

Response from the Progressive Veterinary Association, May 23rd 2025

We are extremely concerned by the direction of travel of the remedies working paper.

The CMA enquiry was largely initiated due to the high costs of veterinary care, in particular those fees charged by veterinary corporations or LVGs (large veterinary groups). We believe that remedies are required to counter the local and regional monopolies set up by LVGs, as well as their domination of OOH (out of hours) services and, in some instances, of referral centres, online pharmacies and cremation services via a 'spoke and hub' arrangement.

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We feel it unlikely that the majority of independent practice owners are both aware of, and have sufficient time to respond to, this 162 page document within 4 weeks. However, we believe that the suggested remedies would cause severe consternation for the majority of independent owners, were they to be aware of them. Whilst veterinary professional bodies and LVGs will have the scale to be able to respond to this document, we believe that very few independent practicing veterinary surgeons or members of the public will have the capacity to respond. This skewing should be taken into account in analysis of the responses.

For a thriving veterinary profession offering a range of quality services and good value to clients, there needs to be a diversity of business models, including small, independent and local businesses. Such competition will ensure future economic resilience in the sector, rather than solely relying on a corporate model which cannot ensure ongoing value for clients, given its focus on profits for investors.

We urge you to please carefully consider our arguments. We are a truly independent veterinary body and none of our funding comes from LVGs, pharmaceutical companies, online pharmacies, out of hours providers, referral centres or crematoria.

1. Breaking up local and regional monopolies

The remedies do not propose to take any action in this regard, and ‘monopoly’ is only mentioned twice in this remedies document (with one mention of duopoly). We consider this to be a very severe failing and that this should be front and centre as the most important of all the remedies which could be taken. There can be no fair competition if one company owns the majority of first opinion practices (FOPs), OOH services, referral centres or allied services in a region via a spoke and hub arrangement. Our experience of local monopolies does not chime with the parameters

detailed in your report ie that monopolisation only impacts less than 4% of the UK. We note an emphasis in the remedies document on independent practices opening more new practices than LVGs since 2014. However this is not countered by clearly stating that despite this, the percentage of practices owned by LVGs has increased from 10% in 2014 to 60% by 2025, which should in our view be the headline statistic. We suggest that legislation limiting combined LVG ownership to 50% of practices and 50% of allied businesses in the UK in total, and limiting individual LVG's to a maximum of 50% of practices and 50% of allied businesses per region (eg county) should be considered. Consideration should be given to limiting the number of practices (to perhaps a figure between 30 and 100) which can be owned by one particular organisation or group. An independent body with both power and objectivity should be responsible for overseeing this process.

2. Driving business from veterinary practice to online pharmacies

We believe that one stated aim of the remedies, to drive business away from practices to online pharmacies, may be overlooking a fundamental problem in this market. Online pharmacies are owned by corporations and in some cases by LVG's. Lowering the revenue received from the supply of medicines to the public by independents could put them out of business. We believe the cause of the apparent disparity in prices charged to the public for medicines should be examined: namely that independent practices are offered prices by their wholesalers for medicines which can be equal or sometimes above the price at which online pharmacies sell them to the public. The CMA should look at ways of levelling the playing field such that independents are able to purchase medicines at the same price as LVGs/online pharmacies, and therefore have a chance of being competitive in the market, and thus keeping their clients' business. Penalising independents solely for being small businesses does not seem fair. Competition will be greater if independents are also able to provide competitive pricing of medicines.

3. Generic medicines

The use of generics has the potential to greatly reduce costs to clients. However, what is discussed in the remedies document is not the use of generics, but rather the use of alternative drug brands, an entirely different matter. Where a genuine generic is widely available for a particular drug, consideration should be given to permit the veterinary prescribing of generic human drugs. It is this mechanism which has brought great savings for the NHS, and generic forms of, for example, potentiated amoxycillin, furosemide, amlodipine or benazepril, to name but a few examples, would drastically reduce costs for veterinary clients. Although such a remedy would require amending 'cascade' guidance, this opportunity to bring real change and cost savings to clients should be given serious consideration.

4. OOH services

OOH services are overwhelmingly owned by LVGs in the UK, leaving both FOPs and clients with little or no option as to provider in many areas. A typical LVG OOH consultation fee of >£300 puts veterinary care and analgesia overnight beyond the reach of many people for their cat or dog, and makes it likely for example that scarcely any gerbil, hamster, guinea pig, rat, mouse or rabbit will have such care. This has significant animal welfare implications. A price cap should, in our view, be placed on OOH consultations, and the ownership imbalance between independents and LVGs remedied in the same manner as we suggest at point 1 (above).

5. Signage and ownership

One of the most important issues is signage as to ownership. In our view this should be compulsory on all physical and digital communications in a font of a minimum size, including letterheads, business cards, websites and digital/social media. In addition physical signage outside and within the practice should also include the same information as to ownership, again in letters of a minimum size. This information should include: the owner of the business, the parent company (if any) along with its geographic location, the word 'Corporate' or 'Independent' as appropriate, the number of practices owned nationally and globally, along with other linked businesses (OOH providers, referral centres, online pharmacies, crematoria). Members of the public have a right to know who owns a practice before they step through the door, and whether the practice is owned independently, or by a LVG, so that they may make an informed choice.

6. Corporate sponsorship

LVGs have taken over wings of veterinary schools, and graduate programmes are also offered. the CMA should consider whether this is an anti-competitive practice, as small independent practices cannot compete in this way to sponsor vet colleges or students.

