

BVNA response to CMA Issues Statement surrounding veterinary services for household pets in the UK

The British Veterinary Nursing Association (BVNA) is the largest membership body of veterinary nurses in the UK with over 6,500 members. Its purpose is to represent, support and champion the veterinary nursing profession; actively campaigning on matters which are important to both student and registered veterinary nurses. We exist to empower veterinary nurses to develop as individuals and increase their impact on the profession and animal welfare.

Background

BVNA is one of the main parties to the Competition and Markets Authority (CMA) Market Investigation of veterinary services for household pets in the UK. In October 2023, we responded to the CMA proposed review of the provision of veterinary services for household pets in the UK; jointly with British Veterinary Association (BVA), Society of Practising Veterinary Surgeons (SPVS), British Small Animal Veterinary Association (BSAVA) and the Veterinary Management Group (VMG)¹. Subsequently, in April 2024, we responded to the CMA on a proposed market investigation reference of this sector, both independently² and jointly with the BVA, SPVS, BSAVA and VMG³. In July 2024, BVNA and BVA jointly delivered a Teach In to the CMA, which included topics such as animal welfare, regulation, expanding the permitted role of veterinary nurses, contextualised care, and the importance of establishing the vet team – client – patient – relationship. We have welcomed and appreciated the opportunity to engage with the CMA throughout its investigation of this sector, and will continue to work with the CMA to provide further evidence as required.

We would welcome the opportunity to deliver additional Teach Ins, facilitate visits to veterinary practices, and to provide additional insight via BVNA's annual Congress – or any further activities as appropriate.

Throughout the CMA's review and subsequent market investigation, we have championed the integral role of the veterinary nurse within both animal welfare and the client care journey. 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 veterinary team and their clients has always been critical to optimising animal welfare outcomes through the provision of contextualised care.

We welcome the opportunity to comment on the issues and possible remedies that the CMA has identified in its [Issues Statement, released 9th July 2024](#).

The CMA has identified six overall concerns, which will be addressed in turn:

¹ <https://www.bva.co.uk/media/5459/submission-to-cma-oct-2023.pdf>

² <http://bvna.org.uk/wp-content/uploads/2024/04/Final-CMA-submission-11.04.24.pdf>

³ <https://www.bva.co.uk/media/5714/joint-response-to-the-cma-consultation-on-a-proposed-market-investigation-reference-final.pdf>

a) Pet owners might not engage effectively in the choice of the best veterinary practice or the right treatment for their needs due to a range of factors including a lack of appropriate information

BVNA supports the CMA investigation of this issue, and its rationale for doing so. We note that paragraph 32 states 'The qualitative consumer research that we conducted for our market review found that the pet owners we spoke to do not tend to consider pricing to any significant extent when considering or purchasing veterinary services. Some consumers on lower incomes or under financial pressure mentioned sacrificing other expenses to pay for veterinary care, and some cancelled insurance due to affordability constraints.' We would encourage consumers to research pricing of veterinary services, as well as considering the pets' treatment history as would generally be the case with the purchase of other goods or services. It should be remembered that this is a health service and that veterinary surgeons and veterinary nurses make a declaration each year of their registration that animal health and welfare is the primary concern.

Pricing and Ownership

We agree to transparency of practice ownership, providing a standardised list of pricing is a possibility but the pricing structure can very much be dependent on the practice itself. We agree that transparency of this information will promote client choice. The costs that make up the service/procedure can depend on staff required, weight/size of patient, follow up care etc. A simple pricing structure is feasible and already displayed by some practices, such as vaccination courses, consultations and a range of neutering prices (dependent on weight). However, that some prices may be able to be displayed such as consults and vaccine courses, but felt that the vast majority would not be able to be displayed due to the difficulties of size, weight, and again using dentals as an example of not knowing the extent of issue we would be facing.

