

I am writing in response to the Provisional Decision Report released in October.

I am one of three owners of an independent practice in [REDACTED], a city location. All of the owners are veterinary surgeons working clinically within the practice, as well as managing the business. I welcome and am supportive of many of the principles in your report, particularly the emphasis on transparency for our customers. However, I have suggestions for honing and developing some of your provisional decisions to avoid unintended consequences and to further the provision of clarity to customers.

Before I outline these, I stated in my prior correspondence earlier this year that I am concerned that independent practices will be disproportionately affected by many of the remedies you propose. Whilst I appreciate that there have been amendments to the original proposals in response to the significant feedback you have received from the profession, I was very disappointed to read that there has been no profit analysis for independent practices. We are a significant proportion of the market share, and the financial set-up of an independent practice is markedly different to LVG's, with far less room for manoeuvre. Bluntly, it feels that there is no proper consideration to ensure preservation of a variety of practice types to support owners to choose the practice most appropriate to them. This feels counter to the underlying principles of the investigation. Swamping smaller businesses with remedies that have a high administrative burden beyond their financial ability to absorb and/or their ability to leverage change with external PMS providers (for example), in the name of improving the marketplace is short-sighted.

I would welcome profit analysis of independent FOP's to demonstrate that the remedies are reasonable and proportionate, and I believe consideration should be given to delaying the final conclusions until this has been done.

For ease, I have responded to each Group of Remedies in more detail below.

Group 1 Remedies on Ownership Transparency

- Overall, we are strongly supportive of these remedies, we find that customers we speak to when they move to, or from us, struggle to understand who owns the practices they attend, and the information isn't always easy to find. They are often unaware that the practice they are moving from/to is a LVG.
- We strongly feel that the LVG should be the primary brand, not the secondary brand. They should have a clear recognisable logo on websites and signage outside the practice to reflect who they are owned by. Independent practices often have signs on the building stating owners etc – we still have the traditional brass plaques outside – this means our clients can clearly see who to talk to if they have concerns, and they can see that we work onsite within our business.
- We would propose that any wording to denote ownership should be specified and state, for example, [REDACTED] This avoids ambiguous wording such as "part of a group" or "Vet Collection". This particular branch of IVC opened in [REDACTED] with absolutely no reference to IVC on their signs, their contact information or their marketing. [REDACTED] and feel strongly that there should be detailed

requirements in this area, [REDACTED]

- We are supportive of transparency of ownership and service provision, both on websites and through the proposed extension to the RCVS Find a Vet. However, we would welcome provision for those members of staff who are not comfortable with being searchable online, particularly those with safeguarding concerns.
- Whilst we are happy to produce and publish price lists, we have concerns about the hidden price rises that will occur in order to compete more visually to customers. We feel this will be inherently misleading to customers. We would be happy to include a link to our website for pricing information on digital communications, but it is unreasonable to give full estimates without having seen the pet. We can (and do) tell them the cost of the appointment, but often the client may not even realise there is an issue. We feel the (significant) risk of giving an inaccurate estimate because we do not have all the information, would undermine the customer – vet relationship and lead to dissatisfaction and an increase in complaints. It is perfectly reasonable to give a full estimate of planned investigations and treatments once the consultation has happened – it would only be for true emergencies that clients would have limited opportunity for time to consider their options.
- We are concerned about how to sensibly and clearly add further detail to price lists to accurately demonstrate to customers what the procedure includes, and where it might differ to an alternative cheaper service OR favourably compare to a more expensive option. Marketing relies on clear concise information provision – the level of detail required to explain service provision on a price list would be difficult to keep a customer engaged with. Even a simple fee, such as a booster vaccination fee is variable in value – does it include a full health check with a veterinary surgeon? Will they assess and plan for investigation/treatment of other issues at the same time? Is it a 10, 15 or 20 minute appointment? Does it include risk assessment and support for whole health or is it literally just a vaccination? Further consideration on how best to present information to customers on a price comparison website is essential, otherwise it seems to me that it would not provide customers with a useful tool.
- Further to the above, our Practice Management System is not particularly agile, and we do not have sufficient clout to push for change. We would have to manually extract prices to input onto websites/into the RCVS system. We would be concerned about whether ours (and other) PMS providers would be able to provide automation, and cope with price changes in a timely fashion. Manual data inputting would provide a considerable administrative burden – we feel the only acceptable way to comply with these remedies, if they go ahead, would be with an automated system.
- Please could you clarify further regarding parasiticide pricing on websites – we have previously been advised, and indeed reprimanded, for referencing the name of prescription antiparasitics on our website/waiting room information – given that our endorsement is perceived as advertising. This would surely apply to a price list, given we would only list items that we have chosen to prescribe.
- Whilst pleased with the customer survey proposal, we are concerned that it is very difficult to accurately survey a group of independent practices, given how individual they are. We would be concerned that results would not accurately represent our practice.

