A would be useful to display for all Referral Providers. IVC also notes that Referral Providers should have the flexibility to include a wider variety of procedures. For

Treatment	Service information to be provided	Comment to the CMA ("standard" (FOP) template):	Inclusion in the Referral Provider template?	Comment to the CMA (Referral Provider template):
				example, if they are less Orthopaedic focused, they may desire an incremental set of procedures to be displayed. IVC does, however, strongly encourage the CMA to include the qualifications of the staff in each centre performing the treatment / procedure, to aid a meaningful comparison for customers. In addition, IVC believes the following service information should be provided: • Price range per species and weight category (where appropriate) • Qualifications of the staff performing the treatment/procedure • A note to caveat that prices are based on a 'healthy' patient with no co-morbidities and exclude any costs associated with unexpected complications. • A note to caveat that investigation packages cover investigation only and are not applicable to ongoing management costs. • Free text providing more information on the treatment/procedure, and how the price will be determined within the range. *"£X-Y for [treatment/procedure] for a dog under 20kg performed by X, qualified Y. Price may vary based on severity of condition or if complications arise."*

Annex B
Section(s) of IVC response responsive to CMA consultation questions

Question #	Consultation question	Reference to IVC response
Implementation of remedies		
1.	We welcome comments regarding our current thinking on the routes to implementing the potential remedies set out in this working paper.	Section E, Remedies 15, 17 – 24, 26 – 28: Various remedies relating to the new statutory regulatory framework, paragraph 6.7
Trialling of information remedies		
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.	Executive Summary, paragraph 1.7(v)
Remedy 1: Require FOPs and referral providers to publish information for pet owners		
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.	Section A, Remedy 1: Requirement for FOPs and referral providers to publish information for pet owners, standardise price list, paragraphs 2.11 - 2.13 Section A, Remedy 1: Requirement for FOPs and referral providers to publish information for pet owners, standardise price list, paragraphs 2.14 - 2.22

Question #	Consultation question	Reference to IVC response
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.	Section A, Remedy 1: Requirement for FOPs and referral providers to publish information for pet owners, standardise price list, paragraphs 2.13, 2.17 - 2.18, 2.23 and Annex A
5.	Do you agree with the factors [*animal characteristics, bundling services/treatments (e.g. neutering bundled with nursing care, post-op painkillers, cone), treatment complexity inc. severity, urgency, morbidities etc*] 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.	Section A, Remedy 1: Requirement for FOPs and referral providers to publish information for pet owners, standardise price list, paragraphs 2.12 - 2.13, 2.21, 2.23 and Annex A
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.	Section A, Remedy 1: Requirement for FOPs and referral providers to publish information for pet owners, standardise price list, paragraph 2.13 (iii)
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.	Section A, Remedy 1: Requirement for FOPs and referral providers to publish information for pet owners, standardise price list, paragraphs 2.11 - 2.13
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.	Section A, Remedy 1: Requirement for FOPs and referral providers to publish information for pet owners, standardise price list, paragraph 2.13(iii) Section A, Remedy 1: Requirement for FOPs and referral providers to publish information for pet owners, standardise price list, paragraphs 2.16 - 2.21

Question #	Consultation question	Reference to IVC response
9.	Could the standardised price list have any detrimental consequences for pet owners and if so, what are they? Please explain your views.	Section A, Remedy 1: Requirement for FOPs and referral providers to publish information for pet owners, standardise price list, paragraphs 2.13 - 2.23 Section A, Remedy 1: Requirement for FOPs and referral providers to publish information for pet owners, standardise price list, paragraph 2.28
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.	Section A, Remedy 1: Requirement for FOPs and referral providers to publish information for pet owners, standardise price list, paragraphs 2.6 and 2.13 - 2.23
11.	What quality measures could be published in order to support pet owners to make choices? Please explain your views.	Section A, Remedy 1: Requirement for FOPs and referral providers to publish information for pet owners, standardise price list, paragraphs 2.26 - 2.35 Section E, Remedy 16: New quality measures, paragraphs 6.12 - 6.15
Remedy 2: Create a comparison website supporting pet owners to compare the offerings of different FOPs and referral providers		
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.	Section A, Remedy 2: Creation of a comparison website supporting pet owners to compare the offerings of different FOPs and referral providers, paragraph 2.40
13.	How could a price comparison website be designed and publicised to maximise use and usefulness to pet owners? Please explain your views.	Section A, Remedy 2: Creation of a comparison website supporting pet owners to compare the offerings of different FOPs and referral providers, paragraph 2.40

