Comments on Draft Substantive Order and related documents

OWNERSHIP INFO

Explanatory note 44 *"The requirement for Ownership Information to be included on storefront signage or appear in online map results does not apply to the locations of Other Relevant Service Providers where Veterinary Services are not supplied 11 directly to Pet Owners (for example, laboratories providing business to business testing services) as Pet Owners will not be visiting these sites. "*

I co-own a small independent veterinary practice in [redacted] having bought in from the previous owner 14months ago. I previously welcomed the CMA's investigation and hoped that it would make a difference to the lack of transparency and poor value experienced by clients of some of the corporate groups. I agree with practices needing to make their ownership clear and publish price lists and this is something we were keen to institute when we took over. I think the CMA could have gone much further in making the corporate groups be much more transparent about their vast networks of vertical integration. Most clients have no idea that their corporate practice may also own the lab, the crematorium, the out-of-hours, and the online pharmacy too.

Given that the original remit for the CMA was regarding the lack of competition in the veterinary sector why is the vertical integration of associated businesses not being looked at more closely. Surely ownership of such businesses such as crematoria and labs should be clearly identified, in part to allow other businesses to chose whether or not to continue working with them. As an independent practice owner, I am keen to support other small businesses and know that a lot of my clients value our independence.

PRACTICE INFO

Article 6 (1) *"(c) ensure that the Practice Information provided in accordance with this Article is updated as soon as reasonably practicable and in any event within one week. "*

As with so many of the proposed orders, how this will impact on small independent practices seems to have been completely overlooked- expecting a business with working owners to have time within 1week to always ensure their website is updated is impractical and unreasonable, it would be fairer to stipulate that small businesses have more time e.g. 1month but retain the 1week requirement for the LVGs.

PRICE LIST

Article 7 (2) "*(j) where a Veterinary Business operating a FOP or an OOH Centre offers Cremation Services that it provides itself or that are provided by a third party, its Price List: (i) displays the price for such services, provided communally and individually; and (ii) in cases where the Veterinary Business provides no element of the Cremation Services itself and instead refers Pet Owners to a third party which provides them, includes a link to the*

webpage showing the Price List for the third-party FOP or Crematorium providing those services"

In terms of individual cremation we have dozens of options dependent on the receptacle chosen by the pet owner, do you suggest we list one representative charge and then have a link to a more exhaustive list or should we list a charge that does not include any receptacle and then have a link to the pet crematorium we use showing receptacle options? Concern here that the line "Cremation: Individual" will cause some confusion and upset to owners who assume that means they will be reunited with their pet's ashes in some form of container within the stated price.

Article 7 (3) "*(c) when sending the first of any digital communications to a Pet Owner to confirm a consultation booking, include in that communication: (i) the price the Veterinary Business will charge for the consultation and any pre-booked standard treatments or services"*

How individualised must this be – we do not have the IT capability required to do more than send a standard (same for everyone) text message at point of booking. Being expected to produce a mini-estimate prior to seeing a patient is almost impossible, the time taken trying to ensure this gets sent for every appointment would mean an increase in staff needed and so costs of running the business further increasing the cost of care to owners with little benefit as until an animal has been seen an estimate of costs is impossible. It would make more sense to just link to the pricelist on our website such that clients could see the cost of a booster or consult prior to being seen and then once seen discussion of ongoing costs can be had.

Article 7 (4) (b) please include the word "PRICES"

PARASITICIDE PRICE LIST

Article 8 (2) "*Each Veterinary Business required under Article 8(1) to publish or provide the Parasiticide Price List to Pet Owners must: (a) ensure that the list is up to date; and (b) where the Veterinary Business changes the price of any Parasiticide, update the Parasiticide Price List in respect of that product before the revised price is charged to Pet Owners.*"

Unlike services (which may be updated e.g. annually or quarterly), most practices operate dynamic pricing for medicines including parasiticides. Our PMS updates drug prices as the wholesaler changes it, we are often unaware of this at the time, although we receive a monthly report, and so it is entirely unrealistic for us to be able to update this immediately given we are at the whim of when the Wholesale price changes. A more sensible approach would be to give a reasonable time-frame for updates and a disclaimer on all literature and lists to say that lists for drug prices correct as of X date and to direct pet owners to enquire as to current prices.

