Consultation description

These documents are accompanied by statutory notices which explain the purpose and effect of the Order and the Undertakings and the reasons why the CMA proposes to make the Order and to accept the Undertakings.

We are not consulting on the inquiry group's decisions in the final report, such as its findings on the adverse effect of competition and the remedies it is implementing.

We are only seeking views on the 5 draft documents (and other supporting documents) on this page.

Views.

Schedule 1: Price List Schedule

Category 1. Acceptable, basic but this would allow practices a simpler route to list standard prices.

Category 2. If clients are requesting a professional service in administering medications orally or topically due to a difficult patient, poor training or other reasons then this should also have a professional fee.

Category 3. Basic, could be used to compare costs of surgery but not competency of staff, individual practice equipment (multiparameter anaesthetic monitors, anaesthetic agents, mechanical ventilator, lay staff vs Registered Veterinary nurse, harmonic vessel sealers, swaged on suture materials, theatre gowns, mask, gloves, surgical headwear, theatre lighting). Concern that encourages an average and not an excellent service. Large veterinary service providers that are not run by veterinary professionals will understand the financial metric but not the clinical standards.

Category 4. Interpretation is key with diagnostic testing. New graduate vs experience practitioner vs Advanced Practitioner vs Specialist.

Category 5. Euthanasia, sad but vital. Yes, prices should be transparent, I have never worked in a practice where I have not been able to explain this to a client.

Schedule 2 and schedule 3.

As far as I can tell this is rather unique and shows one of my biggest concerns with the CMA review. Provision of medications from a FOP/OOH centre or Referral centre cannot be compared with provision of medications from an online pharmacy. Our FOP pharmacy is set up to deliver medications near instantly; emergency medications are in stock and the vast majority of medicinal needs can be met by the end of the consultation. Not all medications are used, part empty vials, emergency drugs that need to be present 24/7 go out of date when they are not used but must still be purchased, stored and monitored. This is a cost to the practice and needs to be met. Even if we could buy medications at the same price as a large veterinary service provider or an online pharmacy there are still different costs in storage, waste and staffing, but we would be able to come closer. The fact we cannot buy at the same rate is a comprehensive failure of fair competition regulation. Fair pricing allows fair competition, regulation at the end of the chain does nothing. I see no legal frame work requiring every Tesco email, invoice, check out teller or self-service unit advising the purchaser that they could buy cheaper at Aldi. I see no national garage chain telling me it's cheaper at the independent centre down the road.

Schedule 4

Practices are already required by the PSS to have a complaints procedure assessed by the RCVS. Given there is already regulation in this area this seems somewhat of a waste of resources. This will increase administration costs, these costs will be an ongoing factor in practice running costs which will increase.

Treatment pathway.

Written by somebody with a flow chart from utopia. A fair estimate is vital, it must be given, I already do. Predicting 12 months of costs for each case over £500 and constantly updating these would be an exercise in futility, the time period is too long. This is a living, dynamic system not an accounting spread sheet. For an acutely sick animal I admit, I will provide an initial estimate for the first 24 hours, including diagnostic testing, surgical fees, hospitalisation and nursing care fees. I will provide results as I have them and will regularly update the client on costs incurred (usually twice daily), I will provide an estimate for costs to discharge, how long this is likely to be and then what treatment will be needed ongoing in the short and medium term. In some cases, costs may be too high both financially or physically for the patient and a different pathway is taken. In chronic cases, I can provide an estimate for ongoing therapeutic monitoring and costs of medication. This is a dynamic process. To have to estimate these costs for each case for 12 months and then alter this as the patient changes will take away the time I have to perform clinical work which will increase the costs of the work I perform. This idea has merits but time frame should be reduced, I suggest a monthly cost of medication if the drug dose remains unchanged, an estimate of the cost of diagnostic test to monitor the condition and the frequency of these as well as the price for re-examination and reassessment of the case. In most cases this will be 3 to 6 months for long term condition.

Ultimately, this consultation was raised regarding concerns of the cost of veterinary services. I cannot see any measures here to reduce the cost of running a veterinary business, all I can see is an increase in regulation written by an agency that has allowed the bias of large veterinary service providers, insurance providers, multinational drugs companies and media frenzy to control the narrative. Without reducing the cost of running a veterinary business, how is the average pet owner going to pay any less?