

BVNA response to the Competition and Markets Authority consultation on veterinary services for household pets in the UK – proposed market investigation reference

Introduction

The British Veterinary Nursing Association (BVNA) is the independent membership organisation for veterinary nurses in the UK, representing over 6,500 members. We have engaged with the Competition and Markets Authority (CMA) throughout its initial review; BVNA fully supports the need to understand the veterinary sector in further detail, to ensure full transparency of information relating to the provision of veterinary services. We feel the ongoing review also provides an important opportunity to champion the value of veterinary nursing within the provision of contextualised care, along with the significant impact of the registered veterinary nurse (RVN) on animal welfare as an integral member of the veterinary team. A more in-depth investigation, especially which considers current legislation, also provides an important opportunity to consider how this role could be further enhanced.

BVNA supports and has been actively involved in a joint submission led by the British Veterinary Association (BVA), alongside the British Small Animal Veterinary Association (BSAVA), the Society of Practising Veterinary Surgeons (SPVS) and the Veterinary Management Group (VMG). However, as the veterinary nurse role is crucial to any practice and plays such an important role within the vet-led team, we felt it was vital to include feedback directly from our members. As well as delivering a first-class care service for pets, veterinary nurses fulfil a significant role within the client care journey. Following the release of the initial findings of the CMA review, BVNA facilitated a well-supported webinar for our members and the wider veterinary nursing community. We also sat on a panel discussion alongside representatives from the BVA, Royal College of Veterinary Surgeons (RCVS), and independent practice ownership, to hear from members of the profession and consider the possible future impact of the review.

In addition to the joint submission with other veterinary organisations, we felt it therefore imperative that the CMA are aware of our thoughts and the feedback specifically from our veterinary nursing members and the wider profession.

BVNA response to the initial review outcomes

BVNA President Lyndsay Hughes commented: “Given the rapidly evolving landscape of the veterinary industry in recent years, BVNA welcomes a more in-depth investigation by the CMA. We encourage veterinary professionals to engage positively with CMA’s ongoing work, as it represents an important opportunity to evaluate and enhance our own practices, along with ensuring that clients are empowered to make fully informed decisions over their pets’ treatment.

“The cost-of-living crisis continues to be a concern for all – whether pet owners or veterinary businesses. At this time, we emphasise that the absolute priority for all veterinary nurses, alongside their veterinary colleagues, is the welfare of the animals in their care. Veterinary teams provide highly skilled and specialised care to the nation’s pets, and – much like in human healthcare – enhanced equipment and technology means we are able to provide more advanced care than ever before. However, unlike human healthcare, there is no NHS for pets. We understand it is not always easy to recognise the true cost of providing these services, and vets are very much used to considering finances within any discussion about a pet’s treatment.

“We are encouraged that the CMA review has highlighted the outdated Veterinary Surgeons Act as an area of concern. BVNA have long called for reform of this unfit-for-purpose legislation, to include the protection that the ‘veterinary nurse’ title thoroughly deserves. Improved legislation will benefit the health and welfare of both pets and people.

“However, we have also been concerned that some unhelpful media coverage surrounding the CMA review to date has often led to exceptionally challenging circumstances for teams in practice, and especially those in client-facing roles. BVNA do not condone any form of abusive behaviour, whether in-person or online. We support all veterinary teams during this time, and remind them that Vetlife are available to any veterinary professional who needs to talk; www.vetlife.org.uk.

“As the representative body for veterinary nurses in the UK, we also see this investigation as an opportunity to raise further awareness of the role of veterinary nurses amongst the general public. We will continue to actively engage with the CMA; responding to the new consultation, and continuing to champion the value of veterinary nursing care.”

We are clear that veterinary surgeons and RVNs are highly skilled, trained professionals, committed to ensuring the health and welfare of animals under their care and delivering their responsibilities to animals, clients, and society with integrity. The important relationship between the entire vet-led team and their clients has always been critical to optimising animal welfare outcomes through the provision of contextualised care.