PET CARE PLANS

Article 9 (4) "(*a) exclude from its calculation any services within the Pet Care Plan for which Pet Owners would have to make additional payments"*

Explanatory note 72 (a) is insufficient "for example, discounts from savings on optional products" as everything on a plan is optional - for example not everyone may choose to have a vaccination or a pet may not require a nail clip. I assume this is intended to exclude discounts on food, dental treatments etc but "optional" and "discounted" (as opposed to free at point of purchase) are two different concepts so this needs clarification. Could perhaps 72 (b) offer an answer to this - how often a pet owner is likely to choose an option (e.g. what is the average number of nail clips, dental treatments etc a pet needs per year) for limited as well as unlimited services/products?

Article 9 (6) - please refer to the comments on Article 8 (2) above. Any change in parasiticide prices in this instance is only likely to be in the pet owner's favour in that savings they are making on a pet health plan will increase when standalone parasiticide prices go up.

SUBMISSION OF INFO TO RCVS

Article 10 (6) (b) (i) - please refer to the comments on Article 8 (2) above.

WRITTEN ESTIMATES

Explanatory notes point 90/91:
"90. Given the Veterinary Professional is required to apply their judgement and exercise reasonable care and skill to identify what is reasonably likely to happen, it is expected that a Treatment Pathway would typically cover no more than three possibilities and potentially only one for each of (i) the diagnosis of the Pet's medical condition and (ii) the treatment options if the Pet has one of those conditions.
91. The period to which the estimate relates is both backward- and forward looking. It includes diagnostic tests and/or treatments which: (a) have already been provided or chosen by the Pet Owner. For example, it could include a blood test provided in the previous month if the purpose of the test was to diagnose clinical signs related to the Pet's medical condition; and (b) are being recommended by the Veterinary Professional and, if chosen by the Pet Owner, would be provided in the following 12 calendar months"

I cannot see how this is realistic in the real world clinical setting. It is unrealistic for any vet, be they newly qualified or with decades of experience to be able to achieve all that is required by this order within the times allotted for a routine consultation. Should this order be enforced it will only lead to significant increases in costs to owners as Veterinary Practices have to allow for more time per consultation, also reducing the number of patients being seen within a day. This serves no purpose to either Vet, Owner or Pet.

Article 11 (1) - "*(1) Each Veterinary Business providing FOP Services, OOH FOP Services or OOH Provider Services must give Pet Owners a written estimate of the reasonably likely costs of a Treatment Pathway where the Veterinary Professional assessing the relevant Pet estimates that: (a) the total cost of the Treatment Pathway is reasonably likely to meet or exceed the Monetary Threshold; and (b) the element of the total cost in (a) that relates to costs that may be incurred in the future exceeds 20% of the Monetary Threshold. "*
And (9) "The Veterinary Business must provide a Pet Owner with an updated Written Estimate if the total estimated cost of the Treatment Pathway over the same period covered by the original written estimate is reasonably likely to increase by 20% or by an amount equal to the Monetary Threshold, whichever is lower."
And **Explanatory notes point 110**: "*For example, if a Pet Owner is given a Written Estimate on 1 February, a further Written Estimate must be provided if, in the following 12 months, the Veterinary Professional estimates that the total cost (or upper bound if a range was given) of the Treatment Pathway, which may include changes over time to the diagnosis and/or treatment of the particular medical condition, is reasonably likely to increase by 20% of the Monetary Threshold (initially set at £500 including VAT). In circumstances where a pet has a chronic condition, provided that the Treatment Pathway remains the same, a further written estimate is not required after the 12 month period from the date of the original estimate ends."*

PLEASE GIVE EXAMPLES, in both monetary and temporal terms, as this is hard to visualise. Give consideration to clearer wording.

