Qualitative research with veterinary professionals

Research report

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REVEALING REALITY

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2. Definitions used within this report

The table below outlines the definitions used throughout this report.

Term used within report (incl. abbreviations)	Definition
Large veterinary group (LVG)	CVS, IVC Evidensia, Linnaeus, Medivet, Vets for Pets (Pets at Home), VetPartners
Small group	Independently owned small or medium chains. *Note: A few of the small groups referred to in the report are very small in size with practices located very near to one another.*
Independent	Independently owned one-site veterinary practice.
Veterinary professionals	Refers to both veterinary surgeons and veterinary nurses.
Veterinary surgeon	A veterinary surgeon is a qualified professional responsible for diagnosing and treating illnesses and injuries in animals. Their role includes performing surgeries, prescribing medications, advising on preventative care, and overseeing the overall health and welfare of animals. In the UK, veterinary surgeons are registered with the Royal College of Veterinary Surgeons (RCVS), which ensures they meet the required standards of education and practice.
Veterinary nurse	A veterinary nurse is a qualified professional who works alongside veterinary surgeons to provide medical care and support for animals. Their responsibilities include assisting during surgeries, administering medications, monitoring patients, and educating pet owners on preventative care and post-treatment guidance. Veterinary nurses in the UK can have different types of qualifications depending on their route into the profession.
First Opinion Practices (FOP)	FOPs are veterinary practices that provide primary care for pets. They are the first point of contact for pet owners and may refer more complex cases to an Advanced Practitioner, a Specialist or referral centres when advanced care is needed.
Out-of-hours (OOH)	OOH care refers to veterinary services provided outside of a practice's regular operating hours, typically during evenings, weekends, and public holidays. OOH care may be delivered by the practice itself, through dedicated emergency clinics, or via arrangements with third-party providers.
Practice manager	Terminology varies across veterinary practices. For clarity, in this report (excluding quotes), the term *practice manager* refers to an in-practice management role. In some cases, individuals in this role are also clinicians.
The Royal College of Veterinary Surgeons (RCVS)	The regulatory body for veterinary professionals in the United Kingdom. It is responsible for setting and upholding standards for veterinary education, ethics, and clinical practice to protect animal health and welfare and to ensure public trust in the profession.

	The RCVS maintains the Register of Veterinary Surgeons and Veterinary Nurses, investigates concerns about professional conduct, and accredits veterinary education programmes.

Methodological note on qualitative research: This is a qualitative piece of research, as the aims focus on understanding experiences, decision-making, and influences. Therefore, the reporting highlights themes and trends rather than percentages or numbers.

It is important to note that in qualitative research, terms such as "majority" or "most" refer to the prevalence of a theme across the sample, meaning it was heard frequently or identified as a strong theme, rather than being indicative of numerical or statistical significance.

All insights are based on participants' recall, personal experiences, and understanding, which can be imprecise and, to some extent, post-rationalised. For this reason, care was taken to ground the discussion in specific, recent cases. This means that not all topics or questions were covered with every participant; instead, the focus was on the specific cases they referred to and their role in the decision-making process.

Note on reporting by practice and LVG:

To protect respondent confidentiality, the research is anonymised to category level of 'Independent practice' or 'LVG practice' rather than naming the practice or specific LVG.

There are areas however were the research found clear differences between what was reported by veterinary surgeons and nurses working in different LVGs. Where differences were observed by LVG these are noted in the report through language such as 'an LVG, most LVGs, a few LVGs' etc.

Some direct quotes have been lightly edited to protect respondent confidentiality. Any such editing has been kept to the minimum necessary and is clearly indicated by [ ].

Note on published report

The Competition and Markets Authority has excluded from this published version of the final report information which the inquiry group considers should be excluded having regard to the three considerations set out in section 244 of the Enterprise Act 2002 (specified information: considerations relevant to disclosure). The omissions are indicated by [✂].

3. Executive summary

Revealing Reality conducted 100 qualitative interviews with veterinary professionals working at first opinion practices throughout the UK between September and November 2024. This included 80 interviews with veterinary surgeons and 20 interviews with veterinary nurses. Below is a summary of the findings across each of the key topics discussed during interviews:

3.1 Adaptive approaches to veterinary care

Veterinary professionals acknowledged a tension between their obligation to prioritise animal welfare, their awareness of pet owners' financial constraints, and the financial goals of the business.