Question #	Consultation question	Reference to IVC response
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?	Section A, Remedy 2: Creation of a comparison website supporting pet owners to compare the offerings of different FOPs and referral providers, paragraphs 2.44 - 2.46
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?	Section A, Remedy 2: Creation of a comparison website supporting pet owners to compare the offerings of different FOPs and referral providers, paragraphs 2.41 - 2.43
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.	Section A, Remedy 2: Creation of a comparison website supporting pet owners to compare the offerings of different FOPs and referral providers, paragraph 2.40(i)
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.	Section A, Remedy 2: Creation of a comparison website supporting pet owners to compare the offerings of different FOPs and referral providers, paragraphs 2.40(i) and 2.43(iii)
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.	Section A, Remedy 2: Creation of a comparison website supporting pet owners to compare the offerings of different FOPs and referral providers, paragraph 2.46
Remedy 3: Require FOPs to publish information about pet care plans and minimise friction to cancel or switch		
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.	Section A, Remedies 3, 4 and 6: Transparency remedies related to pet care plans, referral providers and certain business practices, paragraph 2.55(i)

Question #	Consultation question	Reference to IVC response
20.	How could this remedy affect the coverage of a typical pet plan? Please explain your views.	Section A, Remedies 3, 4 and 6: Transparency remedies related to pet care plans, referral providers and certain business practices, paragraph 2.55(i)
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?	Section A, Remedies 3, 4 and 6: Transparency remedies related to pet care plans, referral providers and certain business practices, paragraph 2.55(i)
Remedy 4: Provide FOP vets with information relating to referral providers		
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.	Section A, Remedies 3, 4 and 6: Transparency remedies related to pet care plans, referral providers and certain business practices, paragraph 2.55(ii)
23.	Are there any consequences which may be detrimental and if so, what are they?	Section A, Remedies 3, 4 and 6: Transparency remedies related to pet care plans, referral providers and certain business practices, paragraph 2.55(ii)
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?	Section A, Remedies 3, 4 and 6: Transparency remedies related to pet care plans, referral providers and certain business practices, paragraph 2.55(ii)
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.	Section A, Remedies 3, 4 and 6: Transparency remedies related to pet care plans, referral providers and certain business practices, paragraph 2.55(ii)
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.	Section A, Remedies 3, 4 and 6: Transparency remedies related to pet care plans, referral providers and certain business practices, paragraph 2.55(ii)
Remedy 5: Provision of clear and accurate information about different treatments, services and referral options in advance and in writing		

Question #	Consultation question	Reference to IVC response
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.	Section A, Remedy 5: Provision of clear and accurate information about different treatments, services and referral options in advance and in writing, paragraph 2.54
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.	Section A, Remedy 5: Provision of clear and accurate information about different treatments, services and referral options in advance and in writing, paragraph 2.52
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.	Section A, Remedy 5: Provision of clear and accurate information about different treatments, services and referral options in advance and in writing, paragraphs 2.50 - 2.54
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?	Section A, Remedy 5: Provision of clear and accurate information about different treatments, services and referral options in advance and in writing, paragraphs 2.51(ii) and 2.54
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?	Section A, Remedy 5: Provision of clear and accurate information about different treatments, services and referral options in advance and in writing, paragraph 2.54(ii)
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	Section A, Remedy 5: Provision of clear and accurate information about different treatments, services and referral options in advance and in writing, paragraph 2.51(iv)

