

I have worked in independent first opinion mixed veterinary practice continuously for 35 years. Starting as an employee then committing to over 22 years of a Veterinary Partnership; working alongside other colleagues in building a private veterinary practice up from 4 vets initially through to a total of over 70 staff. In order to facilitate and encourage new ownership and so maintain our independence, previous partners have stepped aside to welcome in new young directors who have settled in the area and come to know the clients well, to then lead the practice forward. I now work as an employee continuing to support our practice and the clients I have come to know and value greatly. We are proud to be part of the XL Vets group of independent veterinary practices.

REMEDY 1 Ownership Transparency

This is of utmost importance and what we have strived for during all my veterinary career in independent veterinary practice (IVP); That 'Brass Plate' on the door meant accountability and responsibility; so much more than just following RCVS guidance. Mine is in front of me now as I write having been replaced by the 'brass plates' of new younger directors keen to continue to uphold our independence.

The 'buck stops' with the business owners and they should be there to meet and be answerable for a business they have created to take care of often the most precious members of an owner's family. It bears a responsibility that should be faced with honesty and clarity at all times living in the area where we work.

I support the changes but do not consider they go far enough.

- LVG brand should be the primary and not secondary brand. Not hidden in the 'small print'
- State primarily 'Owned and Controlled by' and not "part of a group" or other vague phrase such as "Vet Collection" or "Vet Family".

REMEDY 2a – Publish Basic Service Information

As an independent we have always been clear about our services including OOH provision, staff qualifications, facilities and equipment; including where our limitations lay as well.

Publicising 'Practice Standards Scheme' achievements in the early days helped us as we were one of the first adopters of the scheme. That scheme would provide an excellent framework on which to build if 'Core Standards' became a basic RCVS requirement. Any 'new' scheme would create additional administration.

All information is now clearly displayed on our web site; such a breakthrough as previously we needed open days & leaflet drops to postcode areas when we made significant changes to additional branch clinics for example. Informed choice and earning the 'clinical trust' of a client is at the heart of all we do as an IVP from the consultation room to the overall business presentation.

REMEDY 2b – Publish Standard Price Lists

This is to be welcomed as price transparency encourages informed decisions about the treatment options available; be they surgical or medical; long term treatments or short term.

Often my clients have a great level of trust but don't like to 'ask about money'. They still need to know 'the bottom line' for costs and I will be the first to bring up prices, explain estimates in the consultation.

It doesn't mean that every approach is the same. Do we X ray or not in the early stages of every lameness case for example? No – a clinical judgement is taken but also bearing in mind any concerns from a client about costs. Clinical trust leads to clear conversations. I am often helping a client to navigate all the options they have in front of them including referral options and getting clear costs when following that path.

Estimates quickly produced by a practice management system (PMS) in consults are invaluable and can be tailored to suit the client. As many of our clients are not insured then there is room to 'keep costs under control' by not adding in unnecessary steps to a process of investigation. Standard price lists may only refer to 'standard' procedures such as neutering but there is a suspicion is that the LVGs will use loss leaders on these headline procedures to increase business. They are controlled and driven by business managers after all and not primary clinicians. The language of the 'veterinary profession' being replaced by the 'veterinary industry'.

REMEDY 2c – Publish Parasiticide Prices

This is to be supported but then why should we link to an online service? Like the 'corner shop' providing a unique service then having to link to a supermarket online delivery chain. I find that clients are already making that choice with the way they purchase products. Parasiticides often discussed in a consult then offered but with a quick reply 'no – we get that elsewhere'.

REMEDY 2d – Publish Pet Care Plan Information

I would be supportive of transparency. The speed and capability of a PMS would need to be confirmed but then essential to publish all 'Care Plan' costs so owners 'know what they are getting' for their financial commitment. We already do this in our discussions with our clients.

REMEDY 3 – RCVS “Find a Vet” Data Publication

RCVS needs to become a central trusted information source and work harder for our profession. Publishing data on an enhanced Find a Vet platform would be welcomed but it would need to be searchable and comparable; I do not understand why is there a need to share with approved third parties or comparison sites? The whole process would take administration time and would require our PMS to be compliant then it can be achieved through automation and data transfer and so easier to comply within a busy practice.

