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CMA final draft consultation 20/08/26

I, [redacted] a director and clinical Lead veterinary surgeon in:

An independent, 4 FTE vet mixed, single site FOP practice, providing our own out of hours provision.

I have tried to contribute my opinion with justification at each stage of the consultation process.

I wish to give my considered opinion on the draft substantive Order and Undertakings as published.

I wish to make my opinions known on the following topics

1) The timetable of introduction of implementation
2) The ability to compare FOPs directly
3) Better pricing information when choosing treatments and services
4) Making it easier for pet owners to get and use a written prescription
5) A general opinion of the result of implementation of the orders as they currently are drafted

The timetable of introduction of implementation

1) As a small practice with the director being both a clinician subject to variable workload and carrying out the majority of the management duties, as the administrative burden implied by the CMA report, I expect most of this burden will be carried out in what would be regarded by most as “not within the normal working day”, yet larger veterinary practices will make use of management within the group to implement and the extra administrative burden may be applicable across many sites. The result is that a small business such as ours will be affected by the administration involved many times more than the CMA acknowledge from the extra time given for smaller clinics to comply.
2) England, Scotland and Wales are currently dealing with a disease outbreak of Bluetongue Virus. This appears to be spreading and is resulting in huge demands on a number of clinics, currently mainly in the West Country, but spreading to Wales, Central and North England and into Scotland. We as a practice in Yorkshire have just started to be involved. Practices report having to cancel all time off for vets and administration staff, working currently 14 hours per day, 7 days a week. Whilst this is a livestock disease, many of the practices affected treat companion animals, and will be expected to work to a fixed timetable to implement the changes mandated by the CMA orders. Practices affected will not be able, for

very justifiable reasons to implement any CMA regulations until the emergency that this outbreak has been controlled. I am expecting a similar scenario in this practice in the next few months, with no idea of when this outbreak will allow return to normal working. I see no contingency or flexibility within this CMA order for this. For practices affected it is resulting in similar demands as the 2001 Foot and Mouth Epidemic. The number of affected practices is likely to escalate, and I assume that as this emergency has only just started, and currently affects only a limited number of businesses it will not have been brought to the attention of the CMA. I understand that livestock only practices will not be affected by the CMA orders, but mixed practices will.

The ability to compare FOPs directly

1) The order proposes several ways of online comparison of veterinary services. Unfortunately the comparative price list to be published has 2 obvious flaws that will be to the detriment of clients. Firstly the price list , other than some of the diagnostic options fails to compare the cost of any more involved treatments. The non-published prices are likely to be raised in favour of reducing compared prices. The welfare of all animals will then suffer as the price of treating the sick pet will rise.
   Secondly the prices declared do not take into account the level of care associated with a given treatment. In order to keep costs down the investment in care and safety of the patient is undermined. The cost increases which was deemed by the authorities to require investigation much of which is as a direct results in improved standards of care may be reversed to the detriment of animal welfare. An example could be the failure to replace a piece of monitoring equipment designed for patient safety due to margins being squeezed by online comparison of prices.

Better pricing information when choosing treatments and services

1) Dispensing Fee as one price on the price list is totally unrealistic and not how current practices price. An unopened labelled box of a months supply a medicine may have a minimal or nil cost labelling fee compared with a liquid being measured into a bottle leaving a part used larger container on the pharmacy shelf. An anti-parasite treatment packaged with use instructions sold unopened is going to attract at most a minimal dispensing fee compared with a part box of POM treatment required to be kept on the shelf in case of urgent treatment with a variable chance of the remainder of the medicine being used or going out of date and requiring enforced wastage. No way can all eventualities be priced reasonably as a single price listing entry as required in the order.
2) Medicine administration fees of subcutaneous and intramuscular injections are subject to price list disclosure and may result in downward pressure on prices through competition. Intravenous injections, which have a much more variable cost to the practice in terms of speed of delivery and equipment to achieve that delivery (cancer therapy drugs for instance) do not appear to be subject to price disclosure. This will have 2 significant effects in practice. I.v. injection fees will be subject to price increases designed to offset the control on other forms of injection. This may negate or reverse the intended price control hoped for by the CMA in this order. If a vet has the choice of giving a treatment by intravenous or other method, financially it may be more

advantageous to give medicine by the more financially rewarding route, that without price disclosure pressure. The CMA order is likely to affect clinical judgement in perhaps a detrimental manor not in the interests of the patient or client.

Making it easier for pet owners to get and use a written prescription

1) Veterinary surgeons will be expected to have a conversation about the availability of written prescriptions and the cost savings that may be forthcoming. Veterinary surgeons are expected to make the prescription available within a certain time frame. It is accepted that current consultation times are not designed to include these two processes and additional processes. The real world, in the clinic effect will be that conversations and provisions of this order will not be included in the consultation time currently allocated. In order to create time the discussion about longer term treatment will necessarily be delayed until a further consultation, that may be specicially for this purpose. This will add to client costs as a further consultation fee may be incurred. With a busy, often 15 minute consultation time, by the time examination, history taking and clinical discussion has taken place the allocated time will be used up. The clinician will have no choice but to start off short term treatment and call for a separate review for longer term medicine provision of medication and prescription. As the online price is unlikely to alter significantly as a result of the current review, the actual cost of consultation and treatments for the client will increase more than the prescription cap will likely save. Once again the aim of the CMA orders in my opinion will be detrimental to the client in terms of cost savings

2) Provision of posters in waiting area and consulting room. This order I find the most distasteful of the orders. As a small independent practice I have deliberately established a clinic that does not rely on pushing marketing on our clients. We have a tastefully designed small waiting room with art on the walls, not promotion of services. We have no waiting room sales. We do not market directly by text or online to our clients and have no website to promote services. The result is a 4.9 google review rating and going from 1 to 4 FTE vets in 4 years. I am being required to put up an A2 posters and 2 A3 posters for each of 2 consulting rooms. For the A2 poster I will need to take down a piece of artwork from the wall, and the consulting rooms, currently with plain disinfectable walls will be the only advertising in the clinic. Each will need to be removed and replaced once a month for deep cleaning to maintain hygiene standards. To come into a clinic and find one message in a garish format, promoting a direct competitor in a completely dominant format is abhorrent. The order is completely over the top and totally unjustified. As an independent practice, to be expected to advertise and verbally promote the LVG clinic [redacted] from our clinic through supporting their online business, helping them invest in services and undercut our prices is totally against the spirit of fair competition in the veterinary market place. To undermine the ambience of our expensively designed small waiting area in favour of the advertising we have always avoided forcing on our clients is totally unjustified and wrong. The veterinary market should not be distorted in favour of the LVG and corporate clinics that have in themselves created the need for the CMA report in the first place.

General Comment

Much of the aims of the CMA are set out in these orders. Unfortunately there seems to be a lack of in depth understanding of how veterinary services are delivered by the various and varied providers. Many of the orders will achieve the reverse of intended. Such market interventions from many of the CMA and predecessors have aimed to achieve but failed to deliver. The undermining of independent veterinary service providers in favour of large veterinary groups and the lack of protection against prices and profits moving from routine procedures to more complex treatments will increase client cost in their time of most need. Adding to administration and having required communication during a consultation will increase costs for clients as that time has to be paid for. Expecting to display marketing posters for direct competitors, I think is anti-competitive and against the spirit of the CMA and its foundation. The increase in costs to the clients will not be offset by reduction in prices at online stores as the mark-up of these medicines are unlikely to change. Costs rise, standards squeezed and online prices remain the same. The looser is the client to increased costs and animal welfare is compromised