It should be enquired as to whether a LVG sponsoring the largest representative veterinary body is fair, as independent practices are not able to sponsor the BVA.

7. Increased legislation, compliance, standards, monitoring, estimates, prescriptions and work processes

We are concerned that some of the remedies proposed will have little impact to ensure a competitive market, but have great impact on the way veterinary practices function in terms of time, stress and mental health, and in particular the ability of independents to remain in business. Note should be taken of the fact that vets are overworked, stressed and lack time. Even a small change in the way practices operate can have unforeseen consequences. The RCVS 'under care' guidance originally introduced in September 2023 resulted in huge issues with the running of practices, as it resulted in a lack of available appointments and clients angry with staff because of the changes. Even the RCVS, with all its knowledge of the industry did not spot these problems in advance. Veterinary professionals often suffer from mental health issues as a result of stress, and suicide levels in the profession are high. Care should be taken not to load further time-consuming processes upon their already busy and stressful days. Put simply if all the remedies were to be enacted, clinicians simply wouldn't have enough time even in a 20 minute consultation to include all the proposed new tasks.

We would urge that some aspects of the planned over-arching interference in the veterinary profession in the interests of competition are re-considered, with a focus more on the kind of direct structural actions we suggest - which we believe would have a far greater impact. There would also be increased costs of such increased regulation. We do not have confidence that these costs will not be passed on to clients, and we do not believe there is enough evidence to suggest that the increased competition the remedies document has as its aim will end up decreasing costs to clients overall. We believe the increased processes, monitoring and in some cases the new facilities necessitated will end up raising veterinary prices, the opposite of the remedies' intention.

8. Healthy competition from independent practices

We believe the remedies may adversely impact the ability of independent practices to survive, and discourage their foundation. This would have great negative effects on competition. We feel that consideration should be given for mandatory support for independent practices across the board of regulation, whether that be by the CMA, RCVS, VMD, VCMS or any new regulatory body or ombudsman.

Please find below our response to specific questions in burgundy font.

The remedies document's questions and text is in italics

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

see points 1 to 8 above

Remedy 1: Require FOPs and referral providers to publish information for pet owners

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

assess the effects of trialled measures. Please explain your views.

Remedy 1: Require FOPs and referral providers to publish information for pet owners

- *Question 3: Does the standardised price list cover the main services that a pet owner is likely to need? Are there other routine or referral services or treatments which should be covered on the list? Please explain your view*
- *Question 4: Do you think that the 'information to be provided' for each service set out in Appendix A: Proposal for information to be provided in standardised price list is feasible to provide? Are there other types of information that would be helpful to include? Please explain your views.*
- *Question 5: Do you agree with the factors by which we propose FOPs and referral providers should be required to publish separate prices for? Which categories of animal characteristics would be most appropriate to aid comparability and reflect variation in costs? Please explain your views.*
- *Question 6: How should price ranges or 'starting from' prices be calculated to balance covering the full range of prices that could be charged with what many or most pet owners might reasonably pay? Please explain your views.*
- *Question 7: Do you think that the standardised price list described in Appendix A: Proposal for information to be provided in standardised price list would be valuable to pet owners? Please explain your views.*
- *Question 8: Do you think that it is proportionate for FOPs and referral providers to provide prices for each service in the standardised price list? Please explain your views.*
- *Question 9: Could the standardised price list have any detrimental consequences for pet owners and if so, what are they? Please explain your views.*

Questions 2-9

We support the publication of a price list by each practice, to be made available online and in the practice. However we believe it is very important that the price for injectable medicines and simple procedures administered within the practice are also cited in any table, in addition to the price of prescribed medicines. This is particularly important for referral centres, where clients have shown us evidence that they have been charged £75 for an injection of 0.4ml of Cerenia (not including an injection fee). This is perhaps three times what it ought reasonably to be. A list of common injectables should in our view be included, along with, for example, the price of 1 litre of intravenous fluids, the price to set up i/v fluids, the price for placing of an i/v catheter, the catheter itself, the taking of a blood sample, and a routine haematology and biochemistry screen.

Suggested basket of injectables:

meloxicam (dog) 1ml
maropitant 1ml
co-amoxiclav (Synulox) or equivalent 1ml
Convenia 1ml
Dimazon 1ml
marbofloxacin 1ml
Solensia 1ml
Librela 5, 10, 15, 20, 30 mg
Cytopoint 10, 20, 30, 40mg
methadone 1ml
buprenorphine 1ml
Torbugesic 1ml
Domitor/Dexdomitor 1ml
metaclopramide 1ml

dexamethasone 2mg/ml 1ml
paracetamol 500mg/50ml - 10ml
metronidazole 500mg/100ml - 10ml

Pricing of chronic treatments

The section below would be very difficult to complete. Outcomes and monitoring costs for diabetes treatment, skin issues and arthritis in particular are very hard to estimate, as clinical outcomes (and hence costs) are hard to predict.

Chronic diabetes treatment (insulin)

Chronic dermatitis treatment (corticosteroids, cyclosporine) *Chronic arthritis treatment (NSAIDs)*

Chronic pain relief treatment Required: • Price per species and weight category, and chemical and pharmaceutical medicine formulation for bundle of consultation, initial course of medicines and dispensing fee (if applicable) • Duration in weeks/months of the initial course of medicines • Price per species and weight category, and chemical and pharmaceutical medicine formulation for bundle of repeat course of medicines and dispensing fee (if applicable) • Duration in weeks/months of the repeat course of medicines • Text information on type of medicine included
Optional •

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

Yes, inevitably this type of administrative burden would weigh more heavily on small independent practices, as the LVGs have economy of scale on their side.