We support healthy competition, and are aware that there are many variables, challenges and layers to the veterinary industry. These would include retention and recruitment of staff, future workforce model, the pandemic explosion of pet numbers, growth of corporate ownership, corporate and independent business models, location, cost of living crisis, economics, a misunderstanding of the role of the RVN in practice and the real value of that care. Therefore, transparency and how this is communicated to clients is key to building a more joined up approach that works for the profession and clients. There is a real need for clients to have a better understanding of the care provided, and the cost and value of that care. We strongly condemn the abuse that on occasion staff suffer and would hope that the investigation will provide a framework that gives clients a better understanding of the industry and the care delivered.

We also actively welcome the CMA’s observations that the existing regulatory framework for the veterinary profession as a whole is out of date. The current Veterinary Surgeons Act is nearly sixty years old; no longer reflecting the veterinary sector nor the skills of the individuals working within it. We strongly support that reformed legislation would improve transparency for the provision of veterinary services, notably highlighting a need to be able to regulate individual practices and businesses. We also recognise that transparency to clients would be improved via statutory protection of the title ‘veterinary nurse’. Many members of the public are unaware that unqualified individuals may currently refer to themselves as such (as identified in our recent ‘Protect the Title’ report published in 2023¹), and reserving this title only for those who are properly qualified and regulated would enhance both public trust and the recognition of value for the care being provided.

We view this investigation as an opportunity to collect more intelligence and data, input to the investigation and have those conversations to ensure we arrive at a working framework that works for the profession, clients and ensures the best possible animal welfare.

¹ <https://bvna.org.uk/project/bvna-protect-the-title-campaign/>

Below are our comments on the CMA consultation on proposed market investigation reference:

Do you consider that our analysis is correct with respect to the suspected features of concern in the supply of veterinary services and related services for household pets in the UK? In relation to:

Whether consumers are given enough information to enable them to choose the best veterinary practice or the right treatment for their needs.

- We agree that currently customers may find it difficult to understand and compare pricing.
- Transparency of costs will benefit both the customer and the wider veterinary team (including the client care team) in terms of being able to discuss pricing and costs with clients. These conversations should take place as early as possible to avoid any misunderstanding later on. We do need to be mindful that there may be circumstances regarding treatment later in life or in an emergency that make these early conversations difficult.
- Practices should be encouraged to display pricing information for their most frequent services both at the practice and on the website. Consideration of how fees are communicated with clients is already a requirement of the RCVS Practice Standards Scheme²; notably currently a voluntary scheme. The pricing should ensure clarity so that comparisons are able to be made by clients.
- We agree that most pet owners, whilst keen to ensure their pet has the best care, may not have the best knowledge in understanding treatment options. This is why the relationship between the entire vet-led team and clients is so important.
- We agree that transparency of ownership should be encouraged to ensure that clients are aware who they are dealing with for care; whether that be an independent or corporate. A lack of clarity will only add to the confusion and encourage speculation as to a lack of competition and collusion. This should also apply when any referral is made for any additional assessment or treatment. The information should make the ownership clear, and be included on all marketing and promotional materials including promotional materials, pricing list, website, quotations and invoicing.

Whether concentrated local markets, in part driven by sector consolidation, may be leading to weak competition in some areas.

- As mentioned, we support the need for competition within the sector, and are aware that when choosing a practice, location and convenience are major factors. Again, the transparency and clarity of practice ownership is important when clients look to make a choice.

Whether large integrated groups may have incentives to act in ways which reduce choice and weaken competition.

- We agree that the larger corporate groups do have the financial capacity to concentrate on more sophisticated, higher cost treatments. They may also own related services such as referral centres, out of hours care and diagnostic laboratories. They will also have considerable buying power. The RCVS Code of Conduct does stipulate that an incentive does not distract from their professional responsibilities.

² <https://www.rcvs.org.uk/document-library/small-animal-modules/>

- We look forward to a more detailed study in this area, and would also suggest that again transparency and clarity of ownership is important.

