

CMA Response

I have attempted to respond to most of your questions and reached some conclusions at the end of my response.

Question 1:

I agree any remedies must be proportionate and support your guidelines of what is a proportionate remedy. I would emphasise the point remedies must not produce disadvantages which are disproportionate to the aim as I believe several of your suggested remedies will lead to. An awareness of the potential and in several cases highly likely negative effects of remedies needs to be fully understood and mitigated against.

We will obviously comply with any CMA orders but there needs to be a full understanding on the costs associated with these orders and the structural changes that will impose on our business model and the likely repercussions on our clients that I believe will lead to a significant increase cost of veterinary care provision.

Question 2:

Trials may be appropriate however be aware that changes to business models will have to be made during the trial and it may be very hard to undo the damage created once the trial period has finished with significant disruption to businesses and client. It maybe that you look at changes of the price paid for medication to assess the response to your trial or has there been an uptake in the use of prescriptions outside of FOC, however a more informative and realistic measure would be the overall cost of veterinary provision that a client has to pay which in my opinion will remain the same or increase given the burden many of your remedies will add to our business.

Question 3:

Yes, the list looks to be relatively comprehensive

Question 4:

For a fixed cost item such as consultation the list is feasible, however where treatment options are included this becomes much harder as part of contextualised care means giving owners treatment options therefore the same condition will have a multitude of different prices.

Also, when medication is involved, costs will change as drug manufactures increase their prices, making administration of the constantly changing prices difficult.

I am also concerned that publishing the range of prices of a procedure such as mass removal will not be informative as this can be a very simple procedure to one of the most complex procedures we carry out depending on the size and nature of the mass therefore making comparisons impossible.

Question 5:

By selecting factors, you are standardising business models on how and what we charge for, which will reduce innovation and competition. Where we as a business are trying to simplify its charging by including all the costs under one fee you will be expecting these costs to be separated out. For example, lab fees include the sampling handling and interpretation as part of the cost, you will require us to strip this out reducing efficiency and leading to increased levels of miss charging with our business, increased time to create estimates as more items need to be included and more errors in estimating due to omitting items.

Where you are expecting a standard weight range many products for example flea treatment have different weight brackets.

Question 6:

As stated above ranges could well be incredibly challenging as every patient and condition is unique, making comparisons very difficult for owners without competing FOPs having had a look at the condition themselves to be able to judge to cost.

Calculating price ranges may be difficult without spending time data trawling looking at the range of prices charged especially where a practice charges based on time taken for a procedure.

Question 7:

I agree this could be useful to owners if the items included on the list are easily comparable hence my preference to only include fixed priced items at a set weight point.

Question 8:

I do not have any issues with a standardised price list so feel this is proportionate if the list is appropriate.

Question 9:

Owners are not clinically trained and may start questioning why prices quoted are not at the bottom of ranges for procedures with a range of prices thus creating a loss of trust between owners and clinicians. Also, owners will not be able to compare

procedures with ranges without getting a second opinion as it can be impossible to estimate without assessing a patient.

There is also a risk that practices will lose lead for the set price list to gain work, to offset this there will be an increase in price in other procedures.

Question 10:

For fixed price items I can see no issue for a standardised price list but as explained above there could be issues for procedures with a price range.

The risk with clients shopping around for procedures means we lose a vital part of veterinary care is continuity of care and potentially of breakdown of trust between practices and clients.

With procedures such as mass removals, we are not going to be able to give a price over the phone or on our website. We will need to physically see a patient to make an assessment before we can accurately give a price for a procedure which will lead to a further cost for the consumer and an increased workload for the practice providing the second opinion.

Question 11:

This could be very difficult to produce without knowing what information needs to be collected to provide this data. Without all complaints and issues being processed and recorded by a central body you are relying on all practices to be open and honest. Having a compulsory inspection process and scheme enrolments will again be adding further costs onto business which will be passed on to the consumer. Smaller practices may well find the cost of compliance disproportionately burdensome.

If going down a PSS an inspection could grade a practice compared to set of clinical standards and given a rating.

A standardised feedback form could give useful information to aid the consumer in choosing different vet practices. This data could be made available on a consumer information website. Feedback could include information on convenience, waiting times, value for money etc

Question 12:

I would suggest that standard list of fixed price procedures is included; by including comparisons to on-line pharmacies, you appear to be favouring one type of business over another. This will especially hit independent first opinion businesses as it will drive work from these practices to online pharmacies, who are typically owned by LVG's, this will lead to a significant loss of competition as this is an income stream lost from our business passed directly to a competitor.