Ownership information - we note that this is not a specific question in this section, but we reference the following section of the remedies document:

3.29 *To help pet owners make informed decisions based on transparent ownership, FOPs and referral providers would be required to display their ownership and network information clearly, both on their websites and at the practices. The information provided should include the number of practices owned by the same veterinary group and any other ownership links and networks such as related FOPs or referral providers where they act as a 'hub-and-spoke' model. This information would support pet owners to understand the size of the veterinary group or network and to help them to choose in line with their preferences for type of business.*

3.30 *Where FOPs and referral providers share ownership with associated businesses, including cremation services, OOH providers and online pharmacies, all businesses would be required to prominently disclose this shared ownership. This ownership and network information would need to be displayed plainly on websites (such as in the website's header and 'About us' page at a minimum) and in practices (using conspicuous, salient signage) so that it is easily noticeable when consumers first enter. Where a FOP directs consumers to a connected business, the connection should be prominently disclosed at that point. Where a veterinary business acquires another veterinary business, information about the change in ownership should be prominently displayed within a period of time at the target's premises and on its website.*

Comment:

We agree with the above sections 3.29 to 3.30, however we feel additional controls should be placed:

1. Signage should, in our view, be displayed not only internally, on websites, on social media and business cards, emails, flyers and publicity, but also the most important requirement would be that it is displayed externally on signage for the practice in a specific large size of font.
2. This signage should, in our view, also include the word 'corporate', 'corporation' or 'chain', the number of practices owned nationally and globally, and the country of ownership. Customers may wish to preferentially attend a practice whose profits are more likely to circulate locally, rather than being harvested by investors in the USA, for example.

In answer to question 2, we support the trialling of such remedies as we discuss above

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

Other than information as to ownership as above, quality measures are extremely difficult to ascribe. Owners thoughts about their veterinary practice are often led by their estimation of whether the staff love animals and are kind, whether they are polite, whether they get back to them quickly with test results etc, and of course whether they can save their animal when they are sick. This is difficult to accurately and objectively state using numbers. A veterinary practice could in theory rate very highly on paper in terms of technical skill, but in actuality, be rather a poor practice from the client's point of view, and the converse is also true. We would recommend that no attempt is made to publish quality measures.

Remedy 2 - Price comparison website

- *Question 12: What information should be displayed on a price comparison site and how? We are particularly interested in views in relation to composite price measures and medicine prices.*
- *Question 13: How could a price comparison website be designed and publicised to maximise use and usefulness to pet owners? Please explain your views.*
- *Question 14: What do you think would be more effective in addressing our concerns - (a) a single price comparison website operated by the RCVS or a commissioned third party or (b) an open data solution whereby third parties could access the information and offer alternative tools and websites? Why?*
- *Question 15: What are the main administrative and technical challenges on FOPs and referral providers in these remedy options? How could they be resolved or reduced?*
- *Question 16: Please comment on the feasibility of FOPs and referral centres providing price info for different animal characteristics (such as type, age, and weight). Please explain any specific challenges you consider may arise.*
- *Question 17: Where it is appropriate for prices to vary (eg due to bundling or complexity), how should the price information be presented? Please explain your views.*
- *Question 18: What do you consider to be the best means of funding the design, creation and ongoing maintenance of a comparison website? Please explain your views.*

Q 12-18

We are not in favour of a price comparison website, and feel it would have many negative connotations and impacts. Veterinary medicine is not car insurance, but a profession. There are a whole swathe of indicators, and indeed 'feelings' of clients, for the quality of veterinary medicine other than price. What is required is that each practice has a comprehensive list of prices (as discussed above) which can be provided to clients digitally, online and in printed form within the practice. Practices would have to pay for use of the price comparison website, and inevitably this will increase costs more for independents than LVGs who have economies of scale, and will increase prices overall.

The use of a comparison website would risk LVGs, using their superior marketing budget and expertise, lowering prices for specific treatments/medicines in any set price list as 'loss leaders,' so as to appear to have cheaper prices overall, in order to appear at the top of any comparison website.

Word of mouth in person and via social media/online is perhaps a more appropriate way for clients to select their veterinary surgery. The availability of pricing online and within the practice, as well as appropriate signage as to ownership (see point 4 above) are key parts of that, so that clients may choose, or not, to attend a LVG surgery.

Remedy 3: Require FOPs to publish information about pet care plans and minimise friction to cancel or switch

- Question 19: What would be the impact on vet business of this remedy option? Would the impact change across different types or sizes of business? Please explain your views.
- Question 20: How could this remedy affect the coverage of a typical pet plan? Please explain your views.
- Question 21: What are the main administrative and technical challenges on FOPs and referral providers with these remedy options? How could they be resolved or reduced?

Q19 - 21 Our view is that pet plans, whilst they may be constructive in ensuring regular clinical examination of animals, may also be destructive due to blanket parasiticide prescribing, which can lead to environmental destruction. Where they exist, information should be published and switching/cancelling should be made as frictionless as possible, but they should include a compulsory need for contextualised care rather than blanket treatment for parasites.

