PART 1 Preliminary

2. Interpretation

‘Most Common Parasiticides’ means, in respect of a FOP operated by a Veterinary Business: (a) any Parasiticide for which the Veterinary Business has sold 100 or more units at that FOP in the Veterinary Business’s previous financial year; or (b) if the number of Parasiticides meeting the threshold set out in subparagraph (a) is fewer than 10, the top 10 Parasiticides by sales volumes at that FOP in the Veterinary Business’s previous financial year. ]

I don’t run reports as to top products sold in a year, I have an idea of the most commonly used ones, and can guess at which ones we sell more than 100 units, but may miss some as it is irrelevant to me. We use the most appropriate product for the patient – based on their clinical assessment, parasite risk assessment, and owner preference for delivery method (e.g. tablet or spot-on). The CMA order is creating unnecessary administrative work as it is of no benefit to my patients or clients, purely a financial benefit to direct more parasite prevention sales to online pharmacies, owned by LVGs.

‘Parasiticide Price List’ means, in respect of each FOP operated by a Veterinary Business, a list of the prices of the Most Common Parasiticides sold by the Veterinary Business in the FOP (including VAT). The Parasiticide Price List must include: (a) for each Parasiticide on the list: v. information enabling the Pet Owner to identify the medicine, including: 1. the full authorised product name; 2. the brand name; 3. whether or not the Parasiticide is an Own Brand Medicine; 4. the active ingredient(s); 5. the amount (volume or number of tablets); 6. the strength and dosage size; ii. iii. any additional charges that the Pet Owner is required to pay to purchase the Parasiticide; and the amount payable in VAT; and (b) a statement prominently displayed alongside the Parasiticide Price List that Pet Owners should consult their Veterinary Professional about whether their Pet requires Parasiticide(s) and that the Vet will prescribe a Parasiticide based on their clinical judgement of what is best for the Pet.

The highlighted part is PRECISELY WHY it is a veterinary surgeon’s job to prescribe medications and why this idea of putting everything on a price list, like a restaurant menu, is a waste of time and resources.

‘Treatment Pathway’ means all diagnostic tests and/or treatments which a Veterinary Professional, using their judgement and exercising reasonable care and skill, has recommended and/or recommends for the purpose of diagnosing, treating and/or managing what they judge the Pet’s medical condition is reasonably likely to be. It includes: (a) diagnostic tests and/or treatments already provided to, or chosen by, the Pet Owner; vi. diagnostic tests and/or treatments reasonably likely to be provided over the next twelve months, including those which involve Referral Services provided at a Referral Centre; (b) any ancillary or associated services and products, including medicines, anaesthetics, pre- and post-operative care, follow-up or routine visits, and reasonably known contingent elements dependent on diagnostic tests; and (c) where applicable, euthanasia and Cremation Services.

There are many patients who will not survive a year beyond diagnosis, this will lead to false hope for clients – if we provide them information about treatment for the next twelve months, they will cling to that and not listen to prognostic information.

Part 3 Choice of Treatments, Referrals and Diagnostics

11. Written estimates for higher cost treatments

(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.

(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.

We provide written estimates for all our diagnostic investigations, procedures, surgeries, supportive care treatment plans etc. Describe any significant factors that could materially affect the accuracy of the Written Estimate? What is expected to be included? Will this be satisfied by this type of comment (provided by yourselves on the price list):

"Prices shown relate to delivery of the treatment or service listed for a typical case. In some cases, complications or clinical factors may mean the pet needs additional or more costly intervention and this may affect the final price charged. Your vet will update you on your options and the costs as diagnosis and treatment progresses. "

(6) To the extent that a Treatment Pathway involves Referral Services, the Written Estimate must include an estimate of the reasonably likely cost of those elements and advise the Pet Owner that they should seek confirmation of the price from the party which would be providing the Referral Services.

(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.

