

## CMA Issues Statement

### Response from RCVS Knowledge, July 2024

1. RCVS Knowledge is the charity that empowers and supports veterinary teams to provide quality animal healthcare. Among our activities, we provide practical support and tools to veterinary teams to help them deliver evidence-based veterinary care, we translate and disseminate the latest research from across the globe, and we champion improvements that advance the quality of veterinary care for the benefit of animals, the public and society.
2. As an independent charity, we are a distinct legal entity to the Royal College of Veterinary Surgeons (RCVS), with separate leadership and governance.
3. We welcome the Competition and Markets Authority Issues Statement, in particular its focus on seeking to understand outcomes with respect to treatments undertaken and its exploration of objective measures of quality outcomes. As the organisation that has championed ways of measuring and improving the quality of veterinary care, we would like to respond to point 115, which invites submissions on what analysis to take on quality outcomes in veterinary care including how quality of care in the sector could be assessed.
4. We also welcome the Issues Statement's focus on contextualised care and the intention to explore how the contextualised care approach could be improved (point 74). We would also like to respond to this point.

The challenges of defining quality in veterinary care

5. Overall quality in veterinary care is not easy to define as 'quality' means different things to different people<sup>[1]</sup>. For example, a lower cost treatment might be a priority for one person, the level of aftercare needed might be important to someone else, while another might want to look at the value of a treatment regardless of cost or aftercare. RCVS Knowledge defines quality veterinary care as the ability of the veterinary team to balance the domains of quality (outlined in the figure below).



Figure: The Domains of Quality Veterinary Healthcare by RCVS Knowledge. Adapted from: Institute of Medicine (IOM). Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, D.C: National Academies Press; 2001.

6. Balancing these domains of quality is the crux of contextualised care, a way of delivering veterinary care that acknowledges that there are different ways to approach the diagnosis and treatment of an animal, depending on the circumstances of client and the animal, and the context in which care is delivered. To support veterinary teams to deliver contextualised care, we have created a [Contextualised Care Hub](#)<sup>[2]</sup> providing practical tools and guides, including conversation guides to support clients in veterinary consultations, and evidence from research. We intend to develop further resources to support veterinary teams to deliver contextualised care over the next year.

#### How quality can be measured

7. Measuring quality in veterinary care is not easy. The veterinary sector does not have the resources of the NHS, and veterinary professionals do not have access to the size or quality of evidence available to clinicians working in human health care. However, measuring quality is not impossible. For example, data can be collected on the outcomes of different treatment options, on potential complications, and on the quality of life of patients before, during, and after treatment. There are many types of instruments to do this – including client reported outcome and experience measures (CROMs and CREMs) that involve clients

in assessment of patients' progress, quality of life (QOL) tools, and standardised ways of reporting and classifying complications. While the use of these in veterinary care is not yet widespread, it is growing.

8. At RCVS Knowledge, we play a leading role in developing and emphasising the importance of quality improvement tools, including the use of appropriate outcome measures<sup>[3]</sup>. Tools such as our [Canine Cruciate Registry](#) (CCR) represent an example of the veterinary sector starting to measure surgical outcomes at scale to improve quality of care for both individual patients and the population as a whole<sup>[4]</sup>. The CCR gathers outcome data directly from dog owners and veterinary surgeons on surgical treatments for one of the most common causes of lameness in dogs. It uses validated outcome measures, quality-of-life measures, and records complications as reported by the practice and the owner, as well as recording owner satisfaction through a "friends and family test". There are more than 360 veterinary surgeons and more than 1,600 patients registered on the CCR.
9. The [National Audit for Small Animal Neutering](#) is another example, gathering data from veterinary practices from across the country on complications from neutering procedures going back to 2005<sup>[5]</sup>. This free tool uses a simple grading system to support practices to audit complication rates for surgical techniques for dog, cat and rabbit neutering procedures. Practices voluntarily submit their data to contribute to a national benchmark. The audit contains submissions covering more than 69,300 procedures from 275 practices (including independent practices and some practices that are part of large corporate groups).
10. Tools such as these are used by veterinary teams to audit the care they provide, compare their results to a national benchmark and to make changes to drive improvements. They support contextualised care: clinicians and clients have more data to discuss risks, potential complications, and likely prognoses, in a transparent way, which bolsters discussions around informed consent. Veterinary professionals have welcomed such initiatives, recognising the important contribution to evidence-based veterinary practice and animal welfare that systematic and large-scale collection of outcome data can bring. This real-world evidence from the local clinical setting provides direct evidence of the quality of care provided and outcomes achieved in a particular practice setting, complementing research evidence published in peer-reviewed literature.
11. Many large practice groups carry out some measurement of patient outcomes internally, auditing results across the group. Some practices (both independent and some that are part of larger practice groups) contribute data willingly to voluntary national initiatives such as CCR and NASAN as part of their commitment to understanding their outcomes and driving