Remedy 4: Provide FOP vets with information relating to referral providers

- Question 22: What is the feasibility and value of remedies that would support FOP vets to give pet owners a meaningful choice of referral provider? Please explain your views.
- Question 23: Are there any consequences which may be detrimental and if so, what are they?
- Question 24: What do you consider are likely to be the main administrative, technical and administrative challenges on referral providers in this remedy? Would it apply equally to different practices? How could these challenges be reduced?
- Question 25: If you are replying as a FOP owner or referral provider, it would be helpful to have responses specific to your business as well as any general replies you would like to make.
- Question 26: What information on referral providers that is directly provided to pet owners would effectively support their choice of referral options? Please explain your views.

Q22-26 In our view FOP vets are often aware of particular clinicians and referral centres that they have the option of referring to, and with whom they have built trust. Price alone shouldn't be the main criteria for referral. Whilst further information for client and vet may be helpful to some extent, we do not have a strong view.

The most important thing would be for ownership of referral centres to be more equably distributed between LVGs and independents (see point 5 above).

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

- *Question 27: If a mandatory requirement is introduced on vet businesses to ensure that pet owners are given a greater degree of information in some circumstances, should there be a minimum threshold for it to apply (for example, where any of the treatments exceed: £250, £500, or £1,000)? Please explain your views.*
- *Question 28: If a requirement is introduced on vet businesses to ensure that pet owners are offered a period of 'thinking time' before deciding on the purchase of certain treatments or services, how long should it be, should it vary depending on certain factors (and if so, what are those factors), and should pet owners be able to waive it? Please explain your views.*
- *Question 29: Should this remedy not apply in some circumstances, such as where immediate treatment is necessary to protect the health of the pet and the time taken to provide written information would adversely affect this? Please explain your views.*
- *Question 30: What is the scale of the potential burden on vets of having to keep a record of treatment options offered to each pet owner? How could any burden be minimised?*
- *Question 31: What are the advantages and disadvantages of using treatment consent forms to obtain the pet owner's acknowledgement that they have been provided with a range of suitable treatment options or an explanation why only one option is feasible or appropriate? Could there be any unintended consequences?*
- *Question 32: What would be the impact on vet businesses of this remedy option? Would any impacts vary across different types or sizes of business? What are the options for mitigating against negative impacts to deliver an effective but proportionate remedy?*
- *Question 33: Are there any barriers to, or challenges around, the provision of written information including prices in advance which have not been outlined above? Please explain your views.*
- *Question 34: How would training on any specific topics help to address our concerns? If so, what topics should be covered and in what form to be as impactful as possible?*

Q27-34

It is our view that this should not be statutory, but should be regarded as good professional practice.

Thinking time for clients to decide between various treatment options should always be offered where practicable, except when there is clear emergency, where animal welfare could be compromised, or where treatment should start immediately. However we don't believe this should be a statutory requirement.

Inevitably the burden would be increased on vets, who are often time poor. In a typical practice, these concerns are often already discussed with the client and estimates of work given, along with explanation of different options. However it is important that pressure is not applied to clients to make them feel that they need to choose the most expensive 'gold standard' option or that they are bad owners if they do not. Similarly clinicians should never be pressurised to upsell. Note that if this were to be made statutory, over-worked busy vets would be under yet further pressure, and pressure of time means that some aspects might be over-looked, adding further stress and concern. Calculating the costs of multiple treatment options would often not be feasible.

The increased administrative burden would weigh more heavily on independent practices. LVGs would find it easier to set up systems with economies of scale.

Remedy 6: Prohibition of business practices which limit or constrain the choices offered to pet owners

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

This question is as difficult to answer as 'how long is a piece of string?' The combinations of all the different options and algorithms for treatment, drugs, procedures or referral may be very extensive and impossible to produce. Again it is our view that this should not be made statutory, and left to the individual clinician, without that choice being influenced by management pressure.

Overall, the remedy as proposed would simply be too time consuming to be practical for both independent practices and LVGs, as there is not enough time in a consultation, particularly where prescription writing also to become more time consuming and onerous.

Question 36: *Are there any specific business activities which should be prohibited which would not be covered by a prohibition of business practices which limit or constrain choice? If so, should a body, such as the RCVS, be given a greater role in identifying business practices which are prohibited and updating them over time? Please explain your views.*

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

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

In answer to questions 36, 37 and 38 this remedy need only apply to LVGs, as the inquiry's initial research indicated that it was LVGs who were often operating unprofessional practices. It should include:

1. The business practice of giving the appearance of being an independent, when in fact the premises belongs to an LVG. Please see our response on Signage at 5 above
2. Targets for turnover
3. Targets for sales of a particular procedure
4. Upselling unnecessary procedures, services or medicines
5. Running a local monopoly of practice ownership (whether FOP, OOH or referral)
6. Running a regional monopoly of practice ownership (whether FOP, OOH or referral)
7. Running a monopoly of OOHs by LVGs collectively
8. Running a monopoly of referral centres by LVGs collectively
9. LVGs owning more than 50% of practices in the UK

This CMA enquiry was in effect triggered by the LVGs and corporate practices. The above monitoring of 'sharp' business practices should, in our view, be front and centre as the most important of all the remedies. An independent body with both power and objectivity needs to be responsible, and conduct such enquiries by external, not internal, audit.

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

Yes, this definition should apply, but in general is only relevant for LVGs, as sales targets, upselling, turnover targets and monopolisation have not to our knowledge been widely instigated by independents.

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

Question 40: We would welcome views as to whether medicines administered by the vet should be excluded from mandatory prescriptions and, if so, how this should be framed.