Question #	Consultation question	Reference to IVC response
	mitigating against negative impacts to deliver an effective but proportionate remedy?	
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.	Section A, Remedy 5: Provision of clear and accurate information about different treatments, services and referral options in advance and in writing, paragraphs 2.50 - 2.54
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?	Section A, Remedy 5: Provision of clear and accurate information about different treatments, services and referral options in advance and in writing, paragraph 2.54(v)
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.	Section A, Remedy 5: Provision of clear and accurate information about different treatments, services and referral options in advance and in writing, paragraph 2.51(i)
Remedy 6: Prohibition of business practices which limit or constrain the choices offered to pet owners		
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.	Section A, Remedies 3, 4 and 6: Transparency remedies related to pet care plans, referral providers and certain business practices, paragraph 2.55(iii)
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	Section A, Remedies 3, 4 and 6: Transparency remedies related to pet care plans, referral providers and certain business practices, paragraph 2.55(iii)

Question #	Consultation question	Reference to IVC response
	out by an independent firm? Should a body, such as the RCVS, be given responsibility for monitoring compliance? Please explain your views.	
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.	Section A, Remedies 3, 4 and 6: Transparency remedies related to pet care plans, referral providers and certain business practices, paragraph 2.55(iii)
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.	Section A, Remedies 3, 4 and 6: Transparency remedies related to pet care plans, referral providers and certain business practices, paragraph 2.55(iii)
Remedy 7: Changes to how consumers are informed about and offered prescriptions		
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.	Section B, Remedy 7: Changes to how consumers are informed about and offered prescriptions, paragraphs 3.12, 3.15 and 3.18
41.	Do these written prescription remedies present challenges that we have not considered? If so, how might they be best addressed?	Section B, Remedy 7: Changes to how consumers are informed about and offered prescriptions, paragraphs 3.15 - 3.19
42.	How might the written prescription process be best improved so that it is secure, low cost, and fast? Please explain your views.	Section B, Remedy 7: Changes to how consumers are informed about and offered prescriptions
43.	What transitional period is needed to deliver the written prescription remedies we have outlined? Please explain your views.	Section B, Remedy 7: Changes to how consumers are informed about and offered prescriptions
Remedy 8: Transparency of medicine prices so pet owners can compare between FOPs and other suppliers		

Question #	Consultation question	Reference to IVC response
44.	What price information should be communicated on a prescription form? Please explain your views.	Section B, Remedy 8: Transparency of medicine prices so pet owners can compare between FOPs and other suppliers, paragraphs 3.23 - 3.24
45.	What should be included in what the vet tells the customer when giving them a prescription form? Please explain your views.	Section B, Remedy 7: Changes to how consumers are informed about and offered prescriptions, paragraphs 3.11 - 3.14 Section B, Remedy 8: Transparency of medicine prices so pet owners can compare between FOPs and other suppliers, paragraph 3.24
46.	Do you have views on the feasibility and implementation cost of each of the three options [*mandatory prescriptions with limited exceptions; price transparency with prescriptions containing the average or lowest online price per specific medicine; generic prescribing*]? Please explain your views.	Section B, Remedy 8: Transparency of medicine prices so pet owners can compare between FOPs and other suppliers, paragraphs 3.23 - 3.24 and 3.26 - 3.27
Remedy 9: Requirement for generic prescribing (with limited exceptions) to increase inter brand competition for medicine sales		
47.	How could generic prescribing be delivered and what information would be needed on a prescription? Please explain your views.	Section B: Remedy 9: Requirement for generic prescribing (with limited exceptions) to increase inter brand competition for medicine sales, paragraph 3.31
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.	Section B: Remedy 9: Requirement for generic prescribing (with limited exceptions) to increase inter brand competition for medicine sales, paragraph 3.34
49.	Are there any potential unintended consequences which we should consider? Please explain your views.	Section B: Remedy 9: Requirement for generic prescribing (with limited exceptions) to increase inter brand competition for medicine sales, paragraphs 3.31 - 3.35

