CMA response

Price lists:

Ultrasound abdominal- single organ – most of the time abdominal ultrasound is of the whole abdomen, not one single organ.

Part 3 7b 'estimates to be given no later than the end of the working day following the consultation'. This is not workable or necessary for non-urgent procedures. Staff are under immense pressure, often with staff shortages due to illness or holidays. Please explain why this is necessary for non-urgent procedures? What about where the vet that's seen the case works part time and they would be the best person to do the estimate (rather than another person guess the complexity)?

Part 3 9a) Sometimes there is a change required to a treatment plan whilst an animal is under general anaesthesia. Currently, a revised estimate is given over the telephone. I don't think it's in the animal's best interests to prolong anaesthesia in order for a written estimate to be provided (and no, there aren't just random members of staff free to do this).

Section 4 7) These sizes are enormous! An A3 poster in the waiting area and A4 in the consult room would be more than sufficient.

Section 4 10) There needs to be an exemption for euthanasia consults.

Section 4 13) I really feel that 'compare prices online and at 3rd party retailers…' is really excessive. What other business is made to point out (and to such a degree) that they could buy products cheaper elsewhere? Can we also add a line to say the reason that we can't compete on prices is because the CMA insist that medicines have to be bought through a 3rd party wholesaler and that by the way, the majority of online pharmacies are owned by corporates? The practice I work for makes less than 10% profit. Less drug sales = increase in cost of services.

Section 4 15)i)a) Paper copy of a prescription by the end of the consult- this is going to be extremely difficult to achieve in a 15 minute consult (alongside history taking, a clinical exam, discussion of a plan and of course costs), especially if multiple prescriptions are required. Would it be worth standing in at a practice and seeing how hard it would be to do this in practice?

Section 4 15b) Some practices are also not offering written prescriptions, instead offering to send a digital copy to an online pharmacy due to increased cases of prescription fraud.

Section 4 16) 2a) A5 flyer with every medication. This is over the top – posters and texts on every communication are more than enough), expensive to the practice and environmentally unfriendly- thrown away as soon as someone gets home.

Part 6 5a and b) Need an exemption for when an owner declines.

7 e) i) would be worth adding 'intravenous fluids' to the options as, for example, one practice may routinely give iv fluids to all operations whereas another practice won't.

Explanatory notes:

89) One of the big issues with the estimates needing to include diagnostic and treatment costs is that we don't know what the treatment costs are until we have a diagnosis! If we knew what treatment we needed to give, we wouldn't need to do any tests, would we?!

91)a) backwards? This really needs to be removed. The owner knows how much they've already spent. How is this achievable in practice? Calculator in the consult room? Consults are 15-20mins. I don't have a PA.

91b) Expecting vets to guess (yes, that's really what it would be) what tests or treatment an animal may require in a 12 month period is ludicrous. Two animals with the same condition may respond very differently to treatment (take heart failure as an example).

93) Guessing the person that wrote arthritis to fracture isn't medical…

99a) this is another guessing game. If we knew what the diagnosis was without testing, we wouldn't need to do the tests.

106) why would a FOP vet be expected to comment on referral costs at all? The referral centres can give an accurate estimate that can be relayed to the client.

110) Am I actually reading this correctly that if a 12 month estimate goes up by £100 a new estimate has to be given? That's an incredibly low threshold! Why is it up to the practice to monitor all charges going backwards? How would this even work in practice, especially if animals have multiple conditions? I can't see the PMS being able to do this, so are we meant to get a calculator out in each consult? How much are we charging the client for my time to work this out? What happens when one test is used to monitor more than one condition?

And how many more vets are going to leave the profession because of these burdens?