Whether pet owners might be overpaying for medicines or prescriptions

- We are aware of public concerns regarding overpaying for medicines. It should however be noted that we feel there is a strong need to broadly assess the procurement of medications by veterinary businesses. It has been highlighted that practices are often unable to access the same products at the decreased rate available direct to consumer via a growing number of online pharmacies. This is an area of the CMA's initial review which we feel requires further investigation.
- There is however guidance already in place from the RCVS³⁴ which states that vets must advise clients by way of prominent signage in the waiting room or appropriate area that medicinal products can be purchased from other veterinary surgeons or pharmacies. A campaign to ensure all veterinary professionals are aware of this would be beneficial.
- There is also some reported confusion when clients compare the cost of human medicines to those prescribed for pets. Clarity as to why the medicines for pets are specific for the pets' needs would be beneficial, along with the use of medicines licensed for animals, i.e. the prescribing cascade.
- RCVS guidance is that vets may make a reasonable charge for a written prescription. This charge needs to cover the cost of assessment, which includes checking the animal is under care, clinical notes, need for ongoing medication and checking the dose. They may also need to liaise further with the client. The cost of a prescription for a pet is again compared to the cost for a human. As we have previously highlighted, most people do not pay for their own healthcare due to its provision via the NHS. NHS prescriptions are also subsidised by the government to make them more affordable. We therefore do not consider this a like-for-like comparison.
- We would hope improved communications that clearly demonstrate the value of veterinary care, would go some way to overcoming any misunderstanding.

Whether the regulatory framework remains fit for purpose

- We welcome this examination; BVNA have long been campaigning for new legislation replacing the Veterinary Surgeons Act 1966 which is significantly out-of-date and unfit for purpose. The profession has changed immeasurably over the last almost sixty years. The changes in ownership with large corporate businesses taking on a larger share of the market, technology, pharmaceuticals, economics, Brexit, COVID-19, workforce challenges have all had a significant impact on the profession in recent years alone.
- The BVNA has also long campaigned for the protection of the title 'veterinary nurse', as we are keen for our members to take on additional skills and responsibilities that will add value to any practice and improve animal welfare. We made an active contribution to the recommended reforms made by the RCVS Legislative Working Party (LWP) which have already been submitted to Defra.
- We are keen along with the RCVS to move regulation away from the individual and towards a practice model, as this better reflects the industry and provides improved safeguards for both staff and clients. This is line with the regulation by the Veterinary

³ <https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/practice-information-and-fees/>

⁴ <https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/fair-trading-requirements/>

Medicines Directorate (VMD) which regulate a practice not an individual. This was another area included in the work of the LWP.

Market investigation reference and scope:

Do you consider that our analysis is correct with respect to the reference test being met in relation to the supply of veterinary services and related services for household pets in the UK?

Do you agree with our proposal to exercise our discretion to make a reference in relation to the supply of veterinary services for household pets in the UK?

Do you consider that the proposed scope of the reference, as set out in the draft Terms of Reference would be sufficient to enable any adverse effect on competition (or any resulting or likely detrimental effects on customers) caused by the features referred to above to be effectively and comprehensively remedied?

- We agree that the reference test has been met from the CMA analysis, and agree with the suggested move to a market investigation. We agree that the scope of the investigation should be limited to veterinary services for household pets in the UK.
- We would also suggest that the potential impact of the outcomes and/or remedies is considered on other types of veterinary practice, such as mixed-species practice, or those in remote areas.
- We also feel that there are positive measures which should be encouraged in the interim to improve transparency for clients; this is especially important due to the previously mentioned abuse of veterinary teams arising from the announcement of the CMA review and its preliminary outcomes.

Remedies and other measures

Do you have any views on our current thinking on the types of remedies that an MIR could consider? Are there other measures we should consider?

- We would welcome the opportunity to consider remedies that may be identified as part of the investigation on a voluntary basis.
- We would welcome the recognition that the Veterinary Surgeons Act 1966 is out of date and not fit for purpose. We would support a recommendation to government that mandatory practice regulation, along with giving legal protection to the title 'veterinary nurse', should be progressed as part of a wider package of measures for veterinary legislative reform.

Do you have any views on areas where we should undertake further analysis or gather further evidence as part of an MIR in relation to the supply of veterinary services for household pets in the UK? We would particularly welcome any specific evidence from respondents in support of their views.

- An area which could benefit from further insight is the pet insurance market. It has been brought to our attention that there is some concern about the possibility of insurers influencing some elements of consumer choice, such as where patients may be referred to.