Question #	Consultation question	Reference to IVC response
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.	Section B: Remedy 9: Requirement for generic prescribing (with limited exceptions) to increase inter brand competition for medicine sales, paragraph 3.35
51.	Would any exemptions be needed to mandatory generic prescribing? Please explain your views.	Section B: Remedy 9: Requirement for generic prescribing (with limited exceptions) to increase inter brand competition for medicine sales, Requiring generic prescribing is the wrong solution, with no pet owner benefits but material unintended consequences
52.	Would any changes to medicine certification/the approval processes be required? Please explain your views.	Section B: Remedy 9: Requirement for generic prescribing (with limited exceptions) to increase inter brand competition for medicine sales, paragraph 3.34
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?	Section B: Remedy 9: Requirement for generic prescribing (with limited exceptions) to increase inter brand competition for medicine sales, paragraphs 3.36 - 3.37
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.	Section B: Remedy 9: Requirement for generic prescribing (with limited exceptions) to increase inter brand competition for medicine sales, Requiring generic prescribing is the wrong solution, with no pet owner benefits but material unintended consequences
Remedy 10: Prescription price controls		
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.	Section B: Remedy 10: Prescription price controls, paragraphs 3.41 - 3.43

Question #	Consultation question	Reference to IVC response
56.	Are there any unintended consequences which we should take into consideration? Please explain your views.	Section B: Remedy 10: Prescription price controls, paragraph 3.43
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?	Section B: Remedy 10: Prescription price controls
58.	What are the costs of writing a prescription, once the vet has decided on the appropriate medicine?	Section B: Remedy 10: Prescription price controls, paragraph 3.41
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)?	Section B: Remedy 10: Prescription price controls
Remedy 11: Interim medicines price controls		
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.	Section B, Remedy 11: Interim medicines price controls, paragraphs 3.44 - 3.47
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.	Section B, Remedy 11: Interim medicines price controls, paragraphs 3.44 - 3.47
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.	Section B, Remedy 11: Interim medicines price controls, paragraphs 3.44 - 3.47
63.	How should any price control be monitored and enforced in an effective and proportionate manner? Please explain your views.	Section B, Remedy 11: Interim medicines price controls, paragraphs 3.44 - 3.47

Question #	Consultation question	Reference to IVC response
Implementation of remedies 7-11		
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.	Section B, Remedy 7: Changes to how consumers are informed about and offered prescriptions Section B, Remedy 8: Transparency of medicine prices so pet owners can compare between FOPs and other suppliers Section B, Remedy 9: Requirement for generic prescribing (with limited exceptions) to increase inter brand competition for medicine sales Section B, Remedy 10: Prescription price controls Section B, Remedy 11: Interim medicines price controls
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.	Section B, Remedy 8: Transparency of medicine prices so pet owners can compare between FOPs and other suppliers
Remedy 12: Restrictions on certain clauses in contracts with third-party out of hours care providers		
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.	Section C, Remedy 12: Restrictions on certain clauses in contracts with third-party OOH care providers (e.g. long contract lengths or large exit fees), paragraphs 4.3 and 4.6 - 4.9

Question #	Consultation question	Reference to IVC response
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.	Section C, Remedy 12: Restrictions on certain clauses in contracts with third-party OOH care providers (e.g. long contract lengths or large exit fees), paragraphs 4.10 - 4.12
Remedy 13: Transparency on the differences between fees for communal and individual cremations		
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.	Section D, Remedies 13 and 14: Transparency on differences between fees for communal and individual cremations; and price control on cremations, paragraphs 5.13 - 5.19
Remedy 14: A price control on cremations		
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?	Section D, Remedies 13 and 14: Transparency on differences between fees for communal and individual cremations; and price control on cremations, paragraphs 5.10 - 5.12
70.	What is the optimal form, level and scope of any price control to address the concerns we have identified? Please explain your views.	Section D, Remedies 13 and 14: Transparency on differences between fees for communal and individual cremations; and price control on cremations, paragraphs 5.10 - 5.12
71.	For how long should a price control on cremations be in place? Please explain your views.	Section D, Remedies 13 and 14: Transparency on differences between fees for communal and individual cremations; and price control on cremations, paragraphs 5.10 - 5.12