We agree to transparency of practice ownership as this may help owners make informed choices of where they want their pet treated. However, we would be cautious to recommend displaying full price lists due to the contextualised care approach. Whilst we agree that prices such as vaccinations and boosters can be displayed, the majority of treatments provided will depend on the animal's weight, size, breed and the presenting condition. Therefore, we would inform the CMA that there are limited treatments that can be displayed due to the reasons above.

b) Concentrated local markets, in part driven by sector consolidation, might be leading to weak competition in some geographic areas

BVNA supports the need to investigate this issue. We fully support the need for competition within the sector, and are aware that when choosing a practice, location and convenience are major factors. Transparency and clarity of practice ownership is important when clients look to make a choice. This should include whether that practice owns diagnostic laboratories, pharmacies, crematoriums or referral centres. Consumers should have the information to be clear as to the identity of who is ultimately providing the services they require.

c) Large integrated groups might have incentives to act in ways which reduce choice and weaken competition

We are concerned that this may be occurring within some corporate groups, and BVNA supports the need to investigate this issue further. However, it should be noted that the RCVS Code of Conduct stipulates that an incentive does not distract from an individual's professional responsibilities. It is essential the veterinary surgeons have the freedom to offer a range of treatment options, whether

that is for the practice to carry out a basic treatment option, referral to the local veterinary practice that has more experience of the procedure or referral to the specialist veterinary hospital who can treat according to current best practice. It is reasonable for veterinary surgeons to refer patients to specialists that they know as long as that is made clear to the owner. Experience and reputation are often drivers for referral cases.

When presenting the treatment options, it is not reasonable to expect the veterinary practice to know the fees of other practices, we wouldn't expect other professions to give consumers a range of options including the price of their competitors.

We do not agree that contextualised care isn't readily offered in practice, we do acknowledge that advancement in veterinary medicine means we can do more in the right situation. As mentioned in paragraphs 68-74, this need to 'do more' is often driven by the client through influences such as certain TV Programs such as Supervet. These programs do not highlight the costs or detailed contextualised care options. There is an exceptional level of pressure placed on veterinary staff to be miracle workers, due to the shift of small animals having a more prominent role in the family dynamic. Sadly, there is a reason that the veterinary profession has a high rate of depression, anxiety and suicides. It is the pressure to do the best for the client/patient but not always being able to due to the patient's prognosis or limitations of the client. This is a heavy burden to carry for people that entered the veterinary profession to provide and care for animals.

Client expectations for the standard of care their pet should receive has been influenced by TV shows such as Supervet, where treatment options include 'bionic limbs' and spinal surgery is thought of as common place and routine. The increase in pet insurance has also influenced the level of care that owners expect without consideration of the quality of life of the patient.

It is important that the VS can offer a range of treatment options to allow the owner to make an informed choice based on their pet's welfare and their own socioeconomic circumstances supporting the contextualised care approach.

d) Pet owners might not engage effectively and might lack awareness of their options when a pet dies and as a result may be overpaying for cremations

Due to the complexity of the involvement of many team members during a euthanasia, BVNA would welcome the opportunity to provide further insight into how prices are set and the cost breakdown, possibly in the form of a further Teach In. We agree that further transparency surrounding how costs are broken down for a euthanasia and cremation would be beneficial for consumers, but also recognise the challenges of communicating this information at a stressful and emotional time for the client. Anecdotally, the cost of the euthanasia itself may not reflect the professional time (typically a 30-minute consult) or the number of team members who will be involved in this process, and the cost may be recovered in other areas such as the mark-up on cremation.

Cremations Pricing

Crematorium is different as that is a third party service, supplying practices, and can often be based on a historic relationship. A number of corporates do own their own crematoriums. Transparency of ownership is important, and clients should absolutely be given options of looking elsewhere or home burial (in accordance with regulations) but need to recognise that the veterinary practice will be unable to reassure the client of the process at a crematorium that they do not have a relationship with. Most veterinary staff will have the option of visiting the crematorium that they have chosen to use, they will be able to understand the process, and reassure clients.

e) Pet owners might be overpaying for medicines or prescriptions due to a range of factors including a lack of awareness of their options

Practices are restricted in where they can purchase medicines and can only use veterinary medicines where they are available. Veterinary medicines go through strict procedures to ensure they are safe to use on the species identified and are prescribed using the cascade procedure for prescribing unauthorised medicines⁴. This means that the veterinary surgeon must prescribe medication that has been licensed for that condition and that species. If a medication is not available, they must prescribe a medicine for the condition that has been approved for a different species. If there is not a medicine available for the condition in any animal species, the veterinary surgeon can use a human preparation but must inform the owner and have them sign a form confirming they are aware that the medicine has not been approved for their pet's species.

Medicines

We agree with regards to transparency, again this is a difficulty presently due to larger groups being able to buy bulk medicines at a discounted price. As you know, veterinary practices have to use veterinary wholesalers and their charges are often higher than internet pharmacies will charge. This reflects poorly on practice as clients do not understand this. We would welcome a review into these charges, to enable veterinary practices to be able to buy medicines at a similar price point. We would have to be very mindful what prescriptions were mandated. From a welfare perspective, shorter courses may be required dependent on a treatment plan or need to review when looking at patient's response to dosage. This can be the case when reviewing pain medication for certain conditions or when looking at stabilising diabetic patients for example.