Article 11 (4) - *"(4) The Veterinary Business must ensure that the amounts estimated in the Written Estimate are as accurate and specific as reasonably possible taking account of the relevant Veterinary Professional's judgement and their exercise of reasonable care and skill. The Written Estimate must describe any significant factors that the Veterinary Professionals working on behalf of the Veterinary Business are aware of which could materially affect the accuracy of the Written Estimate. "*

Please see comments regarding the time needed for this as discussed above in comments re Explanatory notes 90/91 – the significant factors that could materially affect the accuracy are often multiple and complex.

I can see it likely that pet owners will end up being given some kind of generic leaflet stating "costs may significantly change due to foreseen and unforeseen circumstances" and that statement being so noted in the clinical record which does not seem in the spirit of the proposed Order but is probably the only realistic way to manage the requirements in a real life clinical setting (e.g. 15 minute veterinary consultation). If the expectation is that this information is conveyed post consultation, then the administrative burden on vets is going to increase, this will again come with increased costs to the business and may lead some practices to start charging for admin time similarly to solicitors and accountants, leading to significantly increased costs to owners rather than the purported savings that this order is aiming for.

Article 11 (5) "*To the extent that a Treatment Pathway involves diagnostic tests and/or treatments provided at a FOP or OOH Centre, the Written Estimate provided by 34 the Veterinary Business must include a breakdown of the main, distinct and separately priced*

components of the Treatment Pathway, with the estimated costs of diagnostic tests and treatments shown separately. "

Please give examples. Does this include giving details on all the medicines, consumables, professional time etc included within a package price procedure such as "castrate" or "sedation"?

Article 11 (7) *"The Veterinary Business must ensure that the Written Estimate is provided to a Pet Owner: (a) in sufficient time to enable the Pet Owner to consider whether they wish to proceed with the Treatment Pathway, or parts of it, and to seek an alternative written estimate from another source if they wish to do so; and, in any case, (b) no later than the end of the Working Day following the day on which the relevant Veterinary Professional recommended the Treatment Pathway."*

In an instance where this person is not available the following working day and cannot stay late on the day they undertook the consultation, how is it proposed to implement this element of the order without discriminating against part-time workers such as those with childcare responsibilities who are predominantly women? And is it really necessary to stipulate this time-frame to fulfil (a) which, for a non-urgent procedure that will be booked in for example the following month then the requirement for a same/next day estimate is unnecessarily onerous. I would suggest Article 11 (7) needs to be looked at from the pet owners perspective – how long do people need to make a decision and compare options? Presumably you have some data or at least anecdotal evidence on this but I would suggest perhaps 5 working days, e.g., an estimate is provided one calendar week prior to any procedure. In the case of more urgent procedures, e.g. those procedures being booked in the same week, then 24-48hrs should be adequate as an owner should be well motivated to focus their attention to making a decision/seeking other prices if the procedure is urgent. There also needs to be a waiver such that an owner can choose not to have the "cooling off" period in the case of non-urgent procedures should they wish to have it done within the same working week for convenience or other factors. A suitable timescale for estimates could look like: At the time for same day procedures (either urgent or because the owner wants it to be done asap), at the end of the working day for next day procedures (again urgent or owner wishes), 48hrs before anything booked within next 2wks, 5 working days before anything booked in for 2wks+. Or similar. This brings the focus back to the pet owner, empowering them while not delaying care.

Article 11 (11) *"Each Veterinary Business must retain for a period of at least 12 Months after the tests, treatments and other services covered by the Written Estimate have concluded or, if longer, until a Complaint about them has concluded"*

If the tests, treatment and other services covered by the estimate are NOT carried out then how long should estimates be kept – is 12mths from the time of producing the estimate perhaps appropriate? Most will be kept significantly longer anyway as often they form part of the clinical record but this needs clarifying.