REMEDY 4 – Pet Owner Satisfaction Survey

This is to be welcomed but as an approach for all practices not just comparing LVGs with independents. I would like to think this would be the RCVS working to bring the profession together not divide us.

We potentially provide a very different service driven by the geography and demographics of the part of the country where we work and so direct simplistic comparisons can be difficult.

REMEDY 5a – Written Estimates for High-Cost Treatments

Currently written estimates are given for all proposed investigations with regular updates within our PMS. Creating a situation for an owner of "bill shock" is very compromising for someone to have to deal with in a public reception area and I would regard that as an insult to our valued clients. It is always covered in the consult room privately or on the phone with regular updates. This could be dealt with by RCVS incorporation into its Codes and Guidance as it is already part of the 'Practice Standards' scheme.

The service provision by our local larger referral centres has been exemplary and I enjoy the fact that we are able to signpost clients to the amazing veterinary services available. My main concern for those clients who I refer is to be dealt with fairly and not compromised in any way; pushed into decisions they feel duty bound to follow through. Thankfully we will often follow them on that referral journey to learn how the experience has been and have on occasion discontinued to use a referral practice when we have had poor feedback/client experiences. Not an option within the LVG's who often own both the primary and referral centres.

REMEDY 5b – Itemised Billing

An essential part of any PMS to improve transparency and enable comparison. If the RCVS were to reflect this in its Code of Conduct, then that would bring us into the informed world. It is essential to show the detail and level of service provided during all the steps of a patient's care.

Always important for clients to be aware that VAT is payable on all veterinary fees.

REMEDY 6 – Ensuring Clinical Independence

Clinical independence and autonomy are at the heart of all we do, acting as an advocate for our patient and client before us. Essential that it would be part of a written policy supported through the RCVS and professional guidance. It could be suggested that insurance has driven the business practices of the LVGs.

Once again, a return to the language of a profession dedicated to animal care and not that of an industry.

REMEDY 7 – Information About Prescriptions and Online Pharmacies

I would agree with the display of standardised notices informing clients that they can request a written prescription and buy medicines online. The RCVS can help us to produce standardised information.

I would strongly disagree that the majority of owners are not aware medicines can be bought online. Working 10 hours today consulting I asked as many of my clients as possible if they were aware and over 90% said they did know but chose to buy from us. The following reasons were all heard today in my consulting room; speed and convenient, they knew we 'wouldn't rip them off', they trusted us to get the best prices, they knew possibly cheaper on-line but chose to support a local business, or lacking skills and access to buy 'on line'.

I would not consider the requirement to inform every client in every consultation either proportionate or rational and would represent micro-management of the consultation. Much of our consultation time is spent discussing the clinical need and then the use of medication in the first place; to then go into a deeper conversation about costs erodes the clinical judgement and trust. It can be followed up at a later date once I have established that the 'meds are working' and the client is happy to continue treatment. It is then often raised during consults with medication to treat chronic conditions and then faced with an honest conversation about pricing. I would suggest that adding texts to SMS messages is unprofessional and increases costs.

REMEDY 8 – Faster Written Prescriptions

I would support transparency and am happy to issue prescriptions, but this remedy would take significant administration time **during** a consultation. Costs of consultations/time required would be increased if done both during and/or at the end of the day. Clinical time would be eroded.

The charge could be capped but the overall cost to client would increase where multiple medicines are involved and multiple prescriptions are required. Having experienced fraud, we now only send a prescription electronically to the internet pharmacy of the client's choice when requested.

The loss of marginal income on medicines would be a significant factor in business planning, and it would make it difficult to maintain an economically competitive pharmacy for those who do choose to obtain medicines direct from practice. I would challenge to the CMA's assertion that this remedy will not lead to increased costs elsewhere and suggest a closer look at both LVG and IVP pricing structures. A review would also need to look at the pricing clarity of drug company manufacturers and the wholesale supply chain as well.

