

CMA consultation feedback from a co-owner of an independent FOP, working within the practice in a clinical role as well as co-running the practice.

5. Estimates of costs. Estimation of costs is most welcome as it is likely to reduce the number of complaints and dissatisfaction in services. Most vets and nurses do not do into their professions with any interest in 'generating fees'. And they don't like discussing it. They would much prefer an NHS 'free at the point of delivery' style service and find it often difficult to discuss costs. Written estimates are a sensible approach but not always practical, such as in emergency scenarios and the times when a patient is hospitalised and the owner is not present at the time. We often use verbal estimates and updates estimate that are then noted in the clinical notes. This is different from asking for an estimate for dental treatment or a TPLO procedure. As long as the suggested remedies take this into account.

7. Medicine market opening remedies:

I assume online pharmacies, whether they are owned by one of the LVGs or otherwise, have the ability to advertise their products (or their services if not able to advertise specific products). If not, why not? If they can then I do not see why the veterinary profession should cover the cost of their advertising. I do not expect my local bricks and mortar stores to do the advertising or act as an introducer for Amazon or Temu. Car insurance companies and price comparison sites advertise their services and products.

I am very happy for more awareness of the availability of written prescriptions for pet owners but the burden seems to be falling solely veterinary practices and I am concerned that an abrupt change rather than a more gradual change (by increased awareness through advertising and social media by those providers of online medications) will result in the sudden increased costs of veterinary services to make up for time taken for writing written prescriptions and loss of revenue from decreased drug sales. Or redundancies and resulting decreased service availability.

For the same reasons I do not think at giving a written prescription as default is fair approach. The role of awareness of availability of this option should be with the providers, and insurance companies if they think this will reduce their claims costs.

10 + 11. Written prescriptions. Regarding the cost of prescriptions, is that £16+VAT? I assume so as the 20% VAT fee is not revenue we keep. And VAT may go up or down. But the headline to the general public is already out there that the cost will be £16 as this was not clarified.

How does the £16 compare to a private written prescription from a doctor? Are they comparable fees? Has that been looked at?

We have looked at our PMS and there is no quick way of writing multiple written prescriptions. For clients needing 2 or more written prescriptions for an animal there is no time saving. It takes 2+ times more time than writing one written prescription. Charging one flat fee no matter how many scripts the animal needs does not take this

into account. If the savings per medication are to be made by buying the drugs online then surely a fee per written prescription is reasonable.

If a client brings in 6 cats and wants prescriptions for flea treatment for each cat is that one written prescription fee? Or 6 consultations (one per cat) and one prescription per consultation? That does not seem reasonable either. Currently an owner presenting several animals would likely be charged more than one consultation -but not six- to reflect the time taken for the examination. They would currently then pay one prescription fee per animal. As each animal needs a separate and individual prescription and this takes time.

Our consultations are 15minutes. As writing more written prescriptions will take time we will have to: reduce the time in each consultation dealing directly with the client and animal; take the human GP approach of one condition per consultation (which increases cost and time effort for the returning client as well as going against the holistic approach of most vets); increase the time per appointment. That means less appointments available in the same number of hours per day and likely increased cost of a consultation to make up for that part of lost revenue.

12. Out of Hours provision: Reducing restrictive contracts with a FOP's current OOH provider is welcome. I am not convinced that this will be enough to encourage other providers due to the factors you have pointed out (Summary 59. cost of providing and staffing out of hours care).

13. Cremations:

Clarity over costs and individual vs communal cremation is important. I had assumed practices always gave clients the options and was saddened that they didn't. The costs are difficult to discuss, often in a very emotional situation. The requirement for all to put these costs on the website is welcomed.

14 + 15. Complaints: We feel that we deal with complaints well through our current process. It's difficult to comment how effective a standardised process will be without knowing the format of it. My experience of the VCMS has been very limited but mixed. In that limited experience I felt that if we refunded the client the complaint would go away. It didn't feel resolved as much as paid off and I felt that system could be abused easily by someone not wanting to pay for services they have used.

17. Regulatory reform is overdue. How can vets and nurses be regulated but working in a practice where the practice owners who control the medications they are able to provide, the equipment and services they can use and the prices they have to charge are unregulated. As a RCVS vet working and owning the practice I work in I find this unfair to both clinical directors at non-vet owned practices and their other staff as well as vets who own and run practices.

In addition to my previous submission I am writing about our current contract for out of hours (OOH) provision.

Our provider, a large national OOH provider, has increased their charges to clients considerably since we started using them in 4 years ago. Their service reflects on our service and their fees can result in a client's inability to continue 'normal hours' care due to lack of funds or reaching an insurance level limit following an OOH treatment. We have looked at another local provider of an OOH service. The initial call out fee will be 40% less (in line with the fee initially charged when we started using our current provider) and the average treatment fees also considerably less.

However, our agreement has a notice period of 24 months. The other option was 12 months. Nothing shorter. If we leave prior to giving 2 years notice we have to pay an early termination fee of the average monthly client income x 24 plus the service fee x 24. This could be in excess of £200,000. During the duration of our agreement we cannot use another out of hours provider or decide to provide our own out of hours service to our own clients.

At the time of finally agreeing to use an external OOH provider we were coming out of lockdowns and exhausted. We couldn't provide an OOH service alongside our normal hours any more, trying to maintain the high standard of service we wanted and keep staff willing to work the hours. There was little choice of OOH providers at the time and the fees for OOH treatment were less. Now there are more OOH providers this should allow more choice. However, if a significant number of FOPs practices are tied into 1 or 2 year agreements this stifles the opportunity of new providers to set up as well as limiting the choice of FOPs and their clients. I doubt our agreement is unique. And a quick Google search of numbers of practices using this provider as a proportion of overall number of practices in the UK give an idea of proportion potentially in a similar position. I'm not sure this gives OOH providers with such agreements any rush to review their pricing or business models.