Throughout this research, veterinary professionals reported taking into account both pet and owner circumstances when deciding and presenting treatment options, with the animal's welfare being the primary concern.

Key factors considered by veterinary professionals when presenting or recommending treatment options included the pet's age, health, and temperament alongside owner-related factors. These included whether the pet owner had insurance, their willingness and ability to pay for treatment, and ability to administer medications.

However, many veterinary surgeons reported that whilst they took these factors into consideration, their aim was to ensure pet owners were informed about all treatment options available, where possible. Some reported that these factors may change how they communicated the options, or, if asked for their professional opinion, what they recommended.

Some veterinary professionals reported that it was easier to adapt price options at independent practices compared to LVGs.

3.2 Approaches to communicating prices

Veterinary surgeons reported varying approaches to communicating treatment prices to pet owners, with the methods often dependent on the pet owner's circumstances, the specific case, and the service being charged for, such as medications, diagnostics, referrals, or euthanasia and cremation. Several veterinary surgeons expressed discomfort discussing pricing with pet owners, particularly when faced with communicating increased prices or pet owners' frustrations about price.

Treatment prices were typically discussed during consultations, accompanied by an explanation of the recommendation. In some cases, estimates were communicated during the booking process by reception staff, or via external organisations such as referrals centres.

Very few veterinary surgeons reported receiving formal training on how to discuss prices with pet owners, with most relying on experience gained on the job. Some recalled basic communication training during university or induction programmes, but many felt additional formal training would be beneficial.

3.3 Medication

Veterinary surgeons based their medication recommendations primarily on clinical appropriateness, active ingredients, and available stock, often offering pet owners limited medication options due to inventory constraints. Many practices stocked a single brand per medication to simplify inventory management, with a practice's buying group - or, for LVGs, corporate policies - influencing brand choices.

Veterinary surgeons also considered medication formats, such as liquids, tablets, or injectables, to accommodate the needs of both pets and their owners, particularly in cases of mobility or administration challenges.

Many veterinary surgeons reported that they would proactively discuss written prescriptions for long-term treatments to reduce costs for pet owners, though one-off treatments were typically dispensed directly, unless the pet owner specifically asked for a prescription.

Most practices had some form of preferred medication lists. Those at independently owned or small group practices were often part of buying groups which affected the medication they could order in, while most of those at LVG practices reported having 'preferred medication lists' set by the group's management. However, most veterinary surgeons reported that they could prescribe off-list medications if clinically necessary, although approval processes could be cumbersome, which a few mentioned was a disincentive for doing so.

Despite general satisfaction with the use of preferred lists, a few veterinary surgeons expressed concerns over transparency and limited choice of alternative medicines for pet owners, especially regarding LVG-owned or 'white-labelled' medications. Concerns were raised by these veterinary surgeons that 'white-labelled' medication could make it more difficult for pet owners to buy an equivalent medication elsewhere and compare prices, due to the new unfamiliar brand name of 'white-labelled' medication.

3.4 Diagnostics

Veterinary surgeons commonly followed a progressive, step-by-step approach to ordering diagnostics, allowing pet owners to decide whether to proceed with individual tests or multiple tests at once. Emergency cases often required simultaneous testing for faster results. There were also some examples of veterinary surgeons ordering 'bundles' of diagnostics in non-emergency cases, although this was rare.

Prices were typically communicated verbally during consultations, with some discussion of potential follow-up costs based on diagnostic outcomes.

Flexibility in ordering diagnostics varied among practices. Veterinary surgeons working at independently owned and small group practices did not report receiving specific guidance on when to offer diagnostic tests. Similarly, the majority of veterinary surgeons working at LVG-owned practices also reported no specific guidance on this.

However, a number of veterinary surgeons at LVG-owned practices reported having specific processes for when, and how, to charge for certain diagnostics. For example, some described practice protocols requiring certain diagnostic tests for certain suspected conditions, and that their computer systems made it hard to separate out charges for individual diagnostic tests, instead charging them as 'bundles' of tests.

Among veterinary surgeons who reported specific processes around diagnostics, a few felt that these diagnostic protocols enhanced animal outcomes and could reduce long-term costs to pet owners. However, a small number of veterinary surgeons criticised them as unnecessary or overly prescriptive, resulting in additional cost to the pet owner.

Some of those at LVG-owned practices also reported being measured on their 'diagnostic workup rate'- the proportion of consults in which a diagnostic was ordered- although few felt that this influenced their decision-making around when to order diagnostics.