ITEMISED BILLS

Article 12 (5) "*Where a Veterinary Business provides a Fixed-Price Bundle of goods and/or services to a Pet Owner, an Itemised Bill provided to that Pet Owner must, as a minimum: (a) show the total price of the bundle; (b) identify the main component elements of the bundle; and (c) where any of those component elements is also sold separately, include the standalone prices for which the Pet Owner could have bought them from the business.* "

Please clarify – does this include giving details on all the medicines, consumables, professional time included within a package price procedure such as "castrate" or "sedation"? So essentially do two invoices need to be raised, one with every element billed separately and then credited to the client and then the "real" invoice with the package price so they are able to compare the cost of each of the multiple drugs used during anaesthesia etc? It is difficult to see how this would be of benefit to pet owners – ultimately they need to know how much it will cost to castrate their cat at practice A and practice B, to breakdown into the individual pricing of each element of a bundle would be an administrative burden for veterinary practices and add nothing to enable pet owners to make an informed choice.

WRITTEN PRESCRIPTIONS

Please also see comments on Schedules 2 & 3 at the end of this document.

Article 15 (1) " (b) *prepare a digital copy of the Written Prescription by the end of the second Working Day following the consultation in which the medication is prescribed or, in cases where the request is made outside of a consultation, by the end of the second Working Day following the request"*

Two working days could be logistically impossible on a frequent basis. Prescribing very often needs to be carried out by one specific veterinary surgeon who has immediate knowledge of a patient's condition (e.g. the vet that was present at the consultation) - in an instance where this person is not available within the next 2 working days and cannot stay late on the day they undertook the consultation, how is it proposed to implement this element of the order without discriminating against part-time workers such as those with childcare responsibilities, who happen to be predominantly women?

COMPLAINTS

Article 21 (2) "(*c) That an Actionable Complaint must be acknowledged in writing by the Veterinary Business within five Working Days of it becoming an Actionable Complaint.* "

Please see comment re Article 15 (1) (b) above. For smaller practices, especially owner operated, there is often only one person in charge of complaint handling and if they are on annual leave or off sick, then 10 working days seems more reasonable. Though it is possible a very generic acknowledgment could be sent by any team member it is more

preferable to have a senior person, ideally the complaint handler, involved from the very first formal communication.

Explanatory note 169 "*An Actionable Complaint is defined as a Complaint which a Veterinary Business has been unable to resolve within five working days of its being made to the business. "*

Please refer to comments re Article 21 (2) (c) above. Not only is 5 working days too short for the reasons previously discussed there are also other issues with timescale with the conversion of an informal to an actionable complaint – relevant staff member absence, difficulties reaching pet owners by telephone to discuss their concerns, time until pet owner can attend the clinic in person when it is deemed a face to face conversation would be most beneficial (this may be at the time of a Post Op Check, often done 10 days after a surgical procedure). There are many small "throwaway" verbal comments made by pet owners for example at the reception desk – at this early stage if they are offered the opportunity to have their concerns addressed at a higher level they will often be indecisive and often need a period of reflection in order to decide if this is the path they wish to take. It can also be difficult to simply reach an owner by telephone within 5 days to informally discuss their concerns, a more reasonable time frame would be 10 working days.

ENFORCEMENT & MONITORING

Article 25 (3) *"Any person to whom this Order applies may be required by the RCVS or the CMA to keep for the period specified"*

What is the specified period?

Articles 24-27

General comment 1: Consider "mystery shopper" style reviews of LVGs to give greater confidence re Article 13 compliance.

General comment 2: It would be useful to have more information on how and when the CMA intends to determine if the Substantive Order/individual parts of the Substantive Order are achieving their aims. For example what percentage of pet owners are making savings and the size of those savings (offset against any price rises that may have inadvertently happened as a result of the Order e.g. non-pricelist services and administrative charges may rise as discussed in previous consultation stages, even as medication and pricelist services reduce). Particularly bearing in mind that similar orders from around 20 years ago (written prescriptions, price lists) were relatively ineffective.

