

## Response to CMA provisional remedies

1. Requirement to clearly display common ownership on websites, in premises and in communications

I find it very difficult to accept that an entire profession should be obliged to tell clients that medicines may be obtained for lower prices elsewhere. I can think of no parallel situation where this applies.

However I will have to accept that as fact. I do have further reservations regarding the proposed size of notices suggested for waiting or reception areas in a FOP. Our waiting area in our [REDACTED] surgery is 10feet square, one side is made up of the outside door and a shop plate glass window. One wall contains the counter/door to the office, another has the door into the consulting room, leaving only one complete wall. To display an A2 size notice seems disproportionate. Even A3 would be considerably larger than almost any other notices or posters we display.

- 2c. Requirement to publish prices for parasiticide (ie flea, tick and worming) medicine products on websites and in premises, along with a link to a list of approved online pharmacies

This and other places where we are being asked to push clients away from our businesses seems to go far beyond simply making clients aware of on line pharmacies.

- 2d. Requirement to publish information about what services are included in pet care plans, how frequently they are typically used, and price if paid separately – on websites and in premises

I think this will on the whole be a good thing.

3. Requirement to provide the information set out in remedies 2a-d above plus ownership and basic practice information directly to the RCVS; an undertaking from the RCVS to collect the information set out above, make it publicly available on its Find a Vet platform, enhance the platform's functionality and share data with approved third parties

I am not convinced that this will be of great benefit to the public. Competition between practices has, by the nature of Veterinary General Practice, to be largely a local thing with distance between clients and practice premises being very significant. The complexity required of RCVS website to achieve what is being asked will be expensive, complex, and very possibly subject to malfunctions if any major Gov.uk sites are to go by.

4. Undertaking from the RCVS to commission and publish the results of a pet owner survey which compares each Large Veterinary Group (LVG) and independents (as

a group), once every two years; and LVG FOPs to publish results on websites and in premises

I am not convinced that the perpetuation of what has become a good guy/bad guy issue is necessarily going to achieve anything. There is so many different forms of independent practice that to lump all together for survey purposes does not seem valid.

5a. Requirement to provide pet owners with a written estimate of the total cost of any treatment which is likely to be £500 or more (including VAT) and give them an update if the estimated cost increases by 20% or £500 (whichever is lower), and recommendation for the RCVS to reflect this in Codes and Guidance

This may not be too onerous if PMS systems make it easier, at the moment I have to put on every drug by dose etc to come up with a figure. Provided educated guestimates are acceptable this may be possible. I do have concerns where during an operation for example, it becomes apparent that the total cost will exceed the estimate, it is not always possible or practical to make contact with the owner so the operation has to proceed to completion. I think we need safeguards for situations such as this to prevent them being used by some owners to bully the practice into charging unrealistically low fees . Finding estimates for referrals is even more complex and on the west coast of Scotland there are few centres to choose from and transport is not always easy for the client – cost is not always the most important aspect.

5b. Requirement to provide pet owners with itemised bills for their pet's treatments and other services they receive and recommendation for the RCVS to reflect this in Codes and Guidance

This has been our standard for many years but often the client does not want to receive this and will just pay at reception. On the other hand we get clients who have no credit history with us who will sit in waiting room for a consultation, bring the animal in next day for procedure costing hundreds which they have been advised of and despite notices asking for payment at time think they can offer £50 a month as they leave with a bill for £400. There needs to be a balance between client and vet.

6. Requirement to have in place written policies and processes to ensure that vet professionals are able to act in accordance with relevant provisions of the RCVS Codes and Guidance including giving pet owners independent and impartial advice and a range of treatment options where appropriate.

This should not be a problem as long as the range of such things is not expected to be totally exhaustive.

7. Requirement to make pet owners aware they can get a prescription and buy medicines online more cheaply through standardised notices in waiting rooms and by including standardised messages in a range of communications. Vets would need to tell pet owners about written prescriptions in consultations. Undertaking from the RCVS to produce and distribute standardised notices and information about the written prescription process and for it to host a copy of literature on its website.

I am not aware of any other sort of business which is obligated to advise clients/customers that goods might be sourced cheaper elsewhere. We have already been duty bound to have a notice in premises to that effect, but I think the suggested sizes being considered for such notices are excessive – our waiting room in our [REDACTED] surgery is ten feet square. We have various other notices and leaflets on display, and to require a notice of A2 size would be quite out of proportion. Even A3 is pushing the limits when it is counter to the interests of the business concerned. Likewise I think the number of situations where we may be required to print the information is also excessive. Additionally giving the client the option to opt for a written prescription at the end of a consultation which may well already have overrun the allotted time is not acceptable. This will be extremely difficult to manage in the early days after the changes are imposed as clients will not be able to take decisions instantly and our timetable for the session will go seriously wrong. This will be a cumulative effect as the morning or afternoon go on. It could quite easily result in vets not having any time for a lunch break, or being able to fulfil all obligations by the end of the working day. For a variety of reasons consultation appointment times in most practices have increased in the last few years, reducing the fee earning capacity of each vet to the point that fees have had to increase. Further increases in consulting times may well have a serious impact on the ability of existing staff to cope with demand – but if we increase fees to compensate, especially in a practice which caters for the whole community as do most rural or small town practices, less well-off members of the community will be unable to afford veterinary care for pets.