Group 2 Remedies – Helping Pet Pwmers Choose Treatments and Supporting Vets

- We are very supportive of clarity via written estimates and do this routinely within our practice as we believe it is important for customers. For any external referrals, we ensure to verbally give the client a ballpark figure, and accurate initial costs, as advised by the referral centre. This is documented in the clinical record. However, we do not feel we should be responsible for giving itemised estimates for third parties, and it is not reasonable to expect them to give fully accurate itemised estimates for patients that they have not yet examined – particularly medical cases. We are not able to generate such itemised estimates via our PMS for 3rd party services, often it is not something we would provide in house and runs the risk of being inaccurate. I would request that if this information required to be given in writing before the referral (excluding urgent transfers – where I do not believe itemised estimates are possible, or safe given that the referral clinician has not directly examined the patient), that the onus is on the referral centre to provide this. I would suggest referral centres and OOH centres could come up with a general document for clients, explaining likely costs of initial examination and basic care provision, detailing that full estimates will be provided, and when this is most appropriate.

Group 3 Remedies – Opening the Medicines Market

- As a practice, we are supportive of transparency in this area – we offer written prescriptions verbally in many consultations, particularly for chronic medications and anti-parasitides, and it is in writing in our Long-Term Medication information sheet which we give to customers regularly at medication review appointments. We do not feel it is necessary or appropriate to state it in every consultation. It is a clinical decision for the vet to determine if a written prescription is appropriate for the patient. Requiring a “rote” format for consultations feels beyond the remit of the CMA and would undermine the client-clinician bond, reducing our ability to provide contextualised care.
- Adding additional text to SMS messages would add significant cost to our practice communications. We also feel that the proposed wording is misleading – it isn’t always cheaper for customers to buy medication online. If this is compulsory on all digital communications it furthers the perception that veterinary care provision is all about the money, undermining trust, which is essential for a good working relationship for both parties. I would suggest that providing the information to **relevant** customers, verbally, and in writing, is sufficient, and supports their decision making. This can be done in advance in practice information such as welcome packs on registration, clearly on signage in the waiting room and on the website price lists, and then more actively when a patient is prescribed antiparasitides or chronic medications, for example.
- If written prescriptions are chosen by the customer, they will not be for emergency medications. There is little benefit to the client to have it at the time of consultation, and it does not allow the client time to consider their options before deciding how they would like to proceed. Furthermore, it will incur a time constraint on the clinician and increase the likelihood of error. Our PMS system allows fairly straightforward production of written prescriptions, but the wording and detail need inputting. We also have a safety check measure to reduce errors – similar to countersignatures on dispensed medication. This would not be possible at the time of consultation or at the end of the day. Currently

we allocate our team time in the middle of the day – at least 90 minutes of vet time - to complete written prescriptions, which then allows processing to occur in a timely fashion. This is usually within 24 hours, 48 hours over a weekend where we have to prioritise patient care.