By creating composite price lists you are again standardising business models as practices will build the businesses around these models and may loss lead these services to create a false impression of that business.

You also must compare like with like as different practices may have developed different procedures for similar situations. For example, some practices will take X-rays of all their dentals, others will not.

It will also lead to significant costs in compiling these prices and administering them as drug prices vary through the year.

Question 13:

It can be linked off practice websites.

Question 14:

A single site will be the most effective operated by the RCVS or authorised third party provider if there is not a significant cost added to practices to create this site. If operated by a third party, they may be able to monetise the website in a way that practices do not have to contribute to the running costs.

Question 15:

Significant time will be required in compiling the required composite prices and standardising our pricing model to fit the required criteria. Updating the prices as drug prices vary through the year. Again, the administrative costs will be passed onto the consumer. The easiest way to resolve this is to only include fixed priced fees in the list.

Question 16:

It is doable but will require a complete change in our business and pricing model which will become standardised across the whole veterinary industry, stifling innovation and choice.

There will also be a significant administrative burden in compiling the range of information required as suggested, which will disproportionately affect small businesses as they do not have a centralised administrative team.

Question 17:

This information is very hard to be given in this format as there is an element of contextualised care for every patient and every situation is different making price comparison all but impossible. Some procedures are far easier to a give a fixed price where there is little variation in complexity and medicine use between patients such as a TPLO , whereas a procedure such as lump removal can very straight forward to incredibly complex.

Question 18:

This must either be funded by the industry which will create another cost to be passed onto the consumer, the consumer must pay a fee to make use of the website, or the website could run adverts to cover its cost of administration. The third option is my preferred option as there is no additional cost to the consumer.

Question 19:

We may have a loss of clients from the scheme, reducing the businesses regular income stream, the impact may be felt more keenly in smaller practices that have variable workloads whereas LVG's may incentivise clients to use their own online pharmacies as part of their scheme. Again, it feels that you are favouring online businesses owned by LVG's over bricks and mortar independent businesses who spread their income over fees and medicine sales.

By requiring a statement of usage, you will be creating a large administrative burden on practices. There must be an element of owner responsibility on how much use they make of the scheme if the scheme benefits have fully explained and understood.

There may also be an impact in that clients may start demanding refunds if they have not taken up the scheme fully.

I do believe it is essential the consumer has all the information about the scheme before signing up. So, it is not unreasonable for practices to list out the prices if purchased separately so they can see where the savings are however comparing to on-line is driving work out of FOP to a competitor as the major online pharmacies are owned by LVG.

Question 20:

As an independent practice if these remedies are bought into place, we will need to consider whether there is any benefit in providing a scheme for our clients and may well consider dropping our scheme which will increase costs to many of our clients.

Question 21:

Smaller business may not have the administration team to provide the information requested whereas large practices may have many clients on the scheme meaning a large amount of time is needed to bring the information together.

For a practice of our size, we are looking at a least a month's work for one of our practice administrators to provide the information required for our clients, this is a massive cost burden which will be passed onto the consumer. It could well be that LVG's have the scale to develop software that can easily manage these requirements

which would not be available to independent practices thus reducing our ability to compete.

Questions 22-26

When choosing a practice to refer to we consider several factors

1. Specialism, there are various levels of further qualifications of the specialist that clients do not always understand. Making a purely price comparison unreliable. A diploma holder has a significantly higher qualification than certificate holder.
2. Availability, this can vary depending on the workload of the referral centre.
3. Location, how easy it for clients to travel.
4. Our time, it is not feasible to expect us as a FOP to spend a significant amount of time exploring all the various referral options and communicating this to clients. If there is a significant increase administrative burden the costs will be passed to the consumer.
5. Relationships, these are built over time with various referral providers that support us as an independent practice and provide a service we trust to recommend to our clients.

Question 27:

This requirement is going to create a significant administrative burden on our vets. To provide this we will need to provide time for the vets to bring the information together which will increase costs to clients or add extra stress already under pressure professionals which may affect their ability to provide high quality care to their patients. The higher the level that this information is required the less of an impact these changes will have on fees. I would suggest the £1,000 threshold. I

Question 28

This entirely depends on the condition, in some cases a few days would be reasonable as the condition is semi urgent, others a month in non-urgent situations would be reasonable. Owners should be entitled to waive thinking time as it is their decision.

