



In response to the Issues statement released on the 9 July 2024, we would like to make the following submission for consideration by the panel.

1. Background

AURA Veterinary evolved from Fitzpatrick Referrals Oncology Soft Tissue (FROST) hospital as the result of a management buy-out in August 2022. There are four veterinary directors of AURA, who retain a majority ownership in the business. There is external investment from Medivet; two Medivet executives are members of the AURA Board.

The four undersigned veterinary directors have been working as specialists for 15-27 years each, bringing a collective experience of almost 75 years. We have worked in the UK, USA, France and New Zealand, within a mix of private referral practice and academia.

At AURA, we bring together extensive knowledge of animal diseases with clinical expertise and first-class facilities to deliver on our promise of providing the best outcome possible. AURA specialises in the management of animal cancer, and almost 80% of our caseload is focussed on treating this complex disease.

Our team comprises specialists or specialist-trained veterinarians in soft-tissue surgery, internal medicine, medical oncology, anaesthesia, pain management and radiology. AURA is also the leading centre in Europe for interventional procedures, offering innovative solutions for strictures, vascular anomalies and cancer.

2. Case load of AURA

AURA's overall caseload is derived from a large geographic area, which extends across the British Isles and into Europe (see map). This breadth of case capture is quite unusual for a veterinary referral business, where would be typical for almost all cases to be procured from a 2-hour driving radius.



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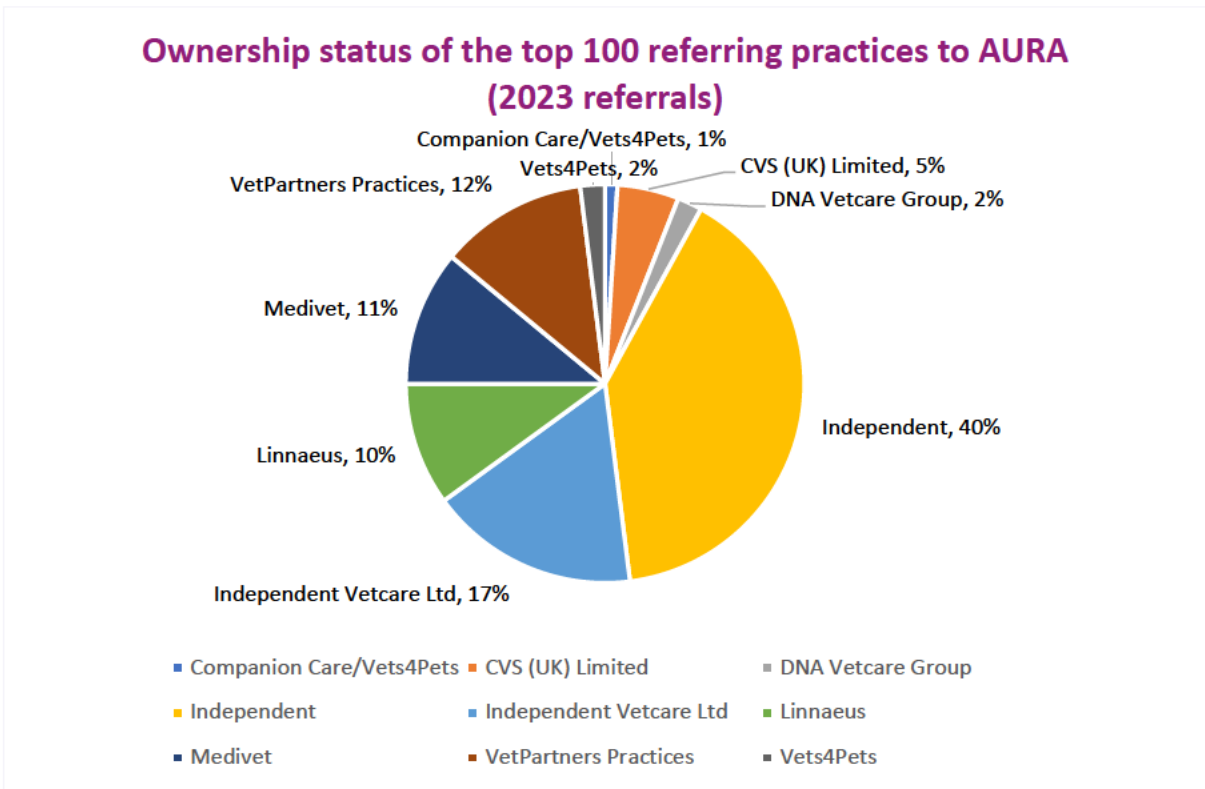
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Because AURA provides cancer treatment opportunities for patients with advanced, rare or complicated conditions that are not available anywhere else in the country, this level of brand awareness is fundamental to ensuring a pet owner is able to access the care their pet requires.