REMEDY 9 – Own-Brand Medication Clarity

I would support an end to practices selling own-brand medicines where it can be confusing for a client to be clear that there are cheaper alternatives with the same content.

REMEDY 10 – Default Choice for Repeat Prescriptions

This is to be supported but would need to be managed in a time efficient manner. PMS's could be used to look into workable ways to carry this out. A decision could be part of a clients 'terms and conditions' when entering into a business relationship with a practice then their preferred choice clearly indicated on the PMS

REMEDY 11 – Prescription Fee Cap

I support and understand the suggestion of a cap but the proposed £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. To include all medicines dispensed on one prescription would be unworkable with current PMS. Combined with loss of marginal income on medicines, other charges will increase including consultations and the cost of OOH provision.

REMEDY 12 – Out-of-Hours (OOH) Contract Notice Periods

I would support this remedy. It has minimal relevance to our IVP as we have always who provided continuous and robust OOH cover for over 30 years. Recently this OOH cover has extended to cover for a local previously IVP taken over by a LVG who are then unable to recruit nor provide this service to their clients.

Remedy 13 – Cremation Transparency and Options

Our 'Euthanasia Consent' forms are regularly updated and clearly cover all options in writing. It will always be explained gently by talking through the form during what can be a difficult consultation and a sensitive time for owners. It has been this way for a long time with our IVP so I have many years of experience of this process working in clinical practice. Communal cremations have always been offered along with individual and a basic idea of prices for the individual cremations is displayed on our consent form (in brackets following each option).

I do **not** have to leave a patients' side to tap in estimates to a computer screen, but I can gently indicate an idea of costs using the form itself which if agreed on I will then honour in the pricing entered onto the PMS later. I do not feel it is inappropriate to discuss the costs as if it is done in a sensitive manner, it is then clear for all. I have always found that there are fewer complaints where there is clarity about the costs rather than a 'don't worry about that now' approach.

Clarification from the CMA about 'cooling-off periods' would be required. I would suggest only a need to observe these should there be complaints or mismanagement of the cremation process.

Remedy 14 – Standardised In-House Complaints Process

A clear and accessible in-house complaints procedure is essential for any IVP to improve client services and business practice and maintain our goodwill in a local community where a **reputation matters**.

Over the years regular meetings between our directors would always include complaints discussions and solutions with improvements as a result. Any complaint was always addressed with speed and direct conversation where possible. Over many years I found that most clients wanted to be heard, they wanted us to learn and improve and ensure not repeated if there was a better answer or fault identified at all.

Remedy 15 – Mandatory Mediation Participation

Help and advice has been gratefully received from the Veterinary Defence Society. If any complaint was unresolved, then the VDS have always guided and lead our continued discussion with a complainant if we had been unable to resolve within practice. I would suggest that IVP's lead the way by example with far fewer complaints. Direct contact with a senior business owner makes a client aware of just how seriously any concerns are taken. I would suggest more research needed by the CMA with the exemplary VDS as their advisors drawing on their years of experience.

Remedy 16a – RCVS Decision Tree for Redress

Supporting the RCVS to develop and publicise a simple decision tree for pet owners in how to pursue redress for complaints, mediation, insurance, etc would make the process clear and reduce any client confusion. A collaborative recording process for a client and the practice would again make an owner feel they were being taken seriously.

Remedy 16b – RCVS Complaints Data Publication

As a result, the RCVS could collect and publish annual data on complaint numbers and data. Their own analysis may identify and avoid any trends that would lead to future more serious litigation involving professional standards and their members. Submitting this data would need to be made easy within a PMS.

Remedy 17 – Recommendation for a New Statutory Regime

To be encouraged to maintain professionalism covering all proposed matters. No new board or 'quango' required but it would be essential to use RCVS and the existing Practice Standards Scheme. Using a new board would undermine the role of the RCVS.

Expanding on schemes already in place but updating as required to include outcomes would mean a collaborative system rather than a challenging inspection process that we hear about in say Offsted. We are all professionals who have already committed to our RCVS oath and so that should never be forgotten nor lost within the commercial aspects of our profession.