Telemedicine

We agree that open data solutions would enhance veterinary services and would welcome this. However, with a large variance in practice management systems available this is currently not feasible. This is an area that would need a large investment to be able to develop. Telemedicine has been utilised more over the last few years, and was useful throughout the recent pandemic. However, a lot of practices learnt that client preference was still to be able to have in person consults, with a lot of clients not seeing the value in telemedicine. As veterinary patients are unable to signal exactly what their issues are, in person, clinical examinations are still vital in a lot of cases to identify diagnosis or be able to discuss with the client the next steps. We refer back to the vet team client relationship, which is deeply important in building that bond to enable the client to open up and feel comfortable when discussing contextualised care. We agree that telemedicine has its place, and certainly some consultations may be performed this way and may also be the client's preference. As mentioned previously improved practice management systems may also be required to enable this to be possible and a resource available to all practices. As not all systems integrate with telemedicine platforms.

⁴ <https://www.gov.uk/guidance/the-cascade-prescribing-unauthorised-medicines#about-the-cascade>

f) The regulatory framework is outdated and may no longer be fit for purpose and may currently be operated in a manner that does not facilitate a well-functioning market

As with our previous response to the consultation on the CMA's proposed market investigation, 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. We continue to support the need to regulate veterinary practices as well as individuals, in order to implement measures to better safeguard the pet owner and support a more well-functioning market. The RCVS Practice Standards Scheme (PSS) is voluntary at the moment and not enforceable. Allowing the RCVS to regulate practices as well as individuals would help to standardise levels of service including transparency of ownership, standard fees and qualifications of staff working at the practice. Veterinary practices are encouraged to have a clear and accessible internal complaint handling procedure for clients. This allows clients to voice their concerns and receive timely responses. Such procedures should outline the steps for investigating and resolving complaints within the practice.

There is reported to be a shortage of vets partially due to the impact of Brexit reducing the number of EU vets coming to the UK, low wages and more stringent animal controls according to Sky News on 8th May 2024⁵. The Vet Times reported that migration rules, which came into force in April 2024, is raising the salary threshold for vets over 26 years old to £48,100/year, which will mean that practices will need to either offer European vets higher salaries or manage with the shortage⁶. The average salary for a vet in the UK is around £43,000 (a new graduate starts around £32,000) and veterinary nurse salaries are around £23,000⁷. The British Veterinary Association (BVA) and Royal College of Veterinary Surgeons (RCVS) wrote a joint letter asking the government to lower this threshold for overseas vets⁸. Some practices have stopped taking new pets because of the shortage of veterinary staff⁹. The RCVS Workforce Summit 2021 identified that there is also a shortage of veterinary nurses¹⁰ even though the total number of registered veterinary nurses (RVNS) is increasing at around 23,000, this does not seem to translate into adequate numbers of RVNs in practice.

We welcome the CMA's exploration of how the veterinary nurse role could be expanded. Using RVNs to see patients with common disorders would address veterinary surgeon shortage and reduce the number of RVNs leaving the profession due to improving job satisfaction. Implementing standard operating procedures created by the veterinary team, identifying all predicted outcomes for a patient will enable the RVN to see and treat patients. This frees the veterinary surgeon to do what only a veterinary surgeon can do; diagnose, prescribe and perform surgery. Allowing RVNs to induce anaesthesia based on patient specific protocol driven procedures can enable the RVN to complete diagnostic imaging, dental work (excluding extractions) and suturing wounds. This allows the VS to concentrate on more complicated surgeries and making clinical assessments on their patients.

⁵ <https://news.sky.com/story/shortage-of-vets-getting-worse-because-of-brexit-mps-warn-13131741>

⁶ <https://www.vettimes.co.uk/news/fears-increase-over-impact-of-migration-rules-on-profession>

⁷ <https://www.veterinary-practice.com/article/gareth-cross-opinion-nurses-pay>

⁸ <https://www.politicshome.com/members/article/addressing-veterinary-workforce-shortage>

⁹ <https://www.bbc.co.uk/news/articles/cw8qeded082o>

¹⁰ <https://www.rcvs.org.uk/news-and-views/publications/recruitment-retention-and-return-in-the-veterinary-nursing>