Medicines administered by the vet should be excluded from any prescription requirements. To do otherwise would create a complex web of problems connected with duty of care, provision of analgesia, rapid onset of treatment options etc

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

Vets are overworked, stressed and lack time. Even a small change, the introduction of RCVS 'under care' guidance, caused huge issues with the running of practices, with lack of available appointments and clients angry and accusing staff of being venal. Even the RCVS, with all its knowledge of the profession did not spot these problems in advance.

We would recommend option B - the status quo with a price cap on prescription fees and improved signage and communication. Options D and E would be onerous in the extreme, and unworkable in our view

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

Vets charge a prescription fee as it takes time, needs to be checked and loses income to the practice. For independent practices, not charging for the time and inconvenience needed to issue a prescription might be the difference between surviving, and being sold to a corporate chain.

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

The timescale for our recommended option of B would be a matter of months. D or E would take a great deal of time and burden particularly independent practices with costs and restrictions that could prove fatal to their business

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 44: What price information should be communicated on a prescription form? Please explain your views.
- Question 45: What should be included in what the vet tells the customer when giving them a prescription form? Please explain your views.
- Question 46: Do you have views on the feasibility and implementation cost of each of the three options? Please explain your views.

Q44-46. We do not support putting price information on prescriptions as this is not possible to accurately ascertain for all the possible websites and brands available, and certainly not within reason in the time available in a consultation

We do not support the development of a portal for prescriptions, this will just add costs to practices, which will inevitably be passed on to clients. In our view what is needed is clear signage and information within the practice that written prescriptions are available, and that in some instances they may be cheaper. If the new system were to be so complex that it requires a new portal, it is not a proportionate solution in our view.

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

- Question 47: How could generic prescribing be delivered and what information would be needed on a prescription? Please explain your views.
- Question 48: Can the remedies proposed be achieved under the VMD prescription options currently available to vets or would changes to prescribing rules be required? Please explain your views.
- Question 49: Are there any potential unintended consequences which we should consider? Please explain your views.
- Question 50: Are there specific veterinary medicine types or categories which could particularly benefit from generic prescribing (for example, where there is a high degree of clinical equivalence between existing medicines)? Please explain your views.
- Question 51: Would any exemptions be needed to mandatory generic prescribing? Please explain your views.
- Question 52: Would any changes to medicine certification/the approval processes be required? Please explain your views.
- Question 53: How should medicine manufacturers be required to make information available to easily identify functionally equivalent substitutes? If so, how could such a requirement be implemented?
- Question 54: How could any e-prescription solution best facilitate either (i) generic prescribing or (ii) the referencing of multiple branded/named medicines. Please explain your views.

Questions 47 to 54. The use of generics is a very important mechanism which could significantly reduce costs to clients. However, what is being discussed in the remedies document is not the use of generics, but the use of alternative brands. Costs could be greatly reduced for many medicines if, where a generic is widely available, the active ingredient is prescribed. It is this mechanism which has brought great savings for the NHS.

For example, generic forms of benazepril, tramadol, furosemide, amlodipine, ampicillin and potentiated amoxycillin would pass on important and genuine savings to clients. Whilst we realise that this would require amendments to the cascade legislation, it would give great savings to clients.

Furthermore we believe that legislation should be brought forward which prevents pharmaceutical companies from introducing branded versions of generics which have long been used in veterinary medicine, as this is an anti-competitive practice of no scientific value, which merely raises costs for clients, as vets are forced to use such medicines instead of the long-used generic. Furosemide, amlodipine and tramadol are examples where generics have been usurped by branded forms, (Libeo, Amodip and Tralieve respectively) despite having no advantage over generic forms.

There is another linked issue, which is the RCVS guidance that widely available medicines such as paracetamol and chlorphenamine should only be used in ongoing cases if provided via veterinary practices or on prescription. For ongoing use, the client could buy a generic from a human pharmacy. Insistence that they do not, unnecessarily increases costs for clients and makes the veterinary profession appear venal, when of course it is merely fulfilling relevant legislation.

Remedy 10: Prescription price controls

- Question 55: Do you agree that a prescription price control would be required to help ensure that customers are not discouraged from acquiring their medicines from alternative providers? Please explain why you do or do not agree.

No

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

- Question 57: What approach to setting a prescription fee price cap would be least burdensome while being effective in achieving its aim of facilitating competition in the provision of medicines?

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

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

- Question 59: What are the costs of dispensing a medicine in FOP, once the medicine has been selected by the vet (i.e. in effect after they have made their prescribing decision)?

Remedy 11: Interim medicines price controls

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

Please explain your views.

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

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

Please explain your views.

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

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

- Question 65: What do you consider to be the best means of funding the design, creation and ongoing maintenance of an e-prescription portal and price comparison tool? Please explain your views.

Q55-65

We do not agree with either a prescription price control or medicine price controls for the following reasons.

It is a stated aim of the remedies (p17) 'to increase online purchases of medicines'. Inevitably this would drive business away from practices to online pharmacies, which in our view misunderstands the problem. Online pharmacies are owned by corporations and in some cases by LVG's. Lowering the revenue received from medicine supply by independents could put small independents out of business. We believe the cause of the disparity should be examined, namely that independent practices are offered prices by their wholesalers for medicines which are often equal to, or even above, the price at which online pharmacies sell them to the public. This means that independent FOPs do not have a realistic chance of being competitive in the market. The CMA should look at ways of levelling the playing field such that independents are offered medicines wholesale at the same price as LVGs/online pharmacies, and therefore have a chance of being competitive in the market, and thus keeping their clients. Penalising independent FOPs for being small businesses without bulk buying power seems to us to be inappropriate. Rather than setting prices for prescription fees or medicines charged to the public, we believe that the CMA should look at price controls for the supply of medicines to FOPs to enable fair competition.

