

Dear Sirs,

I am writing in response to the provisional report and remedies proposed by the CMA.

I am one of 8 directors in an independent mixed practice with a large, small animal department, employing 16 FTE small animal veterinary surgeons and 13 FTE nurses, along with a large team of support staff.

I am very grateful for your time and consideration in reading my concerns on this matter, as being a director of an independent practice that has been trading for over 50 years, our commitment to our clients is our utmost concern. Transparency is key to our clients, and we already publish prices and provide estimates for anything above routine treatment. We are very concerned about loss of trust with our clients due to what appear to be overly commercialising remedies which risk fragmenting the strong relationships we have developed over many years with our clients. I would like to invite any of the panel to visit the practice to see how a large busy general practice works and how the suggested remedies will affect our day to day running of the practice, and the impact it will have on both animal and client care, as well as practice income. (and) I would also like to draw your attention to the very high and increasing suicide rate within the veterinary profession, due to the pressures of the profession both clinical, financial and emotional. The recent back lash and vitriol that has been directed at veterinary staff in the press has been so unnecessary, putting additional strain on staff whose only concerns are to do the right thing for our patients and clients alike.

I would like to respond to each of the points raised as below:

- **Remedy 1 – Ownership Transparency**

We strongly support the clear display of ownership of veterinary businesses and online pharmacies. The remedy does not go far enough to ensure that pet owners are clearly aware of the ownership as LVG can still use their 'local' name as main branding and the corporate belonging can be hidden and not clearly visible on the website.

LVG brand should be the primary and not secondary brand to ensure clarity of ownership.

The links of the LVGs with the pharmacies should certainly be made clear on both the LVG and the pharmacy website.

- **Remedy 2a – Publish Basic Service Information**

We are fully supportive of transparency and agree that each practice must publish key service details.

- **Remedy 2b – Publish Standard price lists**

We are fully supportive of transparency.

We are concerned that LVGs will highlight the lists with loss leaders, and it is in fact the more complex surgeries etc that they will then over charge the clients on.

Referring to Appendix A (the proposal for information to be provided in the standardised price list)– I agree that the price list should include a comprehensive list of easily comparable prices e.g. vaccinations, neutering, consultation prices etc. (We already do this.)

There are however items on this list that are far too variable to be included sensibly. I feel that this list has unfortunately been compiled by a panel of people with no clinical knowledge.

There are huge challenges in explaining the difference in small details of individual cases and any explanations will be lost on the proposed price comparison sites.

The requirement to publish prices for medical conditions is near on impossible – each case is individual and should be treated as such. Veterinary surgeons consider a huge range of factors before prescribing what in their opinion is the correct treatment for that pet and the owner.

These factors include: clinical severity of the condition, cause of the condition, medical tolerances of the pet, concurrent diseases, contraindications of particular medications, compliance of medication of both pet and owner, finances of the owner.

It is only after a full clinical examination, consideration of the pet's history and discussion with the owner that a diagnostic pathway and treatment can be decided.

For example:

Chronic dermatitis: does the pet just need good flea control for flea allergies? Does it need just topical treatments eg antifungal washes? Does it need lifelong systemic medication for allergies or autoimmune disease? Do we just need to feed the pet an anallergic diet?

Financially – are there limitations and do we prescribe ongoing prednisolone or is the pet insured and can have medications that have fewer side effects etc?

Diabetes: some cases stabilise readily and need very little monitoring, others are incredibly difficult and need regular bloods, monitors fitted and hospitalisation – how do we give illustrate this on a price list?

Arthritis – the choice of medication is very much dependant on concomitant medications and is often tailored individually to each animal. Again, impossible to give a 'one size fits all' price.

Routine Dentistry – unfortunately there is no such thing – what can appear to be ‘just’ a scale and polish can end up requiring blood samples/fluids / dental x-rays and multiple extractions.

Lump removal – is this a small benign skin tag or a large malignant Mast Cell Tumour that requires skin reconstruction?

Laceration repair – is this a small skin-deep wound or does the wound involve deep structures that requires staged closure/ reconstruction / drains etc?

These non-routine surgeries can only be estimated once examined and assessed by a veterinary surgeon.

I wonder if this can be explained in another way – take your car to a garage thinking you just need a new light bulb only to discover once the car is on the ramps, dismantled that a whole new wiring loom is broken or the relay switches have broken.

Updating and keeping the price lists current will take significant administration time in a time starved profession and we also have concerns re the speed and capability of practice management systems (PMS) to provide automation.

- **Remedy 2c -Publish Parasiticide Prices**

We are supportive of transparency; however, we have concerns regarding the significant administration time required to keep this up to date and the PMS capabilities to provide automation.

Prices are constantly changing and updating.

Choice of best parasiticide is also a matter for clinical discussion with the owner – a cat that hunts/eats its prey, on a daily basis needs different parasite control than a Yorkshire terrier walked for 20 mins on a lead twice a day. This animal specific parasite control is discussed with the vet along with compliance of both pet and owner (eg can the client give the cat a tablet?).

