

To whom it may concern,

Regarding: Personal response to CMA provisional decision in vets market investigation

Firstly, I would like to commend you on your efforts to perform a thorough investigation of the veterinary market, and for taking individual veterinary surgeons' opinions into account. I know that I am not alone in being concerned about the changes in our profession, with your findings and suggestions being a welcome approach towards a better future.

I do have some points of interest to raise regarding your proposed actions, mainly related to the Large Veterinary Group findings. Please see your summary of provisional decisions document for reference.

The LVGs

30) I found it very interesting that a lack of evidence was provided regarding reinvestment in practices and their staff, this very much mirrors my personal experience. For example, when asking for extra support staff to assist in a growing busy branch, requesting installation of dental x-ray equipment so that we can meet the current industry standards of care (as instructed during CPD courses provided by the Group), or arranging for replacement of a faulty industrial dryer for our hospital so that we have sufficient clean and dry beds for our patients, we are met with the statement that these costs are not "in the budget". There is no further explanation regarding why this might be or a discussion as to how we can "earn" the reinvestment that we need. Yet, we are still expected to provide high standards of service to pet owners, often with what feels like one hand tied behind our backs.

This may be beyond your remit, but I would suggest putting some sort of protection in place for reinvestment in practices, perhaps the need to provide evidence of reinvestments in future.

31) These findings also resonate with me. On multiple occasions the Group have been dismissive of our concerns that by inflating prices they will essentially be pricing a large demographic of pet owners out of the market, meaning that the welfare of animals will suffer as a result. This still falls on deaf ears when it is argued that eventually pet owners will have no choice but to leave for a competitor, ultimately reducing the Group's turnover. I have taken their response as being the product of a very short-sighted business approach to profitability in order to please shareholders, with little regard for practice longevity.

Another concern that I have, is the seemingly underhand way price increases are introduced. Some price changes are announced and circulated to all staff, e.g. annual price increases on services. However, there are also price increases on goods, such as medicines, that are altered on the computer system without any notification to the prescribing vet. These are often increases of nominal amounts, e.g. £1 every 3 months or so to long-term medications that will be bought on repeat, seemingly hoping that the pet owner will not notice that their bill is steadily increasing each time. When I have noticed these, informed the owners of the change, and later checked with our wholesaler, the cost to the business to buy in the product is unaltered. When I have then informed my clinical directors of this, they have no knowledge of the price increase at all. So, I would agree with your conclusion that cost savings are not being passed on to pet owners and I believe in fact the opposite to be true.

Provisional Concerns

36) I fully agree with your summary. I also find it rather interesting that time and again the justification given to staff as to why the prices need to increase is in order to be able to cover our salaries, thereby deterring staff from advocating for fair wages for fear of public backlash when the prices must go up again. [REDACTED]

Choosing a vet practice

I wholeheartedly agree that more transparency is needed regarding practice ownership and pricing, as well as the quality of the service provided. This would allow pet owners to judge for themselves if the practice is providing value for money. May I suggest as well as publishing pricing fees on their websites, that practices also include a list of additional services and whether or not they are included in the consultation fee listed (e.g. sampling fees, urine testing, ear swabs, nail clips, emptying anal glands, etc.). If not included, then providing the price for these too. It would also be helpful to pet owners if the practice stated how long their consultations are scheduled for – there can be wide variability from 10 to 30 minutes between practices. Obviously, the more time allocated, the more information vets will be able to give to pet owners regarding their individual pet's circumstances, which will directly impact if the pet owner feels they have received a service that they consider to be value for money.

Veterinary medicines

Personally, as a veterinary surgeon, I would rather see my patients treated successfully with the medications that they need to improve their quality of life than quibble as to where their pet owner bought the medication from. I am sure many other vets would agree with this. As a result, when discussing the price of treatment with pet owners I will inform them of the option of a written prescription, if possible completed during the consult, and given with a list of VMD approved online pharmacies for the owner to choose to purchase from. Not everyone takes me up on this offer, but they do appreciate being informed. On one occasion, I even helped an elderly lady order her pet's medication online because she did not have the ability or the access to a computer at home.