In regard to prescriptions, there is a cost to practices both in terms of loss of income from medicine sales, as well as the time taken to issue the prescription. Any changes to procedures (for example any e-prescription portal) will inevitably cost more per practice for FOPs than for LVGs, who have economies of scale to do this once only, and include all their FOPs. Prescription fees need to reflect the time taken to issue the prescription, the time for double checking by a separate member of staff that all is correct, and the issuing (physical or digital) of the script. The time pressure on individual vets will also apply equally to LVG FOPs who are similarly stressed by lack of appointments and time.

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

- *Question 66: What would be an appropriate restriction on notice periods for the termination of an out of hours contract by a FOP to help address barriers to FOPs switching out of hours providers? Please explain your views.*
- *Question 67: What would be an appropriate limit on any early termination fee (including basis of calculation) in circumstances where a FOP seeks to terminate a contract with an out of hours provider? Please explain your views.*

Question 66 and 67

What is fundamentally important, in our view, in relation to OOH providers is that there is a genuine choice of OOH provider, which should reflect not only practices owned by different LVGs, but also encouraging ownership of OOH providers by independent practices. There are areas of the country where there is no, or little, choice between OOHs practices - for example in Sussex many OOH practices are owned by IVC Evidensia. It is our understanding that there are very few OOH providers nationally which are independent practices.

Remedy 12 for example is only relevant if there is a genuine choice. Where there is such a choice, Notice periods could perhaps be 30 or 60 days to allow forward planning by both FOPs and OOH providers. In our view there should not be a termination fee for FOPs to register/deregister from OOH providers.

Remedy 13: Transparency on the differences between fees for communal and individual cremations

- *Question 68: Do you agree that the additional transparency on the difference in fees between fees for communal and individual cremations could helpfully be supplemented with revisions to the RCVS Code and its associated guidance? Please explain your views.*

Remedy 14: A price control on cremations

- *Question 69: If a price control on cremations is required, should this apply to all FOPs or only a subset? What factors should inform which FOPs any such price control should apply to?*
- *Question 70: What is the optimal form, level and scope of any price control to address the concerns we have identified? Please explain your views.*
- *Question 71: For how long should a price control on cremations be in place? Please explain your views.*
- *Question 72: If a longer-term price control is deemed necessary, which regulatory body would be best placed to review and revise such a longer-term price control? Please explain your views.*

Questions 68-72. We concur with the observation that clients are particularly vulnerable around the time of euthanasia and need time and space to decide on cremation options, such that they should be given several days to decide on the kind of cremation they prefer, and be provided with the prices accordingly so to do. In our experience most independent practices already do this, but we have no information on procedures in LVGs.

There should not be excessive mark ups around these items and we support the publication of price lists, and price controls if needed. This is the point at which the profession must be at its most compassionate and profits should surely be a secondary consideration. Clients should never be 'priced out' of the market for these services, as this would cause severe animal welfare and protection issues.

In addition, choice of cremation services should not be compulsory for LVG practices depending on LVG ownership of such services, and it should be ensured that there is not a local or regional monopoly of cremation services by any commercial entity or LVG.

Remedy 15: Regulatory requirements on vet businesses

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

Yes, we are strongly of the view that regulating vet businesses and those non-vets who work in them, in addition to veterinary professionals, is essential. One other way to look at it would be that it may have been an incorrect decision to allow people who are not veterinary professionals to run veterinary practices in the first place, as this has led to businesses pressurising veterinary surgeons to behave like salespeople and the need for a CMA enquiry. It is our view that the best way to ensure competition is to support veterinary professionals in setting up independent practices and staying in business, as a range of business models is good for competition and resilience in uncertain economic conditions.

Remedy 16: Developing new quality measures

Remedy 17: A consumer and competition duty for a regulator.

- Question 74: Are there any opportunities or challenges relating to defining and measuring quality which we have not identified but should take account of? Please explain your views.
- Question 75: Would an enhanced PSS or similar scheme of the kind we have described support consumers' decision-making and drive competition between vet businesses on the basis of quality? Please explain your views.
- Question 76: How could any enhancements be designed so that the scheme reflects the quality of services offered by different types of vet businesses and does not unduly discriminate between them? Please explain your views.
- Question 77: Are there any other options which we should consider?

Remedy 17: A consumer and competition duty

- Question 78: Should any recommendations we make to government include that a reformed statutory regulatory framework include a consumer and competition duty on the regulator? Please explain your views.
- Question 79: If so, how should that duty be framed? Please explain your views.

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Remedy 18: Effective and proportionate compliance monitoring

- Question 80: *Would the monitoring mechanisms we have described be effective in helping to protect consumers and promote competition? Please explain your views.*
- Question 81: *How should the monitoring mechanisms be designed in order to be proportionate? Please explain your views.*
- Question 82: *What are the likely benefits, costs and burdens of these monitoring mechanisms? Please explain your views.*
- Question 83: *How could any costs and burdens you identify in your response be mitigated and who should bear them? Please explain your views.*

We do not support mandatory practice monitoring (PSS or similar) by the RCVS or any other body. Additional regulation of veterinary professionals is not needed. It is regulation of

corporations that is required. Further regulation and monitoring of veterinary professionals and non-corporate practices in particular will have far ranging unforeseen impacts. We agree that it would not be in the interests of competition, consumers or animal welfare if the impact of an enhanced PSS was to disproportionately increase the costs of operating a vet business, particularly for smaller practices or new entrants.