Schedule 1: PRICELIST

General comment on price list – the simplified list is definitely an improvement compared with earlier incarnations during the consultation. Being able to add lines is definitely useful as sometimes there are multiple versions of a service (including cheaper options when

taken at the same time as another service). The additional statement regarding "typical case" is also a good idea.

The Animal Health Certificate should not state "consultation/clinical examination" as the only requirement is to scan the microchip of the pet and the rest of the appointment is paperwork, to state that it will include any more than this will cause confusion for pet owners who may then expect the appointment to cover a hands-on assessment of their pet's health.

Where there is a surcharge for certain individuals, for example brachycephalic or giant dog surcharge to any procedure requiring an anaesthetic, how should this be included in the pricelist? Or would these be considered atypical and not need to be added into the pricelist at all (I can foresee this being an issue for pet owners - can we add an extra line or an asterix to give this additional information?)?

Pre-anaesthetic blood test - this is comparing apples with pears, appreciate you have specified Chem10 or equivalent but for some practices a much smaller biochem test is offered and Chem10 is reserved for diagnosing ill patients. Other practices will include the equivalent of a Chem10 + haematology + lungworm/coags and so the relative benefit of what individual practices are offering will be lost on a client if they are comparing purely on price.

Please remove the optional tick box for sedation from castration and spay procedures as these are always done under general anaesthesia. Please change the tick box "post operative check ups" to "routine post-operative checkups" as pets that have complications can require additional check-ups and it is important not to confuse pet owners as to what is and isn't included. Local anaesthesia in castration/spay – while we routinely use this some of our vets may opt not do so, should then this box be ticked or left blank? Could this lead to issues with pet owners who will then query why something has not been done and whether they would be eligible for a discounted procedure because a certain element has not been given?

Ultrasound (abdominal/single organ) - this should be two separate lines but is only here as one, many practices offer one price for a full abdominal scan and a reduced price for scanning a single organ/body system. X-ray is difficult to give a single price as some pets will require sedation and some will require general anesthesia, again would it be a case of selecting the more common option for the pricelist price or would it be more appropriate to split this into two lines?

For the ear swab is this for a single ear swab and could we add additional lines underneath for e.g. both ears, single ear follow up, both ears follow up?

For individual cremation is this excluding the cost of the chosen receptacle (urn/box etc - presumably or there would be hundreds of lines here!) or should it include the cheapest individual cremation receptacle option?

Important point for pet owner protection: It somehow needs to be communicated to pet owners that moving between practices can actually increase costs. Or at the very least make it clear on all the literature regarding pricing (such as the pricelist) that a veterinary consultation may be required before a price estimate can be given and that this will particularly apply to non-routine procedures. Since the beginning of the CMA process we have had more inquiries from clients wanting estimates for procedures who are then disgruntled because we explain that they will need a (charged for) veterinary consultation in order to give them this information as we need to see the pet (and review their clinical history) to assess whether the proposed procedure is appropriate and determine any factors that could affect the cost. It really is a critical point as vets cannot provide estimates for patients they have never seen and this is already leading to dissatisfied pet owners expecting to be able to be given this information over the phone by non-clinical staff.

Schedules 2 and 3:
WRITTEN PRESCRIPTION NOTICE and FLYER FOR ONGOING MEDS

Article 16. Standard Flyer for ongoing medication (1) Subject to Article 16(4), a Veterinary Business which provides FOP Services must give the Standard Flyer for Ongoing Medication to a Pet Owner, where an Ongoing Medication is first dispensed as such, or, where that is not reasonably practicable, the second time it is so dispensed. (2) The Standard Flyer for Ongoing Medication may be provided to the Pet Owner either: (a) along with the medication, in the form of a physical A5 flyer; or (b) if the Pet Owner requests, by email sent to the Pet Owner at the same time or immediately after the medication is dispensed.

