Draft schedule price list

Largely fine (many have already been on our website for several years), but some issues:

I assume we don't have to include anything not applicable to us e.g. 'nurse consultation' – we have different appointment types for this, and price varies with what it is (e.g. behaviour consultation, nutrition consultation).

Some prices vary e.g. anal gland expression is cheaper if done during another consultation, compared with a standalone appointment. I assume we just put the price for the standalone appointment.

Medicine administration fee – needs clarification. This varies with medication (depending on wastage e.g. some medicines must be disposed of within 24hr once broached, others we can use for 28 days). We don't have a standard 'injection fee'.

Neutering – I am not sure why there is a check box for sedation and general anaesthesia, these would always all be done under GA.

X-ray – sedation and GA do not cost the same.

Ultrasound (abdominal, single organ) – we very rarely scan a single organ, this makes no sense. There are also various types of scans e.g. emergency scans (quick, and therefore cheaper) through to a full abdominal ultrasound. I guess we would put our 'pyometra' scan as this is one organ, but I am worried this will be misleading for clients.

Ultrasound (echocardiogram) – huge difference depending who is doing it (I'm a cardiology certificate holder, for example), this is not really appropriate to have on a standard price list.

We include a hospitalisation fee in our estimates for scans and x-rays, by doing so we will likely appear more expensive than competitors who will then add it on later. The price list does not take account of these differences in practice. Can hospitalisation check boxes be added for these, like the ops?

Cytology – varies depending if looked at 'in house' or sent to an external lab.

Standard Written Prescription Notice

Not happy with A3 or A2 – this is huge given the small space of many practice notice boards (many don't even have notice boards). Please accept A4.

I will be mortified having to display this poster in my practice.

- **You have no evidence all medicines are significantly cheaper online or will be moving forward.** Many practices (including ours) are changing fee model to try and compete with online prices for long term meds; this will mean other fees go up, as I and many others have already pointed out to you.

- It is not appropriate for clients to be sourcing acute medicines online e.g. antibiotics, eye drops yet this poster encourages them to compare prices and give our team grief in the consulting room (this is already happening). **You need to differentiate that this applies to long-term medications on the notice.** We will not be able to have a fully stocked dispensary if we are making a loss on acute medicines to compete, this is not in the interest of animal welfare.
- We already proactively offer written prescriptions for long-term meds (some of which we simply can't compete on price e.g. Vetmedin) and have prescription notices displayed/information on our websites. I think your investigation alone has made it clear to clients who didn't already know that they could buy meds online, and made it clear to vets they need to proactively discuss it, without the need for a massive brightly coloured poster in our clinics.
- I am very concerned about the impact of prescription fraud – the best way to avoid this is for us to email the client's pharmacy the prescription directly, but you have made no allowance for the increased administrative burden this places on practices. Your poster implies we must give the copy to the client – how are you preventing fraud and potential animal welfare implications?
- You provide no context i.e. the benefits of buying in practice (supporting a local independent business, convenience, getting advice about safely administering the product and monitoring of side effects from qualified professionals). Will we be allowed to display our own poster to this effect?
- I still can't fathom why you think it is acceptable for independent practices to be forced to send their clients to their online competitors. You should have divested the online pharmacies from the LVGs in this case.

Ultimately we are professionals, trust us to have the conversations with clients (we already do and have been for years) - this is medicine not retail.

Standard Flyer for Ongoing Medication

My comments above apply. At least this does refer to 'long term medication'.

The graph is misleading and unsubstantiated.

Who is providing the flyers and posters? I assume it will be at our expense. It is also a waste of paper – we can verbally advise clients of their options, like we already do.

Complaint log

This will be helpful for auditing purposes. We already keep a record of complaints, but this will be a useful way of looking at complaint types and identifying any practice issues.