Question 29

I agree with this statement as there are situations where immediate treatment is needed.

Question 30

Large as it will take significant time to produce written options with all the information required, although this can be standardised each patient will need to be looked at isolation as every case is unique requiring vets to take significant time putting everything into writing. I do believe verbal information should be appropriate otherwise

vets will be using their valuable writing reports rather than caring for their patients. Rather than driving down costs for the consumer this remedy will significantly increase them. Assuming vets need an extra 5 minutes per consultation we will see a reduction by a third in the number of patients we can see in an hour and thus fees will rise by a third.

Question 31

Advantages are you know clients have received it and acknowledged it however, these will likely be emailed out after a consultation and before a procedure therefore we may not get written confirmation of receiving the information easily.

Question 32-33

Increased costs as vets will need time to produce these reports, these costs will be passed to the consumer. It may also lead to a significant increase in requests for second opinion consultations from other practices, these are stressful time-consuming consultations which will add pressure to already limited vet resources. By encouraging clients to shop around you are encouraging a breakdown in trust between veterinary professionals and their clients. A key part of veterinary care is continuity as this allows vets to know their owners, understand their needs and provide the best care for their pet in their situation.

We are already running a waiting list for clients to register due to the demands placed on our vet team, so we are not able to take second opinions from other practices at this time.

Second opinions are charged for consultations so another cost for the consumer to consider.

Question 34

Vets have a requirement for CPD as part of this various options should be included in treatment suggested at this training including potential costs.

Question 35

These again totally depends on the condition and treatment options available, so impossible to answer as every case is unique.

Question 36

This is a difficult question to answer, where do you draw the line on which business activities that should be prohibited. We offer the vets an out of hours bonus for patients they see overnight. This is to reward them for unsociable hours not as an incentive to see more patients out of hours however depending on the wording this could be prohibited.

It is also impractical to be able to provide every option of treatment available due to the cost of providing that service or product therefore there will always have to be a degree of limitation.

One of the challenges as a business owner is helping the team understand that we are business that needs to sell its services to remain profitable and be able to invest. We do need to ensure that work done is correctly charged as there can be a tendency to start discounting work done and under charging. By bundling linked items together, we are ensuring that everything is charged correctly. For example, a sampling, handling and interpretation fee with lab work as the combined price is what the consumer will pay at the end whether bundled or not.

The RCVS are the obvious body to monitor this if the LVG are not disproportionately represented on the governing body.

Question 37

Internal audits and self-certification should be enough with spot checks and if a concern is reported

Question 38

As LVG are owned by large corporate bodies that are answerable to their shareholders wanting returns on investment it could be argued that there could be incentives to limit choice affecting the greatest number of consumers

Question 39

Again, this is difficult to answer as internal guidance can include best practice that has been recommended or after a discussion in a vets meeting. We need consistency across our team as there is nothing more upsetting for clients leading to a loss of trust than receiving multiple different treatment options from different vets. Depending how this is implemented you could end with businesses working with one arm tied behind their back or being unable to manage their team to ensure efficient running of the business.

Question 40:

Where medicines are needed for the immediate start of treatment protocols then these should be excluded from mandatory prescriptions.

Question 41:

Yes, there will be significant challenges for us as a business. We pride ourselves in charging fairly across the board making a margin professional fees and medicine sales. By taking away a significant part of our business you are disproportionately benefiting the LVGs as they still retain the sales through their online pharmacies. As we need to

remain a profitable business any lost income will have to be made up by increasing professional fees up to the levels already being charged by the LVGs and thus reducing the level of competition. Overall, there will be no net reduction in fees charged and, in some situations, there will be an increase as we will be charging our professional fees fully and we will not have the ability to reduce our consumer costs paid to us through the sale of different medicine choices.

If we are mandated to give a written prescription for every medication we wish to prescribe we will need to build in a written prescription fee into our charging this will have to be charged whether the prescription is redeemed in our FOP or online this will be another cost to owners.

We also need to consider time taken to provide these written prescriptions; this will eat into our vet teams time putting them under increased pressure and limiting their time to treating their patients.

Question 42:

An online portal that connects to our PMS and creates the prescription at point of sale would be the most efficient way to make this change. However, there will be a knock-on effect for FOP as there will be increased steps if the client wants the prescription used within the FOP

Question 43:

This depends how long it would take to develop an online portal and connect the PMS systems to this.