Question #	Consultation question	Reference to IVC response
72.	If a longer-term price control is deemed necessary, which regulatory body would be best placed to review and revise such a longer-term price control? Please explain your views.	Section D, Remedies 13 and 14: Transparency on differences between fees for communal and individual cremations; and price control on cremations, paragraphs 5.10 - 5.12
Remedy 15: Regulatory requirements on vet businesses		
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.	Section E, Remedies 15, 17 – 24, 26 – 28: Various remedies relating to the new statutory regulatory framework, paragraph 6.5
Remedy 16: Developing new quality measures		
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.	Section E, Remedy 16: New quality measures, paragraphs 6.8 - 6.10
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.	Section E, Remedy 16: New quality measures, Key principles to guide enhancements to PSS
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.	Section E, Remedy 16: New quality measures, Key principles to guide enhancements to PSS Section E, Remedy 16: New quality measures, Inclusion of NPS in a revised quality framework, as a consistent and accessible measure of customer satisfaction

Question #	Consultation question	Reference to IVC response
77.	Are there any other options which we should consider?	Section E, Remedy 16: New quality measures, Key principles to guide enhancements to PSS Section E, Remedy 16: New quality measures, Inclusion of NPS in a revised quality framework, as a consistent and accessible measure of customer satisfaction
Remedy 17: A consumer and competition duty		
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.	Section E, Remedies 15, 17 – 24, 26 – 28: Various remedies relating to the new statutory regulatory framework, paragraph 6.5
79.	If so, how should that duty be framed? Please explain your views.	Section E, Remedies 15, 17 – 24, 26 – 28: Various remedies relating to the new statutory regulatory framework, paragraph 6.5
Remedy 18: Effective and proportionate compliance monitoring		
80.	Would the monitoring mechanisms we have described [*registration, self-auditing, declarations of compliance*] be effective in helping to protect consumers and promote competition? Please explain your views.	Section E, Remedies 15, 17 – 24, 26 – 28: Various remedies relating to the new statutory regulatory framework, paragraph 6.5 Section E, Remedy 25: Establishment of a veterinary ombudsman, paragraph 6.19(iv)
81.	How should the monitoring mechanisms be designed in order to be proportionate? Please explain your views.	Section E, Remedy 25: Establishment of a veterinary ombudsman, paragraph 6.19(iv)

Question #	Consultation question	Reference to IVC response
82.	What are the likely benefits, costs and burdens of these monitoring mechanisms? Please explain your views.	Section E, Remedy 25: Establishment of a veterinary ombudsman, paragraph 6.19(iv)
83.	How could any costs and burdens you identify in your response be mitigated and who should bear them? Please explain your views.	Section E, Remedy 25: Establishment of a veterinary ombudsman, paragraph 6.19(iv)
Remedy 19: Effective and proportionate enforcement		
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.	Section E, Remedies 15, 17 – 24, 26 – 28: Various remedies relating to the new statutory regulatory framework, paragraph 6.5 Section E, Remedy 25: Establishment of a veterinary ombudsman, paragraph 6.19(iv)
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.	Section E, Remedy 25: Establishment of a veterinary ombudsman, paragraph 6.19(iv)
Remedy 20: Requirements on businesses for effective in-house complaints handling		
86.	Should we impose a mandatory process for in-house complaints handling? Please explain your views.	Section E, Remedies 15, 17 – 24, 26 – 28: Various remedies relating to the new statutory regulatory framework, paragraph 6.5 Section E, Remedy 25: Establishment of a veterinary ombudsman, paragraph 6.19(ii)
87.	If so, what form should it take? Please explain your views.	Section E, Remedy 25: Establishment of a veterinary ombudsman, paragraph 6.19(ii)