- I am particularly concerned about the lack of interest in the risk of fraud. An online pharmacy made us aware of several cases of fraudulent prescriptions being issued in our name, in sufficient quantities for us to move to a digital system. Clients prefer this system, and we feel it works smoothly. The client requests the prescription from us, and advises us of the pharmacy they have chosen, and their order number. We then send the prescription directly to the pharmacy with the order number to allow them to match the prescription easily. Since doing this we have had no further cases. We do not feel that returning to paper prescriptions would be in the best interest of patient safety or make it easier for clients to order medication online.
- I appreciate that the CMA may not feel that fraudulent prescriptions are a big issue, but I would argue that if written prescriptions increase on the scale I anticipate as a result of the proposed remedies, there will be a proportional increase in fraudulent medications. This is unacceptable – particularly when we can take measures to reduce it now. There are few safety measures in place for prescription medications obtained via written prescriptions, and a central, secure system such as that in the NHS is unlikely to happen in the short to medium term. I strongly feel that an online system is the most sensible way to do this.
- Whilst I think it is fair to record a customer preference, I would suggest that it is not sensible to make written prescriptions the default option. Many medications used on cascade are not easily available – some human medications cannot be obtained online, and clients find the logistics of obtaining from a bricks and mortar pharmacy difficult. “Specials” from companies such as BOVA and Summit, who produce human medications in a form more suitable for veterinary patients, are also not available online.
- Will the CMA allow clinical judgement for determining the appropriate time to move from in-house dispensing to written prescriptions? Many medications require use for a period of time to get the correct dosage, and monitor for adverse events. Customers would be out-of-pocket if they have had to pay for a prescription AND medication, and then change it to an alternative medication or an alternative dose, within the time frame of 2-6 weeks.
- I would also argue that a £16 prescription cap is not proportionate to the time spent writing a prescription. Each medication for each pet legally requires a separate prescription. For those pets with complex disease on 3-5 medications, each one requires generating on the PMS, amending for the specific patient requirements and instructions, checking, printing and signing by the vet – this process is 3-5 minutes per item. Not to mention consideration of each individual medication for the pet, plus consideration of possible interactions with other medications the pet may be on. We have scaled prescription fees for the number of items ordered, so there are discounted rates for multiple scripts. I also note that the Prescription Cap seems to state per consultation, yet the majority of long term medication requests will be taken digitally or by phone, and not at the time of the consultation at all – particularly as we allow our customers time to consider their options to make an informed choice.

- If at the time/on the day prescriptions are implemented, we would need to considerably increase our consulting fees in order to compensate for the reduced availability of consultations, particularly if combined with a flat fee for all prescriptions.
- There seems to be no recognition that there is considerable variation between practices as to the length of time that medications are prescribed for – and indeed, within our practice. We prescribe, as standard for stable patients, for 4 months. The client can have 2 months at any one time, physically from us, or from an online pharmacy, repeatable once before a repeat consultation is required. However, some medications and some patients need more frequent reviews, or less frequent reviews. Schedule 3 medications can only be prescribed for 28 days – so these customers will need four written prescriptions to cover 4 months rather than 1 written prescription for another customer whose pet is on a different medication. We have a lower fee for these, so as to be fair to the customer, as this is a legislative requirement.
- I have genuine concerns that clients will not be better off as a result of these remedies as they stand and would suggest that it should be a cap per medication, rather than prescriptions at time of consultation. I also believe that there needs to be clarity on whether you are specifying how long the prescription should last for, or whether you are leaving that to the judgement of the vet/practice policy.
- For your interest, I reviewed our written prescriptions for the last 12 months. We have written nearly 2000 prescriptions. We started recording where we send them, for our records. For the last 1300 prescriptions, 62% were sent to [REDACTED], 15% to [REDACTED], and the other pharmacies were all below 8%. Other practice owners I know report similar percentages. I would anticipate a move to online medication purchases would significantly benefit this pharmacy and consequently the LVG that owns it, making the "playing field" even more unbalanced – exactly what you are aiming to remedy!

