

Dear [Recipient / CMA Representative / Relevant Contact],

I list some thoughts and feedback on your proposed remedies.

### **Ownership Transparency**

When accessing veterinary service many pet owners are unaware that “local” practices are owned by large corporate groups. We support the suggested reform but do not consider the remedy goes far enough in ensuring that pet owners are unequivocally aware. LVG brand should be the primary and not secondary brand.

Wording used should not be misleading ie unacceptable to state “part of a group” (or other euphemism like “Vet Collection” or “VetPartners family”) but use “owned and controlled by”.

### **Publish Basic Service Information**

We are supportive of transparency

### **Publish Standard Price Lists**

We are supportive of transparency but are concerned that there are considerable challenges in explaining the nuance of individual cases. Explanatory text will be lost in price-comparison websites.

The process will currently take significant administration time and we are concerned about the speed and capability of practice management systems (PMS) to provide automation. Overall, increased administration will directly result in increased to the client.

### **Publish Parasiticide Price**

We are supportive of transparency in principle but this will currently take significant administration time. I refer you to my comments above regarding PMS capability and additional administration and resulting costs.

### **Publish Pet Care Plan Information**

We are supportive of transparency to encourage pet owners assess value and compare plans across providers. However this will currently take significant administration time.

I refer you to my comments above regarding PMS capability and additional administration and resulting costs.

### **RCVS “Find a Vet” Data Publication**

We are supportive of transparency . However this will currently take significant administration time. I refer you to my comments above regarding PMS capability and additional administration and resulting costs.

It is not acceptable for this to be by the manual inputting of data in to a web portal. It must be achieved through automation and data transfer

### **Pet Owner Satisfaction Survey**

We are most concerned that independent practices can be totally different and so the sample of independent practices included is very unlikely to be representative of our independent practice. We want to avoid a continued “them and us” mentality. This reinforces a negative viewpoint towards corporate structure that is unhelpful.

### **Written Estimates for High-Cost Treatments**

We are supportive of transparency. However the nature of an investigation is that it may uncover the need for more costly treatment. We need to define estimate and how it can alter with time and how the animal responds. In essence, how it is essentially different from a quote

### **Itemised Billing**

We are supportive of transparency

### **Ensuring Clinical Independence**

We are supportive of this remedy

### **Information About Prescriptions and Online Pharmacies**

We would directly challenge this - medicines may not be significantly cheaper elsewhere, and they may not be cheaper online.

We feel this remedy erodes trust in the clinician and is a micro-management of the consultation. We do not consider this requirement to inform every client in every consultation either proportionate or rational.

There is an astounding lack of understanding of the current market dynamic represented by this remedy. The CMA have found that the LVG pharmacies are charging more and are making higher profit than the independents but you then assert that you require independents to direct their clients to the websites of the LVG pharmacies. This is bound to decrease consumer choice.

### **Faster Written Prescriptions**

We are supportive of transparency and are happy to issue prescriptions **but:** Current PMS systems do not allow single data entry and seamless production of prescription.

The CMA argues that the remedy will not increase the likelihood of fraud, but a significant increase in the number of prescriptions will increase the absolute volume of fraud. This is not acceptable. We have personally experienced prescription fraud and will now only send a prescription electronically to the internet pharmacy of the client's choice.

The £16 cap is not proportionate to the time that can be taken to issue and check multiple medicines within a single consultation / repeat prescription process. Consultation time will increase and therefore consultation costs must increase. Combined with loss of marginal income on medicines, these are not costs we can simply take to the bottom line, so other charges will go up. Clients will **not** be better off.

This remedy will currently take significant administration time and we are concerned about the speed and capability of practice management systems cope with this.

### **Own-Brand Medication Clarity**

We are supportive of transparency.

### **Default Choice for Repeat Prescriptions**

We are supportive of transparency, however, this will currently take significant administration time and we are concerned about the speed (and capability) of practice management systems (PMS) to provide automation to make this work less administratively intensive.

## **Prescription Fee Cap**

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

Combined with loss of marginal income on medicines, other charges will go up and clients will **not** be better off.

## **Out-of-Hours (OOH) Contract Notice Periods**

We have grave concerns that whole business models may be built on providing this service. The ability to withdraw from these services with short notice risks undermining the viability to provide them overall. It will result in redundancies as staff levels will fluctuate. If an OOH service ceases to operate this directly results in reduction in choice for clients, increasing travel time & stress. There will be less options for new start ups if some of these services are removed – further reducing choice for clients.

## **Cremation Transparency and Options**

The enforcement of approach to informing of charging at a very sensitive time undermines trust between client and owner and the matter should be left to the discretion of the veterinary surgeon.

The requirement for a “cooling off period” should be directed towards the crematorium NOT the individual veterinary practice. Few practices have the facilities for the ongoing storage of dead bodies in order to support this remedy. Crematoriums could easily absorb this step.

## **Standardised In-House Complaints Process**

We support effective client redress and the learning outcomes that arise from complaints.

## **Mandatory Mediation Participation**

We support this remedy if there is a requirement for clients to settle the bill before mediation, so that it doesn't lead to many more clients “trying it on” to get money off. We suggest that independent practices deal with fewer formal complaints (that could lead to mediation) because pet owners are able to immediately deal with a senior business owner to address their concerns, therefore proportionality is warranted here.

## **RCVS Decision Tree for Redress**

We are supportive of this measure

## **RCVS Complaints Data Publication**

We are supportive of this measure

## **Recommendation for a New Statutory Regime**

We are supportive of new legislation but we have to get this right

Practice standards scheme must be **outcomes based**

We must not end up with auditing akin to what Ofsted has become.

On a more personal level I wish to formally note that the administrative burden this process has placed on small, independent clinics like mine has been unfair. The demands for data, documentation, and compliance responses have been overwhelming, diverting precious time and energy away from the animals and clients who depend on us. The structure of the remedies under consideration have left many of us feeling unheard and undervalued as some, particularly the remedies around prescriptions, appear to favour the LVG's.

It has caused significant anxiety among myself and my colleagues, who are already working under pressure in a profession that is emotionally demanding. Instead of feeling supported to improve transparency and fairness in the sector, I feel burdened and disheartened by your apparent lack of insight.

I fully appreciate and support the principle of improving transparency and client trust. These are values at the heart of my work. However, I fear that the proposed solutions may inadvertently achieve the opposite of what is intended. The increased administrative and financial pressures will inevitably translate into higher costs for clients, making veterinary care less accessible and placing additional strain on both pet owners and veterinary teams. It feels, unfortunately, like an own goal — a step that risks undermining the very trust and affordability the CMA seeks to enhance.

Thank you for taking the time to hear my concerns. This has been a challenging period, and I share these thoughts with sincerity and respect in the hope that they will contribute to a more balanced and compassionate outcome.

Yours faithfully

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