wider improvements across the sector. Currently, this data is not routinely made available to clients to help them to assess the 'value' of the care their pet is receiving<sup>[6]</sup> or to choose between practices, treatment options, or veterinary professionals of differing experience/qualification levels.

12. Our experience is that clinical data-sharing cannot be universally achieved on a voluntary basis due to the following barriers:
  - Perceived time pressures to collecting data around cases using the systems currently available.
  - Lack of incentive to standardise how data is collected and recorded in the different practice management systems used by different practices.
  - Perceived data security concerns around what happens to information, how it is shared, and whether it remains anonymised.
  - The sharing of outcome data may not be seen as a business priority and can cause concern about commercial sensitivities, meaning that agreement from business owners to share data (even anonymously) is not always secured.

#### A way forward

13. The use of robust outcome measures for common procedures, with data sharing across the sector, would be a valuable tool for supporting consumer choice and contextualised care. The large-scale population studies that allow clinical outcomes in human medicine to be evaluated are extremely rare in veterinary medicine, and a major barrier to this is a lack of clinical (non-commercially sensitive) data sharing. Clinical decision-making is complex, and the availability of better outcome measures would provide additional quality information to use as part of complex discussions between veterinary professionals and animal owners about treatment options, helping clients tailor their choice of treatment to balance likely outcome and cost.
14. Consumer choice in veterinary care should be supported by data about likely outcomes and potential complications, especially for common procedures, and this requires data-sharing and benchmarking. The changing landscape of practice ownership means that, as well as engaging individual veterinary professionals, this requires the support of the large corporate groups. Data on outcomes could help clients choose between practices and enable

a more informed choice between treatment and referral options, potentially alongside information provided through future practice-level regulation.

15. With the right tools, and engagement from veterinary professionals and practices, it would be possible to develop agreed measures of quality that could be used across the sector to improve the quality of care, support shared decision-making, and provide greater transparency to clients. It would be important for this to be done in a way which is proportionate, does not put unrealistic financial strain on practices, and is not overburdensome to veterinary professionals, most of whom are doing their best in the circumstances and already feel under enormous pressure.
16. We are committed to exploring ways to achieve this, in a way that is supportive to veterinary professionals and advances the quality of veterinary care for the benefit of animals, the public and society. We would welcome the opportunity to discuss this further.

## References

- [1] Rooke, F., Burford, J., Freeman, S., Mair, T., Suthers, J., & Brennan, M. (2021). Quality Improvement: origins, purpose and the future for veterinary practice. *Veterinary Evidence*, 6(2). <https://doi.org/10.18849/ve.v6i2.358>
- [2] RCVS Knowledge Contextualised Care Hub <https://rcvsknowledge.org/contextualisedcare/>
- [3] Ling, T., Doorly, A., Gush, C., & Hocking, L. (2021). Clinical governance and continuous Quality Improvement in the veterinary profession: A mixed-method study. *Veterinary Evidence*, 6(2). <https://doi.org/10.18849/ve.v6i2.383>
- [4] Canine Cruciate Registry <https://ccr.rcvsknowledge.org/>
- [5] National Audit for Small Animal Neutering <https://rcvsknowledge.org/nasan/>
- [6] 'Value-based health care' is a term originating in human health care, defined as the use of available resources to achieve better outcomes and experiences for every patient. (Hurst, L, Mahtani, K., Pluddemann, A., Lewis, S., Harvey, K., Briggs, A., Boylan, A.-M., Bajwa, R., Haire, K., Entwistle, A., Handa, A. and Heneghan, C. Defining Value-based Healthcare in the NHS: CEBM report May 2019)