A common scenario is that when a dog/cat is in for an annual health check, a dental examination takes place and a vet may suggest that the client consider having the pet's teeth cleaned sometime in the next 6 months. They discuss the price in the consultation. But often the client will consider if they want to pursue the work, and typically book in a few months later. We would then produce a written estimate at that time, to confirm the current pricing of the procedure. With this component of the order, we would be creating a written estimate twice – increasing administrative time. Also the time frame given of the end of the working day following the day on which the treatment pathway was recommended is unfair – veterinary surgeons who aren't working the next day will have to do this at the end of the working day on which they recommended the pathway, along with all the other things that your orders are heaping on them to do (like the written prescriptions). The only way that this added administrative burden can be

tolerated without damaging the already precarious physical and mental health of veterinary surgeons will be to reduce the number of pets they care for (reduced number of consultations), which will increase the cost of services to all clients.

(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. The updated Written Estimate must: (a) be provided as soon as reasonably possible after the Veterinary Business becomes aware of the need to increase the estimate; (b) state what diagnostic tests and/or treatments the Pet Owner has already paid for in respect of the Treatment Pathway and those they are reasonably likely to need to pay for in the future; and (c) state that the update supersedes the earlier Written Estimate.

Does this mean that we will need to revise estimates every time our veterinary business has increased fees due to our suppliers increasing their fees? So when the lab raises their prices, we have to retrospectively identify all estimates that included that laboratory fee in the 12 month treatment pathway and contact owners to advise them that a component of their estimate has increased? Similarly with medications that they are receiving, manufacturers raise prices at different times during the year, and our PMS updates the prices at the time of the manufacturer increase – will we have to retrospectively identify all those estimates that included a medication that has now increased and produce an updated estimate for a client? Surely a client should be capable of tracking how much they have spent so far for the treatment of the pet, we shouldn't have to go back and calculate that for them? Our PMS account lists all pets of an owner on the same accounts page, calculating spend for a particular pet is a time intensive manual process. I keep track of expenses for my own personal pets, for my children, for my utilities, that is part of the role of being an adult.

12. Itemised bills

(2) An Itemised Bill must always be given to a Pet Owner before or at the same time as payment is sought for the Veterinary Services provided to that Pet Owner.

We try to do this however clients often decline – will we have to email the bills to the client even if they don't want it?

(c) track their purchases of Veterinary Services over time and make more informed choices over future purchases.

Then there should be no need for us to revise estimates and retrospectively calculate what clients have already paid – they should track their own spending

(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.

To provide consistency with charging across the practice, and to make it simpler for both clients and staff, we have introduced fixed-price bundles. They are discounted compared to the sum of the standalone prices. However, our PMS does not have an easy way for us to reflect this. We can either input all the contributing charges and apply an overall discount %, which will then add a discount line under each invoice item line (doubling the length of the invoice) or all of the

included items can be charged at £0.00. Now, we are going to have to create a second, dummy fixed bundle code, which we hope vets don't accidentally use, including all the standalone prices to show how that would total. More unnecessary admin, more vet time wasted, increased cost to client.

(6) Provided that any add-ons provided by the Veterinary Business to the Pet Owner are always disclosed in the Itemised Bill (for example Cremation Add-Ons), a Veterinary Business may provide a Pet Owner with less detailed information in an Itemised Bill with respect to euthanasia and/or cremations where it reasonably considers that doing so is necessary to avoid causing the Pet Owner distress, subject to the Pet Owner having the option, at their request, to be given a more detailed breakdown.

This is one area where the detailed breakdown is typically required by insurance companies as some of them pay for euthanasia, some do not, some pay for cremation and others do not.

Veterinary Medicines

14. Pet Owner awareness of Written Prescriptions

They already know!

(1) Veterinary Businesses providing FOP Services must ensure that information is provided to Pet Owners in accordance with this Article, to make Pet Owners aware of:

(a) their ability to request a written prescription for medications; and

They already know!

(b) the savings they could make by purchasing medication from an online pharmacy or other third-party retailer.