3.5 Referrals

Veterinary surgeons based their decision to make an external referral outside of the FOP on the complexity of the case, available expertise within the clinic, and the pet owner's circumstances, including financial considerations.

Internal referrals within the FOP were common for procedures that could be managed by colleagues with specialised certifications, while external referrals were offered for treatments requiring advanced care not available in-house.

A few veterinary surgeons working in LVG-owned practices reported being encouraged to refer cases to referral centres within their LVG, even when they believed it was not clinically necessary due to available expertise within the practice. This included situations where an in-house surgeon was capable of performing the surgery. This was not reported in any independent or small group practices.

Factors influencing the veterinary surgeon's recommendations for referral providers included clinical specialism, location and convenience to the pet owner, price, details within insurance policies about specific referral requirements, and the availability of timely appointments. While some of those working at LVG practices reported that they were encouraged to refer to the LVG's own referral centres, most veterinary

surgeons prioritised the needs of the pet and owner, and felt able to refer outside of this if they deemed this better for the pet and pet owner.

Communication about referral prices varied, with some veterinary surgeons providing pet owners with estimates of consult fees or procedure fees, and others contacting referral centres to get specific quotes for the pet owner.

3.6 Death of pet

Veterinary professionals offered similar options for euthanasia and end-of-life care across practices, including the option to take the body elsewhere for home burial, or cremation, either communal or individual. Veterinary professionals reported wanting to avoid overwhelming grieving pet owners with too many decisions, often deferring some choices to follow-up conversations.

Nearly all veterinary professionals reported working with one specific crematorium. Some working at LVG practices reported using crematoriums owned by the same LVG, which were the practice's preferred crematorium.

Pricing for services was either discussed directly or included on consent forms, with a few transferring responsibility for communication about cremation costs to the crematorium itself.

3.7 Guidance and incentivisation

Veterinary professionals' experiences with guidance and incentivisation varied widely, largely depending on their employment in independent practices or LVGs.

Many of those working at LVGs reported performance monitoring and targets at both the individual and practice level, tied to metrics such as diagnostic work-up rates, revenue per consult, follow-up appointments, and client satisfaction. Those working at independent practices were typically less aware of performance monitoring or targets.

Financial incentives like bonuses or prizes were occasionally offered in LVGs.

Veterinary professionals at independent or small group practices reported more flexibility around charging compared to those at LVGs; for example, when charging for consult fees, medication and diagnostic fees.

Some veterinary surgeons working at LVGs, especially those who were more senior or experienced, chose to deviate from guidance or protocols relating to charging in instances where they did not agree with them.

Most veterinary surgeons did not report that performance monitoring, targets, or financial incentives had influenced their clinical decisions. However, there were a few veterinary surgeons at LVGs that described feeling that targets may have affected their colleagues' decision-making. A number of veterinary surgeons also reported seeking employment in independent practices to avoid the performance pressures of their previous roles at LVGs.

3.8 Regulation and sector challenges

Veterinary professionals broadly acknowledged the importance of the RCVS code of conduct, though most engaged with it minimally, relying on established practice norms or guidance from colleagues. One veterinary surgeon expressed concern that the RCVS code of conduct emphasised the need to offer the highest, which was often the most expensive, standard of care to pet owners.

Many highlighted challenges with how medicines are regulated and the cascade system, and a few reported challenges with recent changes to regulations on physical examinations required for prescribing.

Many veterinary professionals were concerned about the impact of rising prices across the sector and similarly, many expressed concerns about the influence of LVGs on the sector, often highlighting the impact on client affordability as the primary issue. A few specifically highlighted the mark-up on medications, perceiving that some LVGs applied a greater mark-up when compared to independent practices.

3.9 Marketing and branding

Most veterinary surgeons reported that they didn't do much proactive marketing, instead relying on word of mouth. However, not all of the veterinary surgeons interviewed were aware of how their practice was marketed, with those in management roles being more able to describe their practices' marketing strategies compared to clinicians.

Some were able to describe particular marketing strategies that their practice used to attract and retain clients. Those working at LVGs often reported leveraging centralised branding efforts and social media, while those at independent practices focused on local community engagement and personalised client relationships. Pet health plans and loyalty programs were widely promoted as a way to enhance preventive care and foster long-term client retention.

