

Response to the CMA report from Town Vets as a practice.

As a small, independent practice focusing on customer service we were looking forward to the CMA review. We were sadly disappointed as it seems to have gone against the small practice in favour of large groups and in many cases does not seem to have grasped the nature of veterinary practice. Some comments seem plainly incorrect and others do not appear to be based on facts. Our response follows the order of the report.

Animal welfare is vital. It is the responsibility of the owner,
Pets need to be seen at short notice.

Yes the current regulation is out of date and not working. The RCVS - which has overseen, and the introduction of a lot of the current issues is not fit for purpose.

Owners should have fair pricing and choice. - to select the practice model they want.

You state owners can buy medicines cheaper on line - most things are cheaper on line but in practice is more convenient with a better service - showing how to use, disposing of unused drugs, dealing easily with any issues- the cost to the practice to buy the drugs of large pharmacies is much more - even with buying groups and not accounting for the cost of the time in doing this.

Our practice offers routine or individual cremation & discusses £ in a timely and sensitive manner. Further to your report I have asked several clients re this being on the website and they do not want this information there - they said it was crass and insensitive.

Care plans are not correct for all - we discuss & advise accordingly but owners need to make the choice.

Corporates need to be easily identified. [REDACTED] be renamed as it is misleading. Then clients have the information to choose.

RCVS ban practices from advertising POM products & prices but this is allowed for pharmacies? It has led to clients requesting certain drugs ahead of time for a refill to take advantage of a special offer. How does this fit with control of drug use in pets? This will, we think, get worse with your proposals.

We charge what it costs us to provide the service to clients. As the RCVS has banned 'price fixing' as being anticompetitive we do not compare our prices. It seems the CMA is turning this on its head. Why?

Summary : *= agree. 1.

1. *
2. *
3. *
4. Fair price- Often owners do not fully know what is wrong with their pet hence cannot know what treatment it needs nor what a fair price is -without veterinary guidance.
5. 45000 out of 17.2 million pet owning households is 0.262% - hardly unprecedented - or can you explain why it is?
6. *
7. *
8. *

9. There is already a shortage of vets - and a high suicide rate - Poor pay and working conditions which, for many small practices your proposals will exacerbate will make this worse. For many older, practice owning vets, myself being one, this will be the final straw that causes us to sell up - most likely to a corporate. As dentists of similar experience to vets get paid twice as much where is the next generation of vets coming from?
10. *
11. Because the RCVS allowed none vets to own practices hence avoiding regulation
12. Owners are responsible for their own pets - owning a pet is a privilege not a right
13. See point 10 - can't have both.
14. As do human private healthcare
15. Less so now that none vets allowed to own them
16. True - same as car garage
17. *
18. Vet practices are more than just £ - can you get an appointment when you want? Do you get to speak to a knowledgeable person to help you/book appointment with relevant advice to help avoid having to make a 2nd trip? Is it all automated & you have to pay by credit card in advance. Do you get personal service? Are there trained staff to help with your pet etc.
19. *
20. Not a big problem
21. *
22. *
23. d) but still corporate structure and [REDACTED]
24. Allowed by RCVS
25. *
26. *
27. 47% net satisfaction with costs does not seem bad. On surveys for cost of anything does anyone tick the satisfied box? Everyone wants to pay less. Most of the time when we give a client an estimate they say they thought it would be much more.
28. When [REDACTED] took over another practice (staff member has left that practice) the prices increased with no change in practice.
29. 83% happy with the quality of service - does this need improving?
30. b). [REDACTED] lost nearly all the original staff & didn't replace a lot of them
31. *
32. *
33. What do you mean by effective competition? Service value or £? Waitrose vs Poundland
34. *
35. Can you elaborate & give numbers?
36. Regulation of the profitability of private business does not seem right. What % increase in funding has gone into NHS/other public services & for what outcome? What facts have you based this on? How many practices accounts have you examined and in what locations?
37. Very vague - please clarify
38. *