Despite the minority investment from Medivet, we have no incentive or mechanism for Medivet practices to refer exclusively or preferentially to AURA. We market widely to the entire veterinary community, with a focus on improving awareness of our unique skillset. An analysis of our case load reveals that it is derived from a wide mix of practices, with no bias towards any one corporate or identity.



Because of our unique expertise and experience in more advanced conditions, AURA will also see a regular proportion of tertiary referrals – i.e. cases referred to us from other referral centres. The proportion of tertiary referrals has steadily increased during the last 5 years, and now represents almost 4% of our annual caseload.

3. Our concerns about the Veterinary Industry today

We observed the rapid acquisition of the veterinary real estate by various corporate entities during the period 2011-2016. Many of our contemporary colleagues had been integral to the establishment of the main referral hospitals within the UK, including Dick White Referrals (East Anglia), Davies Veterinary Specialists (Hertfordshire), North West Surgeons (Liverpool), Crofts (North East), Anderson Moores (South West), North Downs Specialist Referrals (South East), Willows (Midlands), Hamilton Veterinary



Specialists (South East), Cave Referrals (South West), Southern Counties (South) and the Veterinary Referrals in Cancer and Critical Care, now rebranded as Southfields (London East). All of these practices are now owned by Corporates.

The emergence of the corporate model is something that we, as independent specialists, have monitored closely. We recognised that with the period of rapid acquisition behind them, it was likely the corporates would seek to evolve and consolidate their investment in the coming years, so it was important to be aware of their intentions.

In the annual reports from Corporate practices in recent years, it is evident that the focus is on developing a “spoke-and-wheel structure” whereby more complex cases are moved from a small branch practice to centralised ‘hospitals’, and then referred internally for specialist care if required.

For example, from the 2021 IVC annual report: Chris Trickey, the IVC veterinary advisor for referral practices is quoted as saying:

“There are so many different aspects to referral practice that we’re developing. Our group wants to connect owners with the teams who have the expertise to help their pets.”

“Over the coming years, the ... overall aim (is) offering consistently great patient care while developing strong relationships with owners and referring vets.

As a largely independent referral practice, an important question for us during this time has been knowing how much independence an individual owner will retain in this decision pathway. Crucially, will they be offered a choice of referral centres, or will it be implicit that referral should be retained within the corporate structure?

Because of this interest in where and why our cases are referred to us, we periodically perform an audit on the reasons why a veterinarian may have selected AURA for referral. This is performed by reviewing the notes in the medical record to determine whether AURA has been recommended by the vet, whether the owner has requested AURA, or whether the decision between a choice of referral centres has been influenced by other factors (e.g. price, distance etc) – see table.

	March-2017	March-2021
Vet 1st choice	62.50%	34.21%
Owner request	20.19%	33.55%
Sooner than other centres	8.65%	9.21%
No comment in notes	7.69%	12.50%
Previous patient (new condition)	0	7.89%
Internal referral (from orthopaedics)	0.96%	2.63%



In 2017, we determined that 20% of cases were referred because the owner had specifically identified AURA as their referral centre of choice. By 2021, this had increased to more than a third of cases (33%). While this data may reflect an increase in owner-driven decision making, we were also aware that veterinarians increasingly needed to write a justification in their medical notes as to why they were not using their own corporate referral centre.

The clinical notations made by the veterinarian implying the owners had chosen to be referred elsewhere may artificially increase the perception that it was the owners who were choosing an alternative referral provider.

Another emerging trend in recent years has been the increasing investment by first opinion practices and smaller referral hospitals in advanced imaging modalities such as CT. This has enabled practices to perform the imaging for patients 'in house', and then refer to a specialist centre once the imaging report has been received. This obviously has financial benefits for the practice, and it is probable that many animals may well benefit from the increased access to, and the sensitivity of these imaging modalities in disease management.

However, we now see an increasing number of cases where the quality of the CT provided by the referring practice is of a suboptimal, and sometimes unusable, standard. This may be due to the resolution of the imaging machine, (e.g. <16 slices), poor patient positioning, ineffective or poor timing of contrast administration, or a failure to scan all relevant body parts.