Question 44:

If we are going to be mandated to go down this route the FOP cost for medication and the average online charge.

Question 45:

Vets are already under significant pressure which will be increased by all your remedies if you are mandating further communication, they will become overwhelmed. By including a price comparison on the prescription form you are inviting the vet to have to explain repeatedly why our fees are as they are. This will lead to a breakdown of trust between vet and consumer, lead to increased stress on an already under pressure profession and likely lead to vets leaving the profession in higher number than are already thus leading to a reduction in animal welfare.

Question 46:

Who is going to pay for a portal? What would the timescale of development be? How do we ensure that practice information is up to date on the portal unless all PMS systems

are mandated to communicate with a portal. If there is not a simple system to provide the information required, you are putting further significant pressure on vets to research and provide this information.

Question 47:

Changes would need to be made to our PMS systems, so medicines are loaded under their generic name rather than their trade name. The prescription would need to include the species so only medicines licensed for that species are offered by the pharmacies unless a medicine is being used on the cascade where the vet would need to include a reason why going off licence.

Question 48:

This would need to be discussed with the VMD for their opinion and guidance.

Question 49:

Over time we build up relationships with drug companies and their representatives through training and product advice. If we must prescribe using generic names rather than specific products there will be no incentive for companies to build relationships with FOP, they will only work with online pharmacies. There will also be a significant loss in purchasing power of FOP which may mean we will not receive the purchasing discounts that online retailers, owned by LVG, receive thus skewing the market further in their favour.

I would argue that discounting of medicines by pharmaceutical companies dependent on purchasing power should cease. Instead, the price paid for pharmaceuticals by FOP, LVG and online retailer should be the same ensuring everyone is given the same opportunity to compete.

Pharmacies must be aware of what species a medication is licensed to be used in.

Question 50:

Certain NSAIDs and antibiotics for example. Where a product has come off patent and generics are being produced these can be investigated.

Question 51:

Yes, for example, where their sensitivities to other ingredients in a formulation. We do see allergies to some palatable options of medications.

Question 52:

This is for the VMD to advise.

Question 53:

Manufacturers should be able to inform us where medicines are equivalent as part of the licensing authority.

Question 54:

Vets can prescribe generics if the online pharmacies have a database of equivalents and species they can be used with.

Forcing vets to give a list of branded/equivalent would give another significant administrative burden taking time and leading to increased costs likely to be passed to the consumer.

Question 55:

By introducing a prescription price control, you will only be shifting the loss of income to other practice fees. As a business we need to maintain our profitability so a reduction of income in one area will have to be made up in another. This means clients will not be making an overall saving.

Question 56:

Other professional fees will be raised significantly to offset the loss of income.

Question 57:

We are meant to be independent businesses by bring in price caps you are distorting the market and prevent businesses managing their prices in a way that is most appropriate for them. If we are having to publish a set price list clients will be able to readily compare prescription prices and make the appropriate decisions without central control.

If you are going down this route a fixed fee is the most appropriate.

Question 58:

This should not be looked at purely costs and time as with all other professionals, vets have a professional responsibility whenever they sign a document, this reflects their training and professional status which can be removed if this is misused. This professional responsibility has a value which is why medics and lawyers will charge a significant amount when asked to sign a document.

You are potentially devaluing a hard-earned veterinary qualification.

If looking at time 10 minutes of chargeable time would be reasonable to create, review and approve a prescription.

Question 59:

Costs involved, pharmacy team wages, reception time to hand out the medicine, labels and medicine bottles.

Question 60:

This does not seem reasonable at all, every business has an individual markup on their medications. We make a margin on all parts of the business; you will be restricting our ability to set our pricing structure in the best way for our business.

A simple solution to reducing the price of medicines across the board would be to prevent drug companies offering discounts based on purchasing power. Instead of a list price and a net net price we pay after discounts a simple bottom line price that is the same to all practices whether a small or large independent FOP or a LVG would make choosing which brand to stock easier to compare on price and mark ups would be based on purchased price rather than list price. This will allow new entrants to the market to be purchasing medicines at the same price as LVGs.

The risk of restricting price means some businesses with higher discounts will be making a higher margin on pharmaceutical sales than a business with a smaller discount.

Margins will be eroded if prices of pharmaceuticals increase and businesses are not allowed to increase their prices.