Veterinary surgeons working at independent practices reported that their independently owned status was often a selling point for pet owners. Some of those at LVGs reported that their practice name did not reflect their ownership, with a few stating that they did not think their clients were aware of the change in ownership.

4. Background and approach

4.1 Focus of this research

In May 2024, the CMA launched a market investigation into veterinary services for household pets in the UK. This qualitative research, commissioned by the CMA as part of the investigation, focuses on the experiences and views of UK veterinary professionals.

The research explored interactions between veterinary professionals and pet owners, factors influencing treatment recommendations, referral processes, and the role of the regulatory framework.

Specific **research objectives** were to:

- Identify, explore and understand the factors that guide the choices that veterinary professionals offer to pet owners and how they communicate treatment options, services, and pricing: how these factors may differ, and what drives these differences.
- Understand whether and how business models or ownership and other business considerations influence veterinary professionals' clinical or professional judgements and decision-making processes in their interactions with pet owners.
- Understand how existing regulatory requirements, most notably the RCVS Code of Professional Conduct and Supporting Guidance, impact the daily practices and decision-making of veterinary professionals.

4.2 Research approach

4.2.1 Fieldwork

The main fieldwork was conducted by Revealing Reality between September 2024 to November 2024.

Revealing Reality conducted **100 in-depth interviews with veterinary professionals** working in first opinion practices (FOPs) throughout the UK. This included 80 interviews with veterinary surgeons and 20 interviews with veterinary nurses. All interviews were conducted remotely, lasting 90 minutes for veterinary surgeons and 60 minutes for veterinary nurses.

The one-to-one interview format and length of the interviews allowed researchers to explore topics in depth, enabling participants to speak openly about their experiences and perspectives within the profession. All participants were clear that anonymity was a key part of the process, which allowed them to speak frankly within interviews. Researchers ensured that all reporting would be anonymous and took care during recruitment to protect confidentiality. The research team also demonstrated flexibility in scheduling, offering the option of face-to-face interviews if that was preferable for participants. However, all participants chose to conduct their interviews remotely.

4.2.2 Research design

The research materials were developed in collaboration with the CMA case team and were structured around the research objectives. Interview guides were designed to focus on veterinary professionals' most recent cases, ensuring that insights were grounded in concrete, recent examples rather than general opinions. This approach provided a random selection of cases across various categories of care, avoiding any bias from participants choosing cases they deemed particularly relevant.

To capture a comprehensive range of perspectives, researchers also included broader, open-ended questions at the end of each interview, giving veterinary professionals the opportunity to share any additional experiences.

The discussion guide for veterinary nurses was adapted from the veterinary surgeon guide to accommodate the shorter interview length and to focus on areas of particular relevance, such as regulation. All research materials were piloted and refined prior to fieldwork. The materials were piloted with a random selection of

five veterinary surgeons and two veterinary nurses. Additionally, the research team conducted an interim session with the CMA case team midway through fieldwork to reflect on the data collected and to make any necessary adjustments to the materials.

Please see page 103 for the research interview guides.

4.2.3 Recruitment and sampling

The recruitment approach was designed to be systematic and rigorous. The sample frame was the RCVS list of registered veterinary professionals working in FOPs, which was supplied by the CMA. Consecutive random samples were drawn from this list, and invitations were subsequently sent exclusively to these samples. To further reduce the potential for self-selection, the research was invite-only, ensuring that no participants could opt in independently.

The research employed a careful approach to sampling, utilising a purposive sampling strategy to ensure that a breadth and range of experiences were included. A staged invitation process was implemented, incorporating a detailed screener to gather essential information about participants before they were included in the research, ensuring that a diverse range of quotas were met. Furthermore, the research team targeted certain sub-samples, in order to recruit harder-to-reach audiences and meet quotas.

Key sampling criteria that quotas were set against included:

- Practice ownership (ensuring a spread across each of the Large Veterinary Groups) and independent practices
- Practice size
- Practice location (including coverage over England, Wales, Northern Ireland and Scotland and a spread between rural, urban and suburban locations)
- Roles – including Advanced Practitioners, Out of Hours (OOH), Locum
- Seniority and time since qualification
- Veterinary professionals who have moved between independent practices and LVGs
- Veterinary professionals who have worked at practices whilst they changed ownership

Please see page 100 for the sample breakdown.