Are you going to require this from ALL types of businesses in the UK, that they track competitor pricing and provide clients with information about how to save money?

Standard Written Prescription Notice

(6) A Veterinary Business which provides FOP Services must display the Standard Written Prescription Notice, as updated by the CMA from time to time, in a Clear and Prominent manner in the following locations at each of its FOPs:

(a) each of the waiting room area(s) or, where a FOP has no waiting area, the reception area(s) of the FOP premises (the Primary Notice(s)); and

(b) each consulting room (a Secondary Notice(s)).

(7) The Primary Notice must be displayed in at least A2 size and Secondary Notices must be displayed in at least A3 size.

There is nothing positive to say about this section, or about the proposed notices.

The size is larger than our diplomas, certificates of RCVS membership, advanced qualification certificates – THOSE ARE IMPORTANT FOR CLIENTS so that they can be assured that we are qualified to be entrusted with the care of their pets. We do not have manky posters in our surgery: animals sneeze, dogs bleed profusely from tail tip injuries or ear lacerations - often spraying the room walls with blood, male dogs cock their legs and urinate on vertical surfaces,

some drooly dogs fling sticky saliva which may end up on walls as well as other surfaces, and anal glands are not always expressed in a controlled manner. We only have paper notices that are laminated or framed, so that they can be cleaned, and not of the size that you are requiring. We would have to pay quite a bit of money to frame/laminate these posters (increased cost to client).

The only place I could fit an A2 poster in reception is taped to the reception desk (which is curved) and at a level that a dog will likely tear it or pee on it. We could not laminate a poster that size ourselves, we would have to find an external provider to do so (increased cost to client), we could not frame it and then fit it to a curved surface. Otherwise we would have to take down the noise reducing panel artwork and change the appearance, and acoustics, in our waiting room which will be far less relaxing and appealing to our patients and clients. Another possible solution would be to apply it to the front door, obscuring our view, and our client's view of the car park – an increased security risk for our staff and clients.

The wording on the poster is inflammatory, and a government issued notice instructing clients to support LVG owned online pharmacies is inappropriate. The graph is incorrect, it should be linear growth, unless the pet suddenly required multiple medications. Does Waitrose have to have large posters on their doors to remind clients that they can shop for less at Aldi? And with a government insignia on the poster?

What is the time period proposed that we have to continue to bombard clients with this information that they already know? For us this is a manual job, either handing out a flyer that nobody wants (and directly contradicts our environmental sustainability policy) or sending emails to clients who purchased medication from the practice. Our PMS does not do this automatically, there are many service providers popping up promising to assist us in being CMA compliant, that will be at a cost to the business and will lead to an increased cost to the client.

Standard Electronic Message

(10) A Veterinary Business which provides FOP Services must ensure that the Standard Electronic Message is included in any email or text message sent by or on behalf of the Veterinary Business to a Pet Owner in respect of an upcoming consultation at a FOP.

(11) For the purposes of Article 14(10), the Standard Electronic Message means the following statement: 'Written prescriptions are available. See the RCVS website for further information.'

This will double the number of text messages we send, as it will be push characters over our limit for a single text message. Or we can exclude important relevant information to save characters, like the date and time of the appointment. Increased cost to business, leads to increased cost to client.

15. Provision of Written Prescriptions

(1) Subject to Article 15(2), when a Pet Owner requests a Written Prescription from a Veterinary Business which provides FOP Services or OOH FOP Services, that business must:

(a) provide a paper copy of the Written Prescription to the Pet Owner by the end of the consultation in which the medication is prescribed; or

PRESCRIPTION FRAUD. This problem is very real, and growing. I suspect that the online pharmacies computer systems are designed for clients to have physical copies of their prescriptions, and upload them onto their websites themselves (clients). This suspicion is

based on the fact that multiple online pharmacies advise clients this is the quickest and easiest way for them to obtain their prescription. However we have seen a significant rise in prescription fraud, including a prescription altered by a human doctor! So as a practice we submit written prescriptions directly to online pharmacies, once the client has ordered the medication and we are provided with an order number. I suggest you remove any reference to providing physical copies of written prescriptions to clients.