I am sure senior members of practices would disagree with me, preferring pet owners to buy from individual practices so that any profit made can be kept "in house". This certainly may be true for independently owned businesses, who may rely more on the mark up applied to medications in order to be able to reinvest in their practice and staff (traditionally, undercharging for veterinary time/services and placing a high mark up on drugs was how many veterinary practices operated).

Unfortunately, when it comes to the LGVs, they tend to mark up veterinary time, drugs and written prescriptions in order to maximise profit. This has led to extortionate written prescription fees, which I am glad to see that you are aiming to address.

However, by giving pet owners the appearance of choice, they may believe that by buying online they are avoiding lining the pockets of LGVs. This is where further transparency as to who owns or is affiliated with the online pharmacies is needed. In this scenario, LGVs are not "losing out" because they are still profiting from selling the same medications, just through a supplier other than their owned veterinary practice. This does take revenue from individual practices within the Group, which can then be used as an excuse to inflate prices in other areas (e.g. on services) or to put even further pressure on vets to be salespeople. If we uphold our ethical values and do not comply, the reduced profitability will be used as an argument not to reinvest in the practice or their staff because they fell short of their "targets". This could have a detrimental effect on veterinary staff's mental health because, as vets are the primary fee generators, we feel deeply responsible for providing for patients, pet owners and our team.

In order to attempt to prevent this eventuality, I would recommend considering capping the percentage mark up that can be placed on drugs sold at veterinary practices. This would make buying medications directly from the veterinary practice more price competitive with the online markets, protect veterinary staff, and increase the convenience for pet owners of having affordable medications dispensed the same day.

Another area of note that may require more investigation, are the veterinary wholesalers themselves. Often I find that the price to buy a medication online is actually cheaper than the price that we pay our wholesalers when ordering the product. I do not know why this is the case, I have

assumed it is due to bulk buying powers and ability to store vast quantities of stock, but it may be another reason why medications are more expensive when purchased directly from the veterinary practice.

Cremations

You have raised an excellent point regarding cremation options. However, I would like to bring to your attention another transparency issue regarding cremation ownership and affiliations that directly impact pet owners' ability to make informed choices at such a difficult time.

Many pet owners are unaware of local private pet crematoriums, providing a bespoke individual cremation service that is often similarly priced or cheaper than arranging cremation via their veterinary practice. In some cases, these services are of similar quality to those provided by veterinary practices, however some could be considered superior (e.g. pet owners can arrange for the crematorium to collect their pet's body directly from the practice and be taken straight for cremation on the same day as euthanasia, without the need for undignified cold storage).

At the time of discussing euthanasia, pet owners tend to be automatically directed to the cremation options offered by the veterinary practice via their affiliated crematorium, unless the pet owner specifically requests otherwise. In fact, many vets might be unaware of the other services available in their local area.

Out-of-hours services

Whilst I agree with your concerns, I have some additional concerns of my own. The going rate for an out-of-hours consultation is £300-400, this is purely for the vet's time and does not include any diagnostics or treatment that might be necessary. This is approximately four to six times the price of a standard day time consultation. Whilst it is true that out-of-hours provision can be more costly in order to recruit and maintain staff, I would argue that vets who have these unsociable working hours included in their contract do not necessarily earn more than vets who do not, they may receive a nominal bonus or extra time off at most.

In my opinion, the current pricing is extortionate, making access to emergency treatment for patients unaffordable for their pet owners. I have had several cases recently where the pet owner declined to attend an emergency appointment on my recommendation as they simply could not pay the costs involved. As a veterinary surgeon, I find this very distressing because I know that there is an animal suffering that I am unable to treat due to financial restrictions placed on myself and their owner by a third party.