39. Wrong. We have 10 practices in our immediate area.
40. If you have not conducted an assessment how can you comment? What do you consider the salary for a vet or RVN should be? How does this compare with GP, Dentists & nurses? Why should the salaries not be equal? In your opinion what profits should be made? We need to 'save up' to replace equipment that is aging.
41. What does this mean ? Unclear,
42. Prices on websites are very difficult to be relevant and accurate. I have been unable to find the 'list' of what needs to be published. I have heard it has to be updated annually. Our drug prices change monthly - from our wholesaler - so what use is this going to be? Written prescriptions vary depending on type of drug and numbers of drugs wanted. What do you mean by 'routine dental'? What co-morbidities do you want included? Do you mean a 2 stage dental - when pet comes in, is sedated/GA examined and likely radiographed then goes home to return for a 2nd GA and the dental to be performed? This is 100% not going to cost most clients less £ and in most cases is not in the best interests of the pet.
Diagnostic tests/imaging - there is no 'standard' price it depends on the individual needs of the patient, how long it takes, is sedation required hence is impossible to list with any accuracy/relevance.
43. *
44. Non branding allowed by RCVS
45. **
46. Yes we do
47. Is this the case or have they forgotten? Need to discuss the plan with the owner & then create an estimate. Cannot give an estimate until some sort of diagnosis - limping dog could be broken nail or compound fracture. Money discussions get easier with age and relationship with clients. Maybe less of an issue in the North?
48. We have found less experienced vets want every test B4 they do anything & are terrified of being sued - modern times & also the way they are taught at vet school. The more owners complain the more tests are done to 'cover vets back' so costs^..... We need more trust & that vets are doing their best within whatever budget available. Can't have all the tests for minimal £
49. We always give clients all the options and the costs involved. We do offer guidance re what we would like & what cannot be done without. The O is a responsible adult & can make informed decisions with the best information available at the time. In a restaurant you get the whole menu then choose.
50. We suggest referral practices, when needed, based on clinical merit, location, quality of service/surgeons, availability and client feedback. We get no 'kickbacks'. We mainly use independent practices. We try to get estimates for O & all the are committed to is the consultation fee.
51. True
52. True. The RCVS does not allow us to advertise £ for POM drugs. These vary & the owner can choose. Different sizes (within the same price band of our plan) cost different £. If we listed them all this would be very clunky, time consuming and not easily understood by owners. This is where a relationship with vet is important.

53. **
54. On line pricing vs person in shop. On line & practice (esp small) different business model and buying power. Most of the time we can't buy in for the price they are selling it on line. Practices also cover the cost of disposing of unused drugs - how are the online guys going to do this?
55. Are you saying 71% are scared to ask for written RX?
56. Most practices have notices. FB is full of adverts. How many owners did you survey and how many did not know about repeat prescriptions- actual numbers please? How many of these had ill pets? There is no temperature control (that I am aware of) on a lot of the delivery vans & none on peoples floors/post boxes. How do you go to ensure supply chain temp control? How are Owners going to be able to return drug if they suspect a breach? Who is responsible if pet or child eats meds posted through the letterbox? There is absolutely no guarantee of quality of drugs - there have been fake drugs sold & what about prescription fraud?
57. This subject needs to be discussed in a considerate fashion. Prices on the website are not an option.
58. *
59. *
60. The cost of drugs dispensed will increase.
61. Most vets live and work in the same area. We want to be able to go shopping without meeting upset clients- most of us like our clients
62. How do you propose -in view of previous comments regarding lack of knowledge of pet owners - 'pet owners to easily judge the clinical standards & general quality of the veterinary business'? If they speak to fellow pet owners or visit the practice then yes. Most have not heard of PSS and no one has every - when we asked how did you hear of our practice on our registration forms said 'Find A Vet' On line reviews can be bought - the adverts are out there. Pet owners can complain to the RCVS. What is the costing for the RCVS to provide the regulatory role & are they going to do it well. Who will end up paying? - clients!
63. 1) This is very difficult to provide in a simple format on a website. Why should vets actively send business elsewhere? Does Waitrose send people to Aldi? 2)most written prescriptions are done the same day. We do ask for 48hrs notice for drugs & prescriptions to help efficiency - and keep costs down. Quality and delivery are real issues but not via practice. What do you think the fee for a written prescription should be? £16 has been mentioned but the only costings I have found for this was you surveyed some vets - how many- and they reported in 2023 that was what some charged. How did you translate that to £16 for at the same time for as many drugs/pets as they want? How long do you think it takes for vet to read and check each drug? Why does NHS only do 1 drug per prescription fee? What is charge for private human prescription? What is the difference in work? Why should vets work for less?
64. How does this fix the issue? Generally ask another pet owner or visit the practice. On line does not always equate to good.
65. What do you mean 'consumer detriment' How does the consumer judge higher quality?

