Dear CMA,

Thank you for your invitation to respond to your interim publication. This seems significantly more civilised than your previous summons to 'assist' your purpose by demanding detailed financials with the threat (enforceable or not) of swingeing fines, all within a two week deadline. As a small independent veterinary practice employing less than fifteen staff and struggling at that time with the need to employ eight different locums to keep the show on the road, this was a considerable burden. With no holiday taken over an eighteen-month period other than one spell of covid, my wife (accountant/practice manager/HR department) and I endeavoured to supply such information. This was despite the daily requirements of caring for patients, clients and staff with myself as the only permanent veterinary face within our practice. Our response was not helped by questions which were unaware of the partnership model of ownership so I fear this may have resulted in several garbage in garbage out answers. Since then, I have more time to respond as the sense of burnout is not receding resulting in a reduced presence (mind and body) within the business.

I will start this reply with historical lessons some of which you have alluded to. Once upon a time all veterinary practices had to be owned by veterinary surgeons who were not permitted to go limited. The sector was regulated by the Royal College of Veterinary Surgeons (RCVS). Practices were part of the community; career progression was to buy into a partnership within these structures. Ultimately, this model was considered to be a restraint of trade, so non veterinary ownership came to pass with only named veterinary surgeons being regulated. Increasing specialisation and advancement of diagnostic equipment and treatments favoured larger investment budgets and consolidated organisations. Working time directives and health and safety considerations increased manning and staff costs some of which was moderated by an influx of non-UK veterinary surgeons.

From a former position of advertising also being unacceptable, particularly of drug and service prices, the sector has been overtaken by commercialism. We were previously subjected to a Competition commission enquiry which was not dissimilar to the current CMA remit. It could not be considered a success, and may have escalated what is currently being discussed again. Cross-subsidising of services for example by drug sales was highlighted. Out of hours provision, as a costly but necessary emergency service became specialised, or necessitated staff recovery time, at further cost. Free written prescriptions were forced upon us but were ultimately untenable, and now cross-subsidising is again part of this enquiry. Sharing of price information was considered to be an opportunity for price fixing rather than a panacea for a lack of competition. At this point the internet started becoming a consistently accelerating force for good and bad. Of late we have undoubtedly been affected by Brexit and Covid

which have influenced our ways of working and altered perceptions of capacity and capability.

The veterinary sector may appear buoyant from the outside but any belief of it being or becoming a 'free' market is delusional. My rudimentary understanding of economics is based upon supply and demand. Veterinary demand has increased through consequences of consumerism over companionship. In the meantime, supply of veterinary services is falling for several reasons. We lost a fair proportion of vets due to Brexit. A whole tier of experienced vets has been lost due to practice sales and their replacement with cheaper options within the purchasers' models. This has led to reduced support to younger vets and increased disillusionment with a veterinary role where commercial rather than clinical decision making is already a factor. The wastage rate of new graduates is huge for whatever reasons. The median veterinary career is now said to be less than the time taken to train as one. Vet students rack up considerable debt with minimal opportunity for income generation during the course. I can confirm that although veterinary pricing has increased by more than inflation during your set period, staffing costs (our main cost) among others have more than doubled during that time. Having started a career undertaking two consultations every 15 minutes, post Covid I see my colleagues struggling with a twenty-minute slot per consult. As a profession we have had to become more defensive and make use of diagnostics earlier and more frequently. We already convey as much information as possible within and beyond that duration. Time and Building infrastructure are already at limits so as a business we have had to take steps to protect our current patients and clients as best possible. We could choke off demand by fuelling price inflation further (as a free market would work) but have chosen to restrict the uptake of transferring clients by way of a waiting list. I suspect that many others have had to make the same choice. In the meantime, larger organisations continue to consolidate and cull least profitable capacity. As a profession we have always tried to help and find solutions to problems, but we have just had to learn to say no instead.

Although the CMA touches upon one or two of the causes of the need for the investigation, the remedies suggested merely touch one symptom; that of costs. Those remedies I also foresee exacerbating those underlying causes, for example by reducing 'productive' hours further, making companion animals even more of a consumer item, compromising quality of care and time invested in such so reducing provision of care to the lowest common denominator and further pressurising a precarious workforce. If we have to become obsessed by fees and their discussion, this cannot help with the 'we're only in it for the money' comment frequently heard (generally from non-clients of ours).

The written prescription remedy for example is a major can of worms. We are already confronted with prescription fraud, counterfeit medications, loss making internet pharmacies, pressure on local in person pharmacies from NHS overspill and reduced

case supervision and support when writing prescriptions. To expect to put multiple medications for several pets on a same scrip within a consult as a default setting in an already congested time and headspace, is a recipe for mistakes if not disaster. To wave goodbye to such a prescription will inevitably mean frequent phone calls to and from pharmacies for interpretation, assuming the issuing vet is available at the time of such calls. We have clients that will compromise their pets by waiting five days as delivery etc will not be immediate. We have no oversight of handling and transport of delicate medications, would not be able to recommend pharmacies having never used them and have no intention of trawling the internet to act as a comparison website. Within the webinar it was mentioned that we would be expected to supply prescriptions as we would medications in-house. I would certainly never send a client out with six months of medications other than anti-parasitics. Due to fraud, we now liaise directly with an owner's preferred pharmacy. This system has evolved well for reasons of safety and efficiency; your remedy would set this back by years. In-house we have chance to modify treatment plans and doses; a multiple scrip would set this in stone so we would need to issue more frequently and insist on revisits and greater testing for maintaining vigilance, inevitably at greater cost.

Obviously estimates for surgical procedures are sensible for our clients. Having been incumbent for nearly twenty years many clients still trust my judgement. Taking time to explain options for major work has always been part of the job. I fear that producing estimates on a worst-case basis can result in over-vetting to justify an estimate, or more ominously economic euthanasia . We have also had instances of poorly understanding members of the public ringing around for quotes with their pets under anaesthetic elsewhere. This is uncomfortable for us but more so for the owner, primary vet and particularly their patient.

You also mention vertical integration, a logical business model for a larger organisation. Cremation fees, lab fees, referrals and out of hours provision (and even insurance) all frequently fit into this category and are out of our control. Many pharmacies are part of this too. We discovered our previous crematorium once taken over undertook sharp practices raising prices to us yet undercutting to direct public enquiries, making US look manipulative.

To publish our prices is still anathema to me. We struggle to micromanage daily price changes as it is, so administration time would be a further impact on our capacity and service to clients. I would rather delete our website than expedite your solution as we are not taking on transferring clients and have spent nothing on marketing for some years. To expect the RCVS to carry the burden of being a clearing house, price comparison site and police patrol/ invigilator of your suggestions, is also unfair. Those significant costs would fall to us members and currently not the organisations you suggest need targeting.

We have already received several ‘secret’ shoppers tying up phone lines and receptionists’ availability. I have assumed these ‘prospective clients’ to be journalists but would be interested if some where of your origin. I have not seen that it has yet caused unnecessary suffering with any emergency calls having been blocked but I believe this will potentially be the tip of the iceberg. In the meantime, you have added fuel to the negativity, weakened the trust some of us used to enjoy and this despite our best attempts to look after our pets and clients.