Clients need guidance on this matter – just going for the cheapest product is not necessarily the right decision clinically.

- **Remedy 2d – Publish Pet Care Plan Information**

We are supportive of transparency. Pet care Plans and their contents vary widely between practices. Even with illustration of what is included it will still be difficult for owners to compare accurately.

They need to discuss this in practice.

We have concerns regarding the significant administration time required and the speed and capability of the PMS to provide automation.

- **Remedy 3 – RCVS “Find a Vet” Data Publication**

We are supportive of transparency.

This must be achieved through automation and data transfer – otherwise this will take an unreasonable amount of administration time and the current PMS systems are not capable.

The limitations as regarding providing the price lists are as described previously.

- **Remedy 4 – Pet Owner Satisfaction Survey**

We are supportive of transparency.

However, independent practices vary massively, and I would have concerns regarding the sample of the independent practices included. Is this going to be representative of OUR practice.

Over the last two years a third of our new clients have come to us via recommendation. Word of mouth is surely the best way to grow a practice and the only way you can ensure this is to provide good service that your clients are pleased with.

We are happy to do our own pet owner satisfaction survey and share these results. However, would not want interpretation to be grouped as ‘independent’ practice findings due to the huge variation in size, approach, and expertise available within a practice.

### **Remedy 5a – Written estimates for high cost treatments**

We are supportive of transparency. We would routinely provide estimates for clients for treatments likely to exceed £500, in fact we would tend to provide them for most items outside of a routine consultation and treatment e.g. blood samples/ investigations minor surgeries, drug choices when there are multiple treatment options.

However, updating clients on inpatients when in a surgical scenario is not always possible as often the owner is not contactable or there is not time to call the client if the pet’s life is at risk.

We cannot be responsible for an estimate for a referral practice – we will always attempt to get a ball park figure for our clients before referring as that is the only way that the client can make any form of informed decision, however, referral cases are often very complex ( hence requiring referral) and even the referral practice may be unsure of what is required before the pet arrives.

- **Remedy 5b**

We are fully supportive of this and the transparency this provides.

- **Remedy 6 – Ensuring Clinical independence**

We are fully supportive of this remedy

- **Remedy 7 – Information about Prescriptions and Online pharmacies**

We are supportive of transparency.

We support signage in practice, on the website and within the information packs provided to new clients when registering – we already do this.

We challenge the proposed wording, as medicines may not be significantly cheaper online. There is no true basis to the statement, 'you can buy medicines online for up to half the price.' that it has been suggested we should display.

We do not consider the requirement to inform every client of the availability of a written prescription in every consultation, to be proportionate or rational.

Our vets already use clinical discretion and will discuss costs and alternatives with the clients as part of the consultation.

In many cases, eg an infection that requires immediate treatment with antibiotics, waiting for the owner to order drugs online, and them to arrive can delay the prompt treatment needed, or worse leave a gap of several days in treatment promoting antibiotic resistance, a very worrying current issue in both animal and human medicine.

Directing clients to pharmacies owned by LVGs is destructive to the independent practice and increases the strength of the said LVGs. It would be unfair to penalise all independent practices by stopping drug sales, and reward all the LVGs by just redirecting their drug sales to another arm of their large corporate organisation.

- **Remedy 8 – Faster Written Prescriptions**

We are supportive of transparency and are happy to issue prescriptions BUT: we are moving to send all our prescriptions electronically to pharmacies due to a significant number of cases of fraud. I do not accept that we should be handing them to clients as a paper form or emailed to clients at the end of the day as we have found in practice, these are easily altered and pharmacies often do not notice alterations.

The £16 cap is not proportionate to the time taken to issue and check multiple medications within a single consultation/ repeat prescription process.

Eg a case I saw today is on a medication to reduce the size of his tumour, 2 different medications for his concurrent heart failure, 3 medications for his arthritis and one for his skin. The patient needs assessment for each individual condition, and each individual medication to make sure both the drug and quantity are still appropriate. To charge £16 for this long process is

ridiculous. Many patients particularly older patients, just like people have several conditions being treated concurrently with multiple medications.

Consultation times will increase. - Currently we have 10-minute consultations. These can be extended to double consults for clients, allowing 20 minutes for those that need extra time to discuss cases, euthanasias, blood samples, complex cases, new clients, second opinions etc.

Already within the standard 10-minute consultation we:

1. Take a full history
2. Give the animal a full clinical examination
3. Take time to discuss our findings with the client
4. Propose treatment plans/ diagnostics
5. Reach a decision WITH our client and start treatment.

Add into this a discussion regarding prescriptions / alternative prices elsewhere and production of a prescription if required and we will find it impossible to be able to fulfil this in our 10-minute slot.