66. Do FOP charge for disposal of on line drugs? Where does the loss of income get replaced from - obvious one is higher consultation fees. Owners have to choose where to spend their £ - nails or pet. If good relationship with vet most things can be sorted. If talk of £ only owners berate vet for not caring. Cannot give good quality treatment on the cheap.
67. *
68. RCVS not best placed for this.
- 69.
70. How?
71. Ownership*
- Consultations not exceeding set time*
 - Vaccinations - just about
 - OOH consultations - what time/day
 - Written RX - what drugs, time factor
 - Other admin - such as?
 - Neutering - sizes & variations.
 - Microchipping *
 - Routine dentistry - what is this?
 - Range of scans - what type, for what, how long?
 - Diagnostic tests - in house/sent to lab, for what?
 - Surgical procedures - what, what size, what co morbidities?
 - Euth & crem on website - not appropriate
 - How do you indicate 'a better service' RCVS says we must not denigrate other vets - if I am saying I am better then it is implicit other vet is worse.
72. Impossible - at best I have major doubts that the comparison site would provide the pet owner with valid information in an easy to understand format. This could lead to welfare issues as owners could think X cost when it could be less. As prices of supplies change on a weekly basis keeping this up to date would be a huge task - much easier for large groups. Word of mouth or visiting practice would give much better idea of suitability.
73. Pet owners tend to talk to others.
74. No one is ever happy with bills. Are you going to re tackle supermarkets?
75. Will this achieve anything? Most of the people who respond to surveys are the unhappy ones or occasionally the delighted. The rest are just getting on with their lives.
76. I disagree. The unhappy will find the lowest price published that relates in any way to their issue- regardless of service levels and use this to bargain with other practice. They will cause grief to staff. This will be another way to 'slag off' practices. Who will police this? At what cost? Who pays?
77. Most of the time pet owners want things sorted at the time. In our practice we advise on timescales and give estimates. What do you mean by 'errors'? Very few illnesses will recur in an identical fashion. Cost could change a lot so this is not accurate.
78. * But I do not agree any business should advise on other businesses.
79. Cheaper options for vet medicines does not equal cheaper vet care services. Can we have a level playing field re purchase prices, drug storage rules, disposal of unused medicines. Why should a practice pay its staff to advise 'at certain moments 'to go to

another business'. This does not seem to happen in other sectors. We are potentially sending them to a pharmacy owned by LCG. Most people will not find it convenient to go, with sick pet in tow, to a high street pharmacy.

80. 100% disagree. We do not force people to buy drugs but it is often more convenient - which is their choice and we do not 'block' them getting a prescription. Forcing us to actively promote another business at our expense is not acceptable
81. Current RCVS rules prevent us from advertising naming & displaying prices for POMs) so this, as I have read it is not possible. We do advise clients as to whether the plan we offer is of benefit for them.
82. Yes time if appropriate. But how can they be given time if it needs doing there and then for welfare grounds by the time the owner presents the pet. Some optional add ons are much better to be done at the time (paw prints). There are also H&S issues with repeatedly moving large dogs. Storing several deceased pets for periods of time does incur a cost.
83. What are your costings for the proposed £16 fee? Vet & nurse time & why does this not equate to cost for GP private prescription. I would think your costs from practices from 2023 were for a basic prescription for 1 pet, 1 drug & not multiples of either/both in 2025.
84. Define 'fair price' and reasonable prescription costs?
85. We ask for 48hrs notice for drug orders and prescriptions. This is to build in efficiency. If the prescription has to be produced at the time of the appointment then this will increase the vet time required (rather than fitting in when free) and hence should, as per RCVS guidelines to charge for vet time, increase time. We try to do without delay. The charge for consultations will have to increase to allow for this unless we are allowed to charge a realistic fee for prescriptions. We currently charge £24 and have been over £20 for years. This reflects the true cost of providing legal prescriptions.
86. Our prices are what it costs us to stock the medicines. Yes, as per any other business, there is a mark up. We have stock that goes out of date. If we need to stock meds for emergency use - or when on line is not quick enough- , for those who cannot manage on line or shop around - the elderly or ill- the costs of these will need to ^ as the losses will need to be spread over fewer products. Owners already have the choice. Compulsory prescriptions will not result in overall savings and will increase costs overall and especially to those with urgent need.
87. We already do
88. Who is going to pay for this? Individual businesses?
89. PSS costs have shot up in recent years. If the scheme, that the public seem totally unaware of, becomes mandatory these costs will increase even more as the RCVS monopoly will enlarge. The RCVS needs reforming. What are the costings for RCVS to take on this extra work - how many people for how many hours. As they cannot respond to requests at the moment how will they manage an increased workload.
90. If a vet cannot explain a difficult treatment option to a client should they be doing it? The RCVS is more biased towards pet owners than its members - vets/nurses. Most practices do produce a written estimate.