We feel that such intrusive and over-arching changes to veterinary regulation could perhaps be construed as 'mission creep' and not entirely related to concerns over competition and markets, and could perhaps be outside the scope of the current CMA review. LVGs and non-vets need increased monitoring. Practices and vet professionals do not, in our view.

As described earlier, the PVA is not in favour of attempts to publish measures of quality as they are too hard to accurately represent, and open to distortion by marketing from well-organised LVGs.

Remedy 19: Effective and proportionate enforcement

- Question 84: Should the regulator have powers to issue warning and improvement notices to individuals and firms, and to impose fines on them, and to impose conditions on, or suspend or remove, firms' rights to operate (as well as individuals' rights to practise)? Please explain your views.
- Question 85: Are there any benefits or challenges, or unintended consequences, that we have not identified if the regulator was given these powers? Please explain your views.

Whilst we do not believe that independent practices or veterinary professionals need further monitoring, we do feel that veterinary corporations require it, along with effective and proportionate enforcement. We would also support the removal of firms' rights to operate if infringement of the rules is found to have been conducted by LVGs. This has occurred in France, where [REDACTED] have been banned from operating by l'Ordre national des vétérinaires.

Regulation by the RCVS and earlier iterations of competition investigations failed to control the corporatisation of the profession. We would argue that it is corporatisation itself that has resulted in the majority of the 55000 submissions from vet professionals and the public at the start of this enquiry. It is the corporations that need monitoring, in addition to vet professionals, but vet professionals do not need additional monitoring.

A cap set at a maximum of 50% of UK practices to be owned by LVGs would seem a simple solution. A threshold for the number of practices which one commercial entity can own could also be considered. Perhaps 30-100 practices would be an appropriate range to consider. If there were to be genuine scrutiny of links between practice groups, so that groups which appear independent cannot be covertly linked to the same parent organisation, then LVGs would have to compete not only with each other, but also with smaller, nimbler LVGs and a thriving independent sector.

The best way for the RCVS to fulfil a competition and markets function is to ensure that there is competition by supporting the establishment and continuation of independent practices, and not acquiesce to the continued corporatisation of the vet profession.

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

- Question 86: Should we impose a mandatory process for in-house complaints handling? Please explain your views.
- Question 87: If so, what form should it take? Please explain your views.

Client complaints are one of the most stressful processes for veterinary surgeons. The threat of disciplinary proceedings not only by the practice, but more importantly by the RCVS, hold terror for almost every practicing veterinary surgeon, whether in independent practice or LVGs. This

applies in particular to vets working in LVGs as they may have been forced to behave in a particular way to upsell, or achieve targets, and yet it is they who would end up in the dock and not the corporation, or non-vets in management.

As independent practices already struggle with stringent administration requirements, we are not strongly in favour of further regulation of this, and only non-onerous and non-punitive frameworks should be considered.

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

- Question 88: *Would it be appropriate to mandate vet businesses to participate in mediation (which could be the VCMS)? Please explain your views.*
 - Question 89: *How might mandatory participation in the VCMS operate in practice and are there any adverse or undesirable consequences to which such a requirement could lead?*
 - Question 90: *How might any adverse or undesirable consequences be mitigated?*
- Consultation questions: Remedy 22: Requirement for vet businesses to raise awareness of the VCMS

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

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

We have no objection in principle to a requirement for practices to take part and promote the VCMS. Independent practices may face more of a burden in fulfilling the necessary implementation than LVGs due to economy of scale. In terms of time burden upon already busy practices, there should be consideration given to the fact that not all complaints by clients have any basis in fact (for example clients may have misunderstandings on the scientific aspects of a case) and that there should be a threshold for necessary engagement by the practice, or time may be wasted by busy professionals unnecessarily. In addition the VMCS perhaps needs time to hone its *modus operandi* and report back to the profession on its findings and results before rolling it out more widely, as it is a relatively new scheme.

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

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

We do not support the use of data in this way, as it will burden independents to a greater degree than LVGs whose systems will doubtless make this process easier. In addition, there are issues of confidentiality for both owners and practitioners

Remedy 24: Supplementing mediation with a form of binding adjudication

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

We do not support supplementing mediation with a form of binding adjudication other than on a voluntary basis. Non-resolution by the VCMS might often be as a result of client intransigence. Further time-consuming procedures would increase burden of costs on independents when compared to LVGs, and increase stress on veterinary professionals through non-closure of complaints.

Remedy 25: The establishment of a veterinary ombudsman

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

- Question 97: How could a veterinary ombudsman scheme be designed?
- Question 98: Could such a scheme work on a voluntary basis or would it need to be statutory? Please explain your views.

The main drawback of a veterinary ombudsman is ensuring independence and proportionality. Our feedback from RCVS disciplinary procedures and the Defra ombudsman suggests that there may sometimes be an apparent lack of independence from Defra. The concern is that any veterinary ombudsman could be forced by Defra (and potentially LVGs or other veterinary bodies) to make politically expedient decisions based on policy rather than evidence. We would be interested to know how independence can be assured.

The mental health implications and suicide risk must be seriously considered in terms of adding yet another level of disciplinary investigation to veterinary professionals' stressed existence. We would only support the establishment of a veterinary ombudsman where the adoption of the process were to be voluntary.