Sometimes the cost of the CT is no different to the cost of a CT performed with us. However, we are often placed in a situation where a case has been referred with low quality imaging, and the client is unable or unwilling to have another CT performed. This may require us to move ahead with a surgery or treatment with insufficient information. We also have cases which were deemed inoperable by the original imaging, but when performed with correct positioning and improved resolution, a curative outcome was achieved.

We are concerned about this drive within the profession to acquire "big ticket" items like a CT. Without the necessary oversight or training to run the equipment to an appropriate standard, the resultant quality of the image may fail to meet an accepted diagnostic standard. This leads to owners receiving poor advice despite a considerable financial outlay.

4. Innovation and sensitive pricing at AURA

AURA offers a range of treatment opportunities for cancer not available elsewhere in the country. We also bring an expertise and experience in treating certain conditions that is unrivalled by our competitors in the specialist sector.

This experience, and the shared philosophical approaches to cancer management by all members of the AURA team, ensure that patients having treatment at AURA can be certain of receiving the appropriate intervention to maximise the chances of a successful outcome.



Due to our experience and depth of understanding about cancer conditions, we are aware of the need to offer options and choices based on budgetary constraints, patient welfare and ethical boundaries. Our experienced clinicians work to provide quality outcomes whilst working within tight financial constraints of a family. We believe this level of pragmatic worldly experience provides value for money across all budgets.

5. Transparency

We are aware of the CMA's focus on the importance of transparency in pricing for owners.

At AURA, we have a range of prices for our common treatments or procedures on our website, with an explanation for why our prices may sometimes be higher than may be quoted elsewhere. Using CT as an example, our CT is one of the most advanced in Europe (160 multislice CT Aquilion Prime), with patient imaging managed by a team of human-qualified radiographers. Our CT price is all inclusive; this includes anaesthesia, imaging of all body parts appropriate for the disease condition, and the use of an injection-pump to ensure optimal delivery of contrast for arterial and venous phase imaging.

There are no hidden, or extra costs for the client, and the clinician has the capacity to use the imaging system to obtain as complete an understanding of the disease condition as possible.

We also provide links to the more than 70 peer-reviewed publications that AURA clinicians have published over the last 6 years. This allows the client to gain a greater understanding about certain disease conditions, but also serves as a qualitative demonstration of our experience and leadership in this sector.

We maintain a contemporaneous audit of all patients undergoing surgery at AURA. For the last two years, we have sent patient-reported outcome measurement questionnaires to all patients at periodic intervals after cancer treatment. Our aim is to make the outcomes of our patients available online. This data will provide clients with quantitative information on our expertise in this field, along with relevant outcomes and potential complications that may occur when undergoing treatment at AURA.

6. The CMA investigation. What would we like to see change?

AURA is a small but relatively unique player in the veterinary referral sector. We have a strong vision and ambition to become the premiere centre for the management of veterinary cancer in UK and Europe. The evidence presented above demonstrates that we are well-placed to achieve this goal.

However, our ability to market our services, respond to advice requests, or to accept consultations directly to the pet owner is currently restricted by the need for a referral by their veterinarian – in accordance with the RCVS Code of Professional Conduct. Because we have observed an increased investment in new multi-discipline referral hospitals by all the Corporates, we recognise that an increasing threat to the owner's choice for clinical excellence is the dominance of the corporate practice model, with the tendency for cases to increasingly remain 'in house' – regardless of the expertise and experience that may be available elsewhere.



From our perspective, a desired outcome of the CMA investigation is to allow owners the freedom to access specialist services directly – without going through their normal veterinarian. It would be the responsibility of the specialist practice to manage the communication with the original veterinarian to ensure there are no ethical issues with this second opinion and avoid any potential for supersession. This change would allow a specialist practice to inform and educate pet owners directly about the services available. After performing their own research, they can contact a specialist of their choice directly.

This is not 'outside the box thinking'. This option is already available to every pet owner in the US and has been for many years. It is their pet and so their choice. US pet owners are not restricted by the need for a primary care 'gatekeeper' and can make appointments directly with a specialist if they are concerned about their pet's welfare or simply want to seek a second opinion on a complex or long-standing problem. e.g. <https://vhavets.com/blog/when-does-my-pet-need-to-see-a-vet-specialist/> The introduction of this pathway in the UK would provide pet owners with the ability to make their own decision about what specialist care they would like their pet to receive.

Thank you for this opportunity to present our own insights into the veterinary market, and our concerns. We would welcome the opportunity to attend hearings or roundtables to discuss these issues and potential remedies in the future.



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