Question 61:

How do you compare practices with different mark ups by reducing prices across the board you are penalising those businesses that have a reasonable markup as well as those that have a large markup.

Question 62:

The top 100 seems reasonable, if you are going down this route. How do you decide on the top 100. Wholesaler purchasing information?

However, there will be a temptation to increase margins on non-price controlled medications or human medications sold.

Question 63:

Self-declaration and spot checks to keep the administrative burden to a minimum. A veterinary information website could also have information on maximum prices so that consumers can report non-compliant businesses

Question 64:

The system needs to be integrated into our PMS otherwise the veterinary team will be spending time recording prescriptions in the PMS and duplicating this on a prescription

portal, including adding patient details, thus leading to increased time for each consultation and time costs which will be passed onto the consumer, as well as increased time pressure on vets and reduced animal welfare.

Question 65:

How ever a system is funded, whether through pharmacies or FOP the cost will be passed to the consumer in some form or other.

Question 66:

3- 6 months would seem reasonable notice period.

Question 67:

We provide our own OOH care so not in a position to answer.

Question 68:

Every vet I have worked with and employed has always approached euthanasia and loss of pets with great empathy and care. As you say this is an emotional time for client as well as the vet. Costs should be transparent at this time to enable owners to make an informed choice.

However, by talking about money at every point at this time also leads to the impression that as a profession we only care about money and not putting the patient and client first which will lead to a loss of trust.

It would not be unreasonable to include a cost range in a standard price list and on the consent form.

Question 69:

If this is instigated, it should be across the industry to ensure a level playing field if the purchasing price of cremations is consistent. As many crematoriums are now owned by LVGs they can control the market by charging FOP more than their own practices. We also have discounts being applied to practices with higher purchasing power.

Question 70

I do not believe price controls should be implemented as again you are controlling the market and businesses from a central standpoint. You are again only looking at a small part of a business and its charging in isolation. Who decides what is a reasonable markup? To place this burden on one industry and not others does appear to be arbitrary and excessive central control on businesses.

The risk of price controlling cremations is that this margin is passed to the fee for euthanasia. This could increase costs for clients especially those wanting communal cremation. There could potentially be issues for animal welfare in that case as owners put off difficult decisions due to cost or just abandon their pets.

Question 71

Question 72

If this remedy is carried out, then the RCVS as part of a practice standards scheme.

Question 73:

Regulation of vet businesses does seem to be appropriate, and the RCVS would be the appropriate body if it is truly independent and unduly influenced or controlled by the LVG who have significant block voting to gain members on the council.

Question 74:

There is an opportunity to promote a successful practice with high quality standards within this remedy, however the challenge is how these standards are measured and defining what are appropriate standards that do not lead to excessive administration and increased costs to achieve.

We need to develop appropriate levels of quality that reflect the work done within the practice.

Question 75:

Potentially yes if the public is aware of what is being measured and its appropriateness to their needs.

Question 76:

You would need different categories of practice and have standards that are achievable at each level of the veterinary profession.

Question 77:

Overall, a well-designed practice standards scheme that is well promoted and accessible could be very positive for the profession and consumer.

Question 78:

This entirely depends what form this takes, if increased competition requirement increases the cost of running a veterinary business, providing veterinary care and places undue pressure and burden on individual veterinary surgeons, then the consumer is worse off than if you did not have this provision. Also, constant regulatory

changes can be challenging in the business environment. We would need a regulator that understands the pressures and challenges of running a veterinary business to ensure any consumer and competition requirement is proportionate, fair to all parties and does not stifle business innovation by being too tightly controlled.

Question 79:

The regulator must consider and put in place regulation that support open competition that does not hinder the ability of business types to compete fairly between each other, promoting one model over others.

Question 80:

If new regulation is developed then monitoring to ensure compliance seems appropriate. It could help protect consumers and competition if the factors are relevant to their needs from a veterinary practice.

Question 81:

These need to be informative enough that the correct information is available but light touch so that a massive increase in business administration is avoided. Self-certification with a proportion of practices inspected yearly seems appropriate

Question 82:

The benefits are that clients can directly compare standards of different veterinary practices and make choices accordingly. Costs and burdens could be high depending on the level of administration in reaching and proving that selected standards are met. This could be through time our management team needs to put in to reach the standards or through extra time vets need to ensure that they give clients the information required by the regulation. If there is a significant amount of administration increasing costs these will be passed to the consumer.