8. Requirement to give pet owners written prescriptions by end of consultation (hard copy) or end of day (digital)

This will cause serious disruption to consultation times, for example if a vet is taking an appointment every 15 minutes. Most practices would allow for a sanity break mid morning or afternoon, perhaps only of 15 or 30 minutes. Suppose each consultation has to go from 15 to 20 minutes following your remedies, the first 6 appointments would take 2 hours instead of an hour and a half. There would be even more need for a break after that, so second half of morning appointments would not be starting until 11.30, another 6 would not be completed until 1.30pm. In a very small practice such as our [REDACTED] surgery the vet will be operation on

surgery cases as well, and on many days consultations could not be completed in time to allow for any surgical time at all . Our days are also exceedingly unpredictable, and the tighter you set expectations the more discontent and strife you will cause for us when “standards” cannot be maintained. Our lives are stressful enough. I also have serious concerns about handing put physical prescriptions or sending electronic ones to the clients themselves as we have in the past had a significant number of fraud cases due to a combination of presentation to multiple pharmacies and to alteration of the prescription.

Lowering our sales of medicines is very likely to increase our costs due to less discounts making the market even more skewed. It is entirely possible that we will in more remote areas be expected to come up with emergency supplies when deliveries have failed, but will , as a result of “remedies” be unable to do so if stock cannot be maintained – some medicines arrive with relatively short shelf lives.

On the cost of medicines I think diverting all trade to online very large businesses, regardless of their ownership, is the easy way out and will inevitably result in increased fees for pet owners. Whilst some examples of practices with 300 or 400% markup on medicines may be found most will have 50% on list or maybe less for some categories. This allows a degree of cross subsidy of services within the business. I do not understand why this is regarded as such an abhorrent practice by the CMA. There has to be a degree of cross subsidisation to run virtually any business. For practices such as ours, independent and remote, running our own OOH services 24/7, the combination of CMA remedies and higher wages paid by wealthier practices in other parts of the country may well reduce us to being unviable. This is not sensationalism on my part, it is serious possibility

Why has there been no attempt to look at how pricing is done within our supply chain?

9. Requirement to be clear that there are alternatives to own-brand medicines and provide information on active ingredients so those alternatives can be found

There are different degrees of own branding, varying from fully licensed pharmaceutical copies to unlicensed generics produced for the human market. There can be no doubt that as long as patents are running alternatives to new medicines do not exist, but when patent expires lots of alternatives appear. I think clearer guidelines need to be provided for both vet professionals and for owners on the legal niceties of this matter.

10. Requirement to contact customers at specified times to ask for their default preference for repeat prescriptions - whether to buy online or in-clinic

This summary does not seem to make it clear as is detailed in fuller versions of proposed remedies that the proposed default position will be for written prescriptions to be used for all repeat prescriptions. This seems to me to be unreasonable overkill diverting possible sales away from FOP. It may lead to misunderstanding and lack of availability of medicines expected by the client to be available to collect from the practice.

11. Requirement to charge no more than £16 for providing a written prescription and put in place policies and procedures on the duration of prescriptions and charging a single prescription fee per consultation.

Even for a single item £13 or so does not reward a veterinary surgeon with all the professional training, required regular updating of knowledge, and responsibility for the decisions made sufficiently. To expect us to lump several different separate decisions into one because they are required to at the same time is ludicrous. It would be more appropriate to charge considerably extra when this is all expected during one consultation. You know from your research that the majority of practices charge more than this and that by and large practices are not generally making excessive profits.

12. Requirement not to use for new (or enforce for existing) out-of-hours contracts notice periods which are longer than 12 months, with no payments required unless a FOP stops using the services before the notice period expires

I think it would be more appropriate to tighten the regulations on how near such services are to the practice providing the primary care. We have to provide our own out of hours cover and it makes recruitment of vets very difficult indeed. I am aware that some practices on not too distant mainland ask clients to travel long distances for such services. For example pet owners in Largs on the Ayrshire coast have to choose whether to travel to Glasgow or to Kilmarnock. Centralisation of services does no favours to the communities on the edges.

13. Requirement to offer communal cremations, make pet owners aware of all available end of life options, publish individual and communal prices and observe 'cooling off' periods

Our situation differs from most practices as crematoria generally will not collect from us, we have to arrange transport of bodies. This restricts possibilities and we have to do our best for our clients. We have never charged any markup whatsoever on cremation charges, and add a charge as near as we can actual cost to cover transport. It is very difficult to juggle client expectations in regard to time waiting

for transport and extra regulations in relation to cooling off times will just make life more difficult.

14. Requirement to publish and provide pet owners with an in-house complaint process which meets specified minimum criteria, and for a sample of veterinary businesses to share a log of complaints with the RCVS

Probably a good thing

15. Requirement to engage in mediation in good faith where the pet owner's complaint is not resolved in-house and the pet owner wishes to take the complaint to mediation

I think there would be a need to have pre agreement on mediation services. The RCVS use such a scheme but I hear mixed reports of the scheme successes.

16a Undertaking from the RCVS (or requirement by CMA Order for it) to develop and publicise a decision tree to help pet owners navigate the different routes to redress.

This will require a very different approach from RCVS which hitherto has only addressed complaints regarding professional conduct, not such things as fee or charges.

16b. Undertaking from the RCVS (or requirement by CMA Order for it) to collect, analyse and publish on an annual basis data and insights on complaints in the veterinary market for household pets.

I am not sure this falls within your remit

- 17 A recommendation to government to establish a replacement statutory regime for the regulation of veterinary services for household pets, including: regulating veterinary businesses and the practices they own; regulating the professional conduct of vets and vet nurses; robust and effective monitoring and enforcement; an effective complaints and redress system; statutory duties to promote competition and further the interests of pet-owners; and an independent and effective veterinary regulator.

This presents a number of difficulties in regard to preserving professional conduct and competition which are not always easy bedfellows. The veterinary profession has been calling for new Veterinary Surgeons Act for many years but one of the difficulties, we are told, has been parliamentary time. Rushing through new legislation is likely to do more harm than good.