Remedies 26 - 28

- Question 99: What could be done now, under existing legislation, by the RCVS or others, to clarify the scope of Schedule 3 to the VSA?
- Question 100: What benefits could arise from more effective utilisation of vet nurses under Schedule 3 to the VSA, in particular for the veterinary profession, vet businesses, pet owners, and animal welfare? Might this result in any unintended consequences?
- Question 101: What benefits could arise from expansion of the vet nurse's role under reformed legislation, in particular for the veterinary profession, vet businesses, pet owners, and animal welfare? Might this result in any unintended consequences?

We support the protection of the title veterinary nurse. We have no objection in principle to the expansion of the RVN role. However, veterinary surgeons have a broader and deeper education in surgery than veterinary nurses and it may be that in some circumstances encountered during surgery, an experienced veterinary surgeon might proceed very differently from an RVN, which could protect the animal's welfare.

The second potential problem is that LVGs in particular may start to focus on RVNs as proto- or para-vets and use a wider RVN role as a way to cut costs to drive profits. This could increase the stress on RVNs and may have adverse impacts on animal welfare and protection.

Proportionality

- Question 102: Do you agree with our outline assessment of the costs and benefits of a reformed system of regulation? Please explain your views.
- Question 103: How should we develop or amend that assessment?
- Question 104 How could we assess the costs and benefits of alternative reforms to the regulatory framework?
- Question 105: How should any reformed system of regulation be funded (and should there be separate forms of funding for, for example, different matters such as general regulatory functions, the PSS (or an enhanced scheme) and complaints-handling)?

We believe that there is poor proportionality in some of the remedies proposed, and in particular that it will more adversely impact independents when compared to LVGs, and not resolve the threat of the LVGs entirely taking over the veterinary profession, as the measures taken overall do more to assist LVGs than independent practice..

There would doubtless be increased costs of such increased regulation. We do not have confidence that these costs will not be passed on to clients, and we do not believe there is enough evidence to suggest that increased competition will end up decreasing costs to clients. We believe the increased processes, monitoring and in some cases new facilities will end up raising veterinary prices.

Other than the regulation of corporations, we do wonder whether the CMA enquiry is over-reaching itself. The problem is not with veterinary professionals, but with profiteering. That should be the over-arching focus in our view. The burden of regulation already sits heavily on both

independent practices and veterinary surgeons. The mental health impacts, as well as the adverse business impacts of additional monitoring (particularly on independents) need to be carefully considered. Independent practices continue to reduce in number as a result of corporatisation. Extra compliance and monitoring duties will weigh more heavily on independents, and act not only as a burden for independent practices struggling to survive, but also act as disincentives for veterinary professionals to set up their own practice. These factors would ultimately lead to the gradual extinction of independents, with extreme adverse impacts on competition - precisely the opposite intention of the CMA investigation. It is our view that corporations need to be regulated, particularly as regards non-veterinary professionals, but that veterinary professionals and independents are already adequately restrained by existing regulation.

The most effective way to encourage competition would be to take direct actions impacting competition, for example to:

1. Break up regional and local monopolies
2. Limit the number of practices which can be owned by any one entity, to a number between 30 and 100, for example
3. Limit the percentage of practices which can be owned by LVGs to 50%
4. Force LVGs to abandon white label drugs, and spoke and hub systems whereby one LVG owns multiple branches, the OOH service, the referral centre, the means of medicine provision and the cremation service.
5. Control prices of OOH services and consultations: for example a cap on consultations to reduce the cost from >£300 to a far more acceptable figure which is within the means of the average UK citizen.
6. Break up regional and local monopolies of OOH services and referral centres
7. Introduce genuine generic prescribing system based on the chemical itself rather than a brand of veterinary medical product, and opening this up to human formulations. The provision of such generics has achieved great savings in the NHS
8. Level the playing field for the provision of veterinary medicines by standardising the prices at which wholesalers offer medicines to LVGs, online pharmacies and independent practices, such that the price is the same for all. This will enable independent practices to compete and ensure a healthy market which is not dominated by LVGs and online pharmaceutical corporations.
9. Drop any aim of driving sales to online drug suppliers which could jeopardise independent practice in the UK.
10. Introduce mandatory consideration and support for independent practice across the board of regulation, whether that be the RCVS, the VMD, the VCMS and any new regulatory bodies.
11. Ensure that the ownership of services is compulsorily and adequately reflected in signage, such that any member of the public can easily ascertain the type of entity which owns the practice, how many other practices it owns, where it is headquartered geographically and how many linked veterinary services are owned nationally and globally
12. Ban organisations from being able to provide veterinary services of any kind in the UK, where there is evidence of malpractice, such as upselling, targets, pressurising clinicians and staff, and attempting to force veterinary professionals to behave as salesmen (or saleswomen).

Overall we are concerned that some of the remedies proposed will have little impact to ensure a competitive market, but have great impact on the way veterinary practices function in terms of time, stress and mental health, and in particular the ability of independents to remain in business.

The RCVS should, in our view, retain an electoral system for Council membership, as the inclusion of rank and file members of the veterinary profession, including from independent practices, would be a powerful way to prioritise animal protection and ensure diversity and competition within the profession. The election process is the best way to ensure input from the coalface of practice, preventing the risk that appointments would occur under the influence of corporations, LVGs or Defra - which would have the potential to skew the RCVS's world view.

In our view, points 1 to 12 are the kind of regulation that is needed to remedy competition and marketing issues, rather than further onerous compliance monitoring, and intrusive investigations of ordinary veterinary professionals and independents. The VMD already has rights of entry and the mental health of veterinary professionals needs to be a key consideration to any changes of any kind, in relation to regulation.