Question 83:

As we need to remain a profitable business cost will naturally pass to the consumer in the form of increased fees. We cannot afford to absorb extra costs as a business. Costs could be mitigated by ensuring the proposed scheme and monitoring is not excessively administrative and would fit within reasonable requirements of a well-functioning business.

Question 84:

It seems appropriate for a regulator to have these powers as the limited scope of the RCVS to regulate individuals seems to be inadequate in the current make-up of the Veterinary profession.

Question 85:

The benefit is proportionate sanctions can be given to businesses and individuals that do not meet their regulatory requirements. Time will need to be given for businesses to adapt to and make the changes required by the change in regulations.

Question 86:

This would be reasonable, so owners receive a consistent response to complaints across the whole profession.

Question 87:

A requirement to acknowledge a complaint within a set timeline and respond fully within a set time frame once investigations have been carried out with a full response. All complaints should be recorded maybe under a central system with the practice response and monitored to ensure no patterns developing. Complaints should also be used as an opportunity within a practice to learn where processes and systems can be looked at and improved as part of a process of continued learning. There should be systems in place to support teams without leading to unnecessary blame and stress where complaints happen such as the excellent VetSafe system and training from the VDS.

Question 88:

Having been used the VCMS for a couple of situations overall the experience was positive and would support this change.

Question 89:

The only negative was with a vexatious claim where a settlement was agreed to put an end to the situation and to protect one of our vet team from a cruel personal attack. There must not be a settle at all costs approach which will only add further costs to a business.

Also funding the scheme is a potential cost on veterinary businesses unless it becomes self-funding by taking a % of agreed settlements.

Question 90:

It must be totally independent with clinical experience and be willing to support vet businesses when they have done no wrong but strong enough to reach settlements when one is due.

Question 91:

They could be promoted in any response to complaints and accredited on practice websites.

Question 92:

This is something that could be investigated as complaints data can identify areas where continued improvement within the profession as a whole and individual FOP can be worked in. If the data is used in a positive way to develop best practice. The VetSafe system developed by the VDS is something we would support mandatory use of and training on how to understand the data collected.

Question 93:

Benefits would be a way for complains to be handled and sorted independently and lead to closure where redress to the consumer is due but would also protect vets from spurious claims. The challenge would be the cost of running such a scheme and who would pay for it? Depending on the level of complains in the profession this could potentially be a disproportionate cost placed on the profession.

Question 94:

This could be the final port of call where agreement is not reached with VCMS and a panel of experts can adjudicate on the case where professional misconduct is not involved but where there is no agreement through mediation. The weakness with the VCMS is it is run by lawyers rather than veterinary professionals.

Question 95:

My preference is for statutory as this ensures that clients and vets are treated fairly across the profession.

Question 96:

The benefits are there is an established body dealing with complaints that the consumer can readily identify and use. Risks are the cost of running such a body, the time taken for practices to respond to inquisitorial investigations and the extra administrative costs in responding to these issues.

Question 97:

Question 98:

This would have to be statutory to ensure consistency across the profession and fairness for both consumer and vets.

Question 99:

A communication and campaign to all practices, vets and nurses to inform what schedule 3 allows RVN's to do. This should be led by the RCVS.

Question 100:

Advantages are increased job satisfaction and career progression for nurses. Workload can be reduced for vets by nurses taking on some of the burden from them. Businesses and clients will benefit as procedures can be carried at a lower price point.

Unintended consequences could be who is responsible if something goes wrong, the RVN, a Veterinary Surgeon having oversight or the business. Potential profiteering where a procedure is charged out as if a Vet is carrying it out rather than an RVN. We would need clear guidance of where the role of an RVN ends and a Veterinary Surgeon takes over.

Question 101:

As per answer for 100.

Question 102:

As there will be a cost to these changes you rightly identify these will be passed onto the consumer. I do not believe there will be significant savings from your proposals as we will need to maintain our current level of profitability to invest in and develop our business and team. If we do not maintain profitability in the worst-case scenario, we would have to look at reducing our costs and this would most likely mean staff redundancies.

Question 103:

You need to understand all the costs and pressures of running a vet practice and the challenges vet teams are under during the working day. I would ask that you spend time in practice observing and talking to working teams to understand the veterinary profession and how it works. We would be delighted for an investigator to spend a week in our practice observing and talking to our team and management to help understand how our practice functions day to day and the pressure we are under to meet consumer needs.