91. A levy is unfair as we have no say/control. The cost will have to be passed onto clients. What 'lower ongoing costs' are you talking about? How many hours work so you foresee being required?
92. *
93. Is this not what the RCVS is already paid to do? I am not sure how we can make owners aware of 'differences in quality'. There are already plenty of ways for owners to complain about vets - less for vets to complain about clients.
94. *
95. Admin costs will adversely affect small practices (usually independent) that you say are doing a better job compared to the large groups. This seems an own goal
96. Impossible
97. Disagree. There will be no benefits as the cost of running the business will be the same so if income from drug sales reduces (double whammy as if buying less discount will decrease for small practice and increased sales for large groups will increase their discount - doubt they will pass extra savings onto clients) other fees will have to increase. This could be detrimental to animal welfare. As I have not been able to find what prices we are supposed to publish and how often we need to update these I cannot comment. Please provide this information.
98. RCVS seems to swallow money. It is not accountable to its members. I do not think this is a good idea. It cannot cope with its current role.
99. This will still be more onerous for small practices.
100. Unclear
101. You are comparing apples and pears if I have understood correctly. Most practices currently charge more than £16 for single pet/item prescription with notice. NHS prescription is 1 per item & you pay for each one - why should pet prescriptions be different. How did you work out the costings for £16 as it appears you picked an out of date number with no factual back up. Why does it not equate to GP private prescription charges? The proposal for several pets and drugs on same prescription for £16 is ludicrous without outside funding.
102. It would be very simple and cheap for RCVS Find A Vet to list independent or corporate & what group. It could also give the number of sites/branches in the group.
103. 'Poor' price information. As the cost of a procedure varies vastly between patients 'standard' price lists are not reliable hence not relevant as a means of conveying useful information
104. But you are forcing people who choose an independent practice to go to an on line pharmacy owned by a corporate - senseless. Making it clear which practices are independent is a cheap & simple remedy. Would this not be worth putting in place first? It would only cost those at fault to change. IVC should change name as Independent in a corporate group name is misleading.
105. Unscrupulous practices may cut corners for published prices to get client in thinking practice is cheap to then give owner higher bill at time when they are past the point of no return. Or the published prices are low and unpublished much higher. What in £ and % do you think is a viable profit? If you eliminate profit for practices and hence drastically reduce tax paid how does this deficit to HMRC get made up?

106. Buying groups do not give the same purchase price as on line pharmacies get. Vets are not allowed to advertise in the same way (even if we want). We need a level playing field.
107. Deprived of the benefit equals bear the increase in costs.
108. It would be better to introduce transparency first and judge if other remedies needed. Please provide a detailed list of the price lists you think we should be able to provide.
109. a* b- doubt it as the cost on the website will not be the actual cost for every patient so this will cause more upset for clients and grief for vet staff.
110. If we are a free state how can 'price control' be put on private businesses?
111. *
112. Why not? If not you need to ensure all links - pharmacies, referrals & crematoria are all disclosed to clients.
113. *
114. If 'in house' referral this needs to be obvious.

This is the opinion of 2 vets & 3 RVNs of Town Vets. How much has this review cost the taxpayer? What are the salaries/hourly rates of pay of those who have conducted this enquiry?