So – we move to 15-minute consultations – to make up the loss in revenue from dropping the number of consultations within one day and the loss of marginal income on medicines ( as we have had to reduce our meds to compete with the online pharmacies) we will have to increase our standard consult price by £40.

Clients WILL NOT be better off – the sad thing is that the worst-off clients will be even worse off – rather than being able to provide a fair priced consultation and low-cost medications e.g. steroids for a skin condition this client will be charged an increased consultation price and a prescription fee (which then inflates the price of the medications). Eg currently a client with v little money and a dog with chronic skin issues pays her repeat consultation of around £40, and around £5 for 1 month of prednisolone within the practice. With the changes that would need to be made this same client will be charged an increased consultation fee, likely around £60, and a prescription fee of £16 and she has not yet received any medication.

Even the insured pets will begin to be affected as insurance premiums will increase, leading to a reduction in insured pets.

Within our practice – moving to 15-minute appointments will also lose our flexibility of double appointments and those clients that we could have allowed the extra time are now rushed within a 15-minute slot.

The administration time to check /sign and send the written prescriptions will be significant and our PMS system would not be able to make this process easier. So written prescriptions would have to be available next day, to allow time for the owner to source the pharmacy and order number, us to then add this information to the prescription and email direct to the pharmacy. In practice, clients may find this

process tricky, especially our elderly clients, leading to delays in medication and increased costs.

- **Remedy 9- Own brand medication clarity**

We strongly support this as we feel this will reduce confusion and prevent disguised mark-ups.

- **Remedy 10 – Default choice for Repeat prescriptions**

We are supportive of transparency.

However, clients frequently change their minds. We have some clients that have a written prescription for some medications, whilst they will purchase other medications in the practice.

The decisions are often based on the condition being treated, the urgency of the medication, and the cost. All of which is discussed in consultation with the vet and client.

The administration time to action this will be considerable, and the current PMS would not be capable of this to allow automation.

There will be resultant confusion, errors and disgruntled clients

- **Remedy 11 – Prescription Fee Cap**

We understand why there should be a cap suggested however:

The £16 cap is not proportional to the time that can be taken to issue and check multiple medicines within a single consultation / repeat prescription process. (see above re multiple conditions being treated with multiple drugs in each patient, particularly elderly patients).

Each medication requires full consideration regarding side effects/ concomitant medications/ disease processes.

Combined with a loss of marginal income on medications other charges will go up. **(as previously described in response to Remedy 8)**

Clients will NOT be better off.

- **Remedy 12 – OOH Contract Notice periods**

Strongly support this remedy

- **Remedy 13 – Cremation transparency and options**

We are already doing this and support this remedy.

Euthanasia of a beloved pet is arguably one of our most difficult tasks. We allow our clients as much time as they need, have long discussions if the clients require it and would never rush our clients on a matter such as this.

If a client is not in a position to make a decision at the time we will often allow clients to call back the following day with their wishes.

I feel that the discussion re charging should be left to the discretion of the veterinary surgeon.

Clients are emotionally distressed at this time and to have a discussion with them to advise that the pet will be kept in cold storage for an enforced 48hrs before it can be sent for cremation is unnecessary and cruel.

Also, in a smaller practice it is impractical to store cadavers as they will often have no space for this, the alternative would be storage at the crematorium – however, I can see this being fraught with errors and awful mistakes due to the volume of cadavers that would be there.

- **Remedy 14 – Standardised In- house complaints process**

We support this and already have a clear complaints process within practice. We would also support any CPD that would arise from complaints

- **Remedy 15 – Mandatory Mediation Participation**

Our few experiences with the mediation process have been positive. It has allowed effective discussion and resolution of the complaints. I believe other practices may not have had as positive an experience but am unable to comment on this.

There are some concerns that there may be a drive to encourage clients to pursue this process purely to achieve financial refunds.

We would much rather deal with complaints in house offering face to face discussions when possible and all the directors (who all work within the practice ) are very happy to meet with clients to help de-escalate issues before they become formal complaints. ) Indeed, many of the veterinary surgeons within the practice will deal with any complaints before they escalate to director level. All it often needs is further listening and explanation of any concerns.

- **Remedy 16a – RCVS Decision tree for redress**

We support this and believe that clients should have clarity of the process.

- **Remedy 16b – RCVS Complaints Data Publication**

Supportive of this as it will aid with transparency, accountability and learning. The data collection, however, must be automated and not place extra burden on the practice.

- **Remedy 17 – Long term regulatory reform and recommendation for a new Statutory Regime.**

In principle I am very supportive of this as I agree that the current framework is outdated and inadequate.

We already partake in the RCVS Practice Standards Scheme which I believe should be compulsory for all practices and enhance the public knowledge of the scheme and the awards. The PSS has helped ensure that we maintain standards of clinical care, HR, H&S and all the regulations that are involved in running a busy veterinary practice.

Kind regards

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