It is also challenging to adhere to the Code of Conduct, whereby vets are told to "provide 24-hour emergency first aid and pain relief", given that for most cases seen out-of-hours this type of minimal first aid is inappropriate and if the pet owner cannot afford treatment then my recommendation based on welfare grounds has to be euthanasia. For example, a bitch presenting with uterine inertia and in need of a caesarian section to save both herself and the pups from further suffering and likely death. "First aid" and "pain relief" isn't going to solve this problem within a reasonable time frame or prevent suffering. Therefore, euthanasia of the bitch and her pups is the only available option if the owner cannot pay for surgery, let alone the out-of-hours fee. This is an extremely distressing situation for all involved.

I believe the reason that the fees have allowed to rise unchecked is because pet owners have very little choice but to pay them. Indeed, according to the Code of Conduct supporting guidance, "a client of another veterinary practice who requests an emergency consultation may be redirected to that veterinary practice. The on-duty veterinary surgeon to whom the initial request has been made may decline to carry out the consultation". I believe the principle of this advice is to manage the workflow of out-of-hours providers, provide a better standard of care given that the veterinary practice where the patient is registered may have access to the patient's notes out-of-hours, and

avoid “client poaching” of rival practices. This does seem to work in practice but unfortunately it does leave pet owners with restricted options.

My suggestion would be placing a cap on out-of-hours consultation fees, e.g. £250 maximum, with clear messaging to pet owners regarding who and where their out-of-hours provider is and how much the consultation will cost in advance of needing emergency care out-of-hours. Ultimately, pet owners are responsible for paying the costs of veterinary care for their pet to ensure “freedom from suffering” under the Animal Welfare Act. However, some awareness of these costs in advance may make it possible for pet owners to budget accordingly and make informed decisions regarding their pet’s health care provisions ahead of time.

Regulation

62) I have for a long time thought it quite incredible that there are no compulsory inspections of veterinary practices to ensure animal welfare is being upheld. The idea that seeking RCVS accreditation is voluntary is baffling to me, particularly because pet owners have no idea what this means. Most pet owners I speak to about our accreditation assumed all practices were regularly inspected “like OFSTED in schools”. Therefore, there is no real marketing benefit to the business for deciding to invest in accreditation – I believe the main reason some practices have is in order to attract a high standard of veterinary staff who will seek to work in an accredited practice as a mark of high clinical standard. Further public education is definitely needed so that pet owners understand the differing levels of clinical care offered by different practices and can make their own informed choices regarding value for money.

63) I couldn’t agree more that business owners should be held accountable under regulation, given that they are the decision makers regarding how practices are ran. This would also help shift the media narrative away from “vets are overcharging” to “veterinary businesses/owners are overcharging”, leaving the responsibility firmly at the door to which it lies.

65 & 66) I applaud your documentation of your findings regarding that profits are in excess of the level required for a reasonable return on capital and that delayed presentation of pets to a vet can be due to cost, leading to poor welfare. This confirms what I have for years suspected and I am glad that it is finally being discussed and hopefully addressed.

Choosing treatments

78) It was refreshing to read your proposal that “businesses must have in place written policies... vets and vet nurses are able to act in accordance with... RCVS codes... providing pet owners with independent and impartial advice”. In my experience, it is becoming harder to fulfil my oath: “ABOVE ALL, my constant endeavour will be to ensure the health and welfare of animals committed to my care”. This is an oath that every veterinary surgeon has taken upon becoming a member of the RCVS and we take our duty incredibly seriously. It has always been tricky to fulfil, given that in order to achieve this you have to work closely with pet owners whose values and concerns may not align with your own. However, I’m finding increasingly that the main barrier to the “best” treatment for a patient’s individual circumstances is not the pet owner, but in fact the cost and availability of treatment. This can be due to practice policy restrictions, e.g. choosing not to stock a particular drug and needing to go through a lengthy exemption reasoning process in order to do so (if the exemption is accepted).

[REDACTED]