I am significantly concerned that the measures relating to written prescriptions are going to drive revenue away from independents and into the large chains, worsening competition and damaging the veterinary market, which is surely the opposite of the CMA's aim.

The graph on the CMA's example Standard Flyer for ongoing medication is misleading and inaccurate. I would expect a group of economists to recognise that a graph must be accurate and representative before using it publicly. Not all veterinary practices sell chronic medications at prices which are significantly more expensive than online pharmacies. The wording is inflammatory and likely to result in increased complaints and poor behaviour from clients. Independent veterinary practice owners are really concerned what the CMA's proposed orders will mean for small businesses. The CMA found that on average independent businesses charge 16.6% less than LVG practices. The CMA also admitted that it didn't evaluate profit and loss statements and financial data from independent practices when it decided that veterinary businesses were making too much profit. Independent practices will lose revenue to LVGs when we are forced to direct owners to buy medications online. The CMAs proposed orders will put many independent veterinary practices at risk of closure, thus reducing competition within the industry. I do not believe that the CMA has fully considered the unintended consequences it's orders will have on independent practices and costs to consumers.

In regards to the appearance of the poster, in it's proposed form it is gaudy and inappropriate in a veterinary practice setting where owners may be distressed e.g. with a pet that is at the end of it's life. If displaying this message is necessary, then an A4 poster is more than large enough, and black text on white paper would be much more reasonable. I also feel that the remedy in itself is completely flawed and should be reconsidered. Absolutely, we can make sure that clients are aware of their right to request a written prescription, and we already do. But to actively encourage them to shop at online pharmacies, the majority of which are owned by our corporate competitors, is hugely detrimental to small businesses like ours and only benefits businesses like CVS and IVC, who will make a profit whether clients purchase from their clinics or from Animed or Pet Drugs Online. At our practice, we work hard to be as paperless as possible, try to give clients information digitally where we can, and are looking to use electronic signatures on digital consent forms. Handing out a flyer with every long-term medication dispensed would completely negate these efforts, and is not only damaging to the environment, but again damaging to our relationship with our clients and our revenue.

In summary, I strongly feel that you should remove the requirement for the poster display and leaflets entirely. It will only benefit our corporate competitors, and is detrimental to hardworking small businesses like ourselves. Local independent clothes shops aren't required to promote that you can get clothes more cheaply from Shein. Marks & Spencers and Waitrose are not required to promote that you can get your weekly shop cheaper at Asda/Lidl/Aldi. Local independent bookshops aren't required to promote that you can get books more cheaply on Amazon. Why should local independent vets encourage their clients to spend their money at their online competitors? If you did keep the requirement to display posters, you should at least make them much smaller (no larger than A4), less obtrusive (black text on white paper), and change the wording significantly so that they are more of a statement of fact (eg. "You can request a written prescription to buy your pet's medication online") rather than a government-sponsored sales pitch for online pharmacies. If you did keep the requirement to tell clients in writing about online pharmacies every time we dispense chronic medication, this could easily be made more environmentally friendly and unobtrusive by making it a requirement that we include a line such as "You can request a written prescription to buy your pet's medication online" on the dispensing label and/or their receipt. We could easily automate this through our practice management system, with no need to waste paper or needlessly encourage our clients to spend their money at private equity backed multinational companies instead of us.

Important points re use of online pharmacies: The CMA have identified barriers in the use of online pharmacies "uncertainty around the quality of medicine from online pharmacies or timeliness of delivery" These are not just barriers, they are well-placed concerns. Both the NOTICE and the FLYER (and any other literature encouraging the use of online pharmacies) need to be much clearer that purchasing away from the VMD accredited list poses potentially very severe consequences for pets in that counterfeit medicines can be anything from ineffective to having serious side effects including death. There needs to also be a reminder, in any such literature, that it is the owner's responsibility to a) ensure they make a timely request for a written prescription and allow time for ordering/delivery, b) that stocking

issues at their chosen pharmacy are not the responsibility of the prescribing vet, and c) that misuse of prescriptions is a criminal offense.