We are increasingly seeing vexatious complaints that are not resolved by reasonable and explained responses. There is already a significant time cost in responding to some of these complaints. Adding a further cost on top of these unresolved complaints onto businesses and not the person making unreasonable complaints is both unfair and unreasonable. Maybe costs should be apportioned depending on each situation where businesses are found at fault paying but where an unfounded unreasonable complainant has the risk of costs being passed to them.

Question 104:

Look at the time involved to manage those changes, and the ongoing administrative time required to understand the costs. Take time to discuss with working FOP to understand how potential reforms could affect the way a business works and runs.

Question 105:

Wherever the funding comes from ultimately costs will be passed on to the consumer in the form of increased fees as many businesses especially independent practice will not be in position to absorb extra costs especially given the recent government changes to taxation, minimum wage and National Insurance. If the funding is separated into different areas, we can have an understanding what each area is costing to fund and whether it is offering value for money.

Conclusion

We work with and employ an amazing team of veterinary professionals who work incredibly hard in often high-pressure situations to do their absolute best for their patients and owners. We work incredibly hard to be fair with our charging for our clients, our team and ourselves. Over the last 12 months we have been operating at 15% Net profitability, from this we pay our directors dividends to top up their salaries to an appropriate level, invest and grow the business and pay taxes that contribute to society.

We already have a profession that feels demoralised and unappreciated, vet and vet nurse salaries are already below what equivalent qualifications are earning, we struggle to recruit and retain high quality professionals within the veterinary profession. By implementing many of the remedies you suggest you are adding extra burdens on to already stretched profession and adding significant administration onto small private businesses. I would also be concerned the remedies suggested could break the relationship between consumer and vet by bringing everything down to the bottom line of cost. Our vet team carry out approximately 300 consultations a month, imagine having to explain and justify why our medicine costs are higher than the quoted online price multiple times a day. This will be incredibly challenging and unfair on our team and could drive people out of the profession leading to a reduction in animal welfare.

The extra administrative expectations also come at a cost, we do not have the financial capacity to easily absorb the increased burden, we also cannot afford to lose the profits that medicine sales bring us. We will be left with three options, make staff redundant, massively increase our professional fees or sell our business to an LVG.

We all want a profession where we can compete fairly and evenly in order that we can have a strong profitable business that focuses on high quality care for consumers putting patient welfare at the forefront of their work. New entrants need to be able start

businesses that can compete and thrive to drive innovation and competition. The risk with your remedies is that all businesses are built around the template you have created thus preventing adaption and innovation.

Some suggestions of areas to look at:

- Discounting of medicines from suppliers. If this was prohibited it would mean the purchase price is the same for a small FOP, LVG, and online pharmacy ensuring a level playing field and helping the small FOP compete directly with and LVG which has increased purchasing power.
- Mark ups of medicines to based on purchase price rather than list price. If everyone is paying the same purchase price this will ensure all practices whatever the size is making the same margin if selling the medicine at the same price as each other.
- If prescriptions are going to be mandatory, divest LVG groups of their online pharmacies as they have the resources to ensure these pharmacies are high on google rankings and can easily out compete smaller startups leading to a loss of competition. Every prescription we issue is potential income we have lost, whereas the LVG are able to retain this income within their overall business allowing them to out compete FOP.
- Create an independent information website to help the consumer understand the cost of veterinary care, how to choose a vet practice, and options available for different conditions. There could also be a section to identify local practices and their reviews using a standard review format which collects information relevant to the consumer, which will be an honest way for the public to gain an impression of the practice. This website could be promoted by all in the vet profession and the consumer sign posted to review practices.
- Practices to have a price list on their website which will quote procedures as charged.
- Regulate businesses and vets to be honest and upfront about charges as far as reasonably possible. Mandating written reports could be a significant administrative burden to place on vets so regular verbal information is appropriate, and this could be one of the criteria the consumer reviews a practice on, if regulations are fair and proportionate.
- We support changing how the profession is regulated by including businesses as well as individual vets within the regulations.
- Any significant changes to be implemented must allow time for businesses to change, adapt and allow the process of change to reviewed to ensure it is having the desired response. Large wholesale changes will cause significant pressure and disruption on practices and may drive people away from the profession.

We as a business have tried to engage positively in this process and hope that positive remedies can be developed that support the consumer and allow businesses to thrive.

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