Question #	Consultation question	Reference to IVC response
Remedy 21: Requirement for vet businesses to participate in the VCMS		
88.	Would it be appropriate to mandate vet businesses to participate in mediation (which could be the VCMS)? Please explain your views.	Section E, Remedies 15, 17 – 24, 26 – 28: Various remedies relating to the new statutory regulatory framework, paragraph 6.5 Section E, Remedy 25: Establishment of a veterinary ombudsman, paragraph 6.19(iii)
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?	Section E, Remedy 25: Establishment of a veterinary ombudsman, paragraph 6.19(iii)
90.	How might any adverse or undesirable consequences be mitigated?	Section E, Remedy 25: Establishment of a veterinary ombudsman, paragraph 6.19(iii)
Remedy 22: Requirement for vet businesses to raise awareness of the VCMS		
91.	What form should any requirements to publicise and promote the VCMS (or a scheme of mediation) take?	Section E, Remedy 25: Establishment of a veterinary ombudsman, paragraph 6.19(iii)
Remedy 23: Use of complaints insights and data to improve standards		
92.	How should the regulatory framework be reformed so that appropriate use is made of complaints data to improve the quality of services provided?	Section E, Remedies 15, 17 – 24, 26 – 28: Various remedies relating to the new statutory regulatory framework, paragraph 6.5 Section E, Remedy 25: Establishment of a veterinary ombudsman, paragraph 6.19(ii)-(iii)

Question #	Consultation question	Reference to IVC response
Remedy 24: Supplementing mediation with a form of binding adjudication		
93.	What are the potential benefits and challenges of introducing a form of adjudication into the sector?	Section E, Remedy 25: Establishment of a veterinary ombudsman, paragraph 6.19(iii)
94.	How could such a scheme be designed? How might it build upon the existing VCMS?	Section E, Remedy 25: Establishment of a veterinary ombudsman, paragraph 6.19(iii)
95.	Could it work on a voluntary basis or would it need to be statutory? Please explain your views.	Section E, Remedy 25: Establishment of a veterinary ombudsman, paragraph 6.19(iii)
Remedy 25: The establishment of a veterinary ombudsman		
96.	What are the potential benefits and challenges of establishing a veterinary ombudsman?	Section E, Remedy 25: Establishment of a veterinary ombudsman, paragraphs 6.16 - 6.18
97.	How could a veterinary ombudsman scheme be designed?	Section E, Remedy 25: Establishment of a veterinary ombudsman, The existing complaints and redress system should instead be enhanced
98.	Could such a scheme work on a voluntary basis or would it need to be statutory? Please explain your views.	Section E, Remedy 25: Establishment of a veterinary ombudsman
Remedies 26 – 28: Effective use of veterinary nurses		
99.	What could be done now, under existing legislation, by the RCVS or others, to clarify the scope of Schedule 3 to the VSA?	Section E, Remedies 15, 17 – 24, 26 – 28: Various remedies relating to the new statutory regulatory framework, paragraph 6.6

Question #	Consultation question	Reference to IVC response
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?	Section E, Various remedies relating to the new statutory regulatory framework, paragraph 6.6
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?	Section E, Remedies 15, 17 – 24, 26 – 28: Various remedies relating to the new statutory regulatory framework, paragraph 6.6
Proportionality		
102.	Do you agree with our outline assessment of the costs and benefits of a reformed system of regulation? Please explain your views.	Section E, Summary of IVC's views Section E, Remedies 15, 17 – 24, 26 – 28: Various remedies relating to the new statutory regulatory framework, IVC welcomes the proposed reform of the statutory regulatory framework
103.	How should we develop or amend that assessment?	Section E, Summary of IVC's views Section E, Remedy 16: New quality measures Section E, Remedy 25: Establishment of a veterinary ombudsman
104.	How could we assess the costs and benefits of alternative reforms to the regulatory framework?	Section E, Summary of IVC's views

Question #	Consultation question	Reference to IVC response
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)?	Section E, Remedy 25: Establishment of a veterinary ombudsman, The existing complaints and redress system should instead be enhanced, paragraph 6.19(iv)(a)