18. Prescription Fees

The prescription fee cap will result in other service fees increasing to compensate for the income lost by practices. As a result clients will pay more for other veterinary services.

Annex 1: Indicative price list

Nurse consultation, including standard appointment duration in minutes. Consultation with an RVN or supervised SVN for the standard appointment length.

Please amend, no need to have "or supervised SVN" in the explanatory note

Medicine administration fee - injection to the skin or muscle

Please amend, this is incorrect, injection under the skin is more accurate. We rarely do intradermal injections (injections into the skin), and the only indication I can think of for this route of administration is for allergy testing.

Ultrasound (abdominal, single organ) Non-complex, single organ diagnostic ultrasound.

I don't even know how to respond to this, we almost never only scan one organ. It is much easier to scan a bladder than an adrenal gland, 2 different organs, both in the abdomen. Would clients understand that if we had a price listed for a kidney, their pet has 2, so that the price would double?

(6) In respect of a FOP or Referral Centre, where a Veterinary Business does not offer a service or treatment that is included in the Price List Schedule but, as a matter of course, directs Pet Owners to a third-party for such service or treatment, the Veterinary Business must make clear on the website relating to the FOP or Referral Centre, and in the FOP or Referral Centre premises, that it does not offer the service or treatment and provide the name and contact details for such third-party provider(s).

The services that we don't provide aren't comparable as a take- away menu. CT or MRI is recommended for specific concerns and conditions. We can list all the practices that have CT or MRI capabilities in this section but how does that help an owner decide where to go? We refer for CONDITIONS, to a specialty, and the referral veterinary surgeon decides what investigation pathway is the best for the pet.

Pushing clients to online pharmacies will achieve the following:

- Increased revenue for online pharmacies (mostly owned by LVGs)
- Decreased revenue for FOPs (including FOPs owned by LVGs)
- Increased service charges for clients at FOPs
- Reduced income for manufacturers (less purchasing by FOPs)

- Manufacturers increasing prices across the board, including online pharmacies
- Clients paying more for medication at online pharmacies

The CMA have repeatedly ignored the input of veterinary surgeons and practice owners who are facing the public every.single.day. They have decided that they are more knowledgeable than those who have worked in the profession for over 30 years. They have also decided that they should make decisions for pet owners who have been surveyed and indicated that they do NOT want what the CMA is mandating.

The CMA has destroyed the trust that the public have with their veterinary surgeons, which makes a very difficult job even more difficult and I cannot support my daughter, who would be a very talented veterinary surgeon, pursuing this as a career – as I wish to protect her from the appalling negativity whipped up by the CMA trying to score points with general public.

If the CMA genuinely wished to benefit pet owners, they would campaign to remove VAT from veterinary services.

Instead they are putting measures in place to redirect sales to LVGs. Lost income through medication sales at FOPs will cause them to increase service fees, and in the end clients will pay more for veterinary care. Manufacturers will have to increase their charges to online pharmacies to compensate for lost revenue from FOPs, and wholesalers will have reduced income and may cease to operate.

The issues created by private equity investment in my profession will not be solved by punishing independent small businesses. I do not own a veterinary business because I have an overwhelming desire to run a business, I am motivated by patient care, animal welfare, providing a pleasant working environment, and client and community service – as are most independent veterinary practice owners.

I fear that there will not be any substantial improvement with regards to ownership clarity, given [redacted]

Our vets meetings have been overtaken by CMA discussions, rather than clinical case discussions and conversations that would improve patient care, or staff well-being. I am resentful of the CMA focus as it detracts from our professional aspirations, to care for pets to the best of our abilities.

Please stop attacking our profession and making our lives more difficult than necessary.

Sincerely,

[redacted]