Group 4 Remedies – Enabling Consumer Choice

- Clarity on crematoria ownership would be welcomed by us – surely both pharmacies and crematoria owned by LVG's should be marketed under the LVG primary brand, to give customers ultimate clarity?

- We agree that all practices should clearly communicate all cremation options to clients including pricing structures, and options for alternative crematoria. We already do this and feel it is really important that owners can make informed unpressured choices at what is a very difficult time.

- We do feel that end-of-life consultations are an essential part of the contextualised care we give to our clients. It is absolutely imperative to support clients appropriately through this process. Each customer and family are different, some want all the information – and often we have discussed it as their pet approaches old age, giving them our end-of-life information sheet, details of the crematorium, options and costings well in advance, explaining each step of the process. However, some clients actively do not wish to know, or for us to explain at all. These clients would be upset and angry if we enforced a verbal information process. We take considerable care to do this well, ensuring that we feel the customer has enough information to make an informed decision, whilst fully respecting their wishes about the level of information they require. Our flexible approach to end-of-life care includes the approach to payment. Our standard policy is payment at the time or prior to the planned appointment or

home visit. Many clients prefer this option. However, in emergency circumstances, or for clients that are undecided, or with whom it is not appropriate to take payment, we do not do so, but clearly state the plan, and the owner is given a copy of the invoice.

- A cooling off period is reasonable, clients that are undecided are not forced to make a decision within a time frame. We are able to flexibly support our clients if they do decide to change their minds and would be able to support a single working day hold period. I have significant concerns about a longer period of time of holding at the practice– many clients find it distressing to have their pets held on site at the practice and are much more comfortable once they know they have been transported to the crematorium.

- I would ask that you reconsider itemised billing for euthanasias. It is such a sensitive time for our customers, we do not feel it is emotionally fair to literally itemise all aspects of the care that go into this – I cannot envisage how it would be supportive at such a time. We are more than happy to explain to clients why our fees are set as they are, but to have a bill that lists fees such as: euthanasia procedure, intravenous cannula, sedation, euthanasia medication, handling of body, cold storage of body, storage consumables, liaison with crematorium and ensuring correct papertrail, transport to/from crematorium, cremation fee, hair clippings/ink paw prints (we do these at no fee, along with condolence cards, memorial seeds, follow up support phone calls where appropriate etc). Frankly, it feels distasteful.

Group 5 Remedies – Improving Complaints and Redress

- We very much support effective client redress and embrace the feedback loop from positively interacting with client complaints.
- We already recommend and interact with the VCMS. However, I do have some concerns that there is appears to be somewhat of a default position of financial goodwill gestures, rather than sincerely addressing the underlying concerns held by the client
- I also have concerns that in the current financial climate, the proposed process could lead to more clients pushing for “money off” on services provided, and spurious hurtful complaints with no basis. Small independent businesses lead their own complaint management they do not have a separate department to manage this. Our practice spends considerable time on complaints, irrespective of how valid or not they are, because we feel we can learn from them, and we wish to resolve the issues ourselves, as we feel it is better for both parties. Additional unfair complaints would add a significant administrative burden and emotional burden on the individuals within the practice that manage these.
- Pushing more of these up to the VCMS would require them to have capacity to manage a potentially large increase in case numbers, and some form of external auditing to support trust in the process by all parties – particularly as the practices will be seen to be paying for the service.
- I would also suggest that payment for VCMS should be on a usage basis rather than size of business or per business. We find a significant degree of complaints are resolved in house, because clients can easily speak to the business owner.
- We support central collection of complaint data through the RCVS but this should be an automated process to avoid further administrative burden.

Group 6 Remedies – Long Term Regulatory Reform

I am supportive of new legislation but I would be very keen that it is done well, with input from all stakeholders within the profession. It would be lovely to have a Practice Standards Scheme that was outcomes based and more relevant to clients, to avoid the system becoming more of an auditing process such as Ofsted.