The research team made significant efforts to ensure that the research did not solely include the easier-to-reach or most available professionals. To achieve this, multiple recontacting attempts and follow-ups were conducted. Additionally, interviews could be rescheduled in the event of emergencies, further accommodating the needs of the professionals involved.

4.2.4 Analysis and data

The interviews were audio or video recorded with the participants' permission and, along with additional evidence such as written notes, were stored securely by Revealing Reality for analysis. The team created a qualitative analysis grid, which included a row for each participant and a column for each key theme. Individual researchers filled in this grid upon completing their interviews, allowing for systematic collation of evidence around each topic. This approach ensured that the insights were firmly grounded in the participants' views and every voice was included in the analysis process. Furthermore, the analysis was conducted collectively, with care taken to include input from all researchers involved in the interviews.

Revealing Reality conducted an interim findings session with the CMA case team after half the interviews had been completed. Revealing Reality presented the findings to the CMA on 31st October 2024.

5. Overview of veterinary professionals' day to day roles

The following provides an overview of the day-to-day responsibilities of veterinary surgeons and veterinary nurses as reported within the sample. However, daily experiences varied depending on specific roles and individual working patterns.

Day to day veterinary surgeon duties included:

Consultations

- Most veterinary surgeons reported conducting face-to-face consultations, typically scheduled in blocks of 3-4 hours.
- Consultation lengths ranged from 10-20 minutes, with 15 minutes being standard across most practice types.
- Veterinary surgeons reported conducting an average of 15-20 consultations in a working day.
- Consultations typically began with a physical examination, with outcomes varying from prescription of medication, in-consult procedures, ordering of diagnostic tests, surgery or referring to other veterinary services.

Administrative and management responsibilities:

- Some veterinary surgeons had to allocate time to administrative tasks related to consultations, such as writing consultation notes, completing paperwork for referrals, or calling clients to discuss diagnostic results.
- Veterinary surgeons with management responsibilities, such as Head Vets, Practice Owners, Clinical Directors or Practice Managers, were also involved in additional duties, including training, monitoring, and financial oversight.

Minor procedures and surgeries:

- Many veterinary surgeons conducted minor procedures (e.g. spaying, neutering, vaccinations, microchipping) on a daily basis, with dedicated blocks of time allocated for these procedures. In addition to this, veterinary surgeons conducted surgeries. However, these varied depending on demand.
- Those with additional surgical qualifications occasionally performed advanced procedures within FOP settings.

Day to day veterinary nurse duties included:

Consultations:

- Most veterinary nurses reported conducting consultations alone. This included carrying out tasks such as nail clips, vaccinations, weight or diabetes clinics or triaging animals to the veterinary surgeon.
- Some veterinary nurses also assisted veterinary surgeons during consultations; for example, restraining animals during examinations or helping with other pets present in the consult.

Reception and administrative tasks:

- Some veterinary nurses handled administrative tasks such as insurance paperwork, reception duties, ordering in medications, or providing price estimates. This was especially the case for Head Nurses or Practice Managers.

Additional responsibilities:

- Some veterinary nurses helped to administer diagnostic tests, such as blood samples, or supported with x-ray set up, after they had been ordered by veterinary surgeons.
- Veterinary nurses often dispensed medication after surgeons had ordered them.
- Some veterinary nurses also reported regularly assisting with surgical procedures, including preparing animals for surgery and monitoring animals before and after. A few veterinary nurses also held surgical nurse certificates that allowed them to perform basic surgical tasks like sutures.

6. Adaptive approaches to veterinary care

Throughout the interviews with veterinary surgeons and veterinary nurses, researchers explored whether veterinary professionals adapted their care based on contextual factors related to both the pet owner and animal, and which specific factors influenced these adaptations. A few broad themes emerged across the sample and will be discussed in this section. However, more specific examples of veterinary surgeons adapting care appear in the chapters covering particular elements of veterinary services (e.g. medication, referrals, diagnostics, and end-of-life care).

6.1 Approaches to adapting veterinary care

6.1.1 In determining treatment for a pet, most veterinary surgeons' first consideration was the welfare of the animal

Most veterinary professionals' primary concern when treating an animal was ensuring that the animal received the treatment they needed, based on their clinical opinion.

> *"I think that people who work in this profession love animals and* ***they want to do the right thing by the animal.****.. They are so about the animal and the best thing for the animal."*
>
> **Veterinary surgeon, Independent practice**

> *"****Our motto as a vet is, first, do no harm, and you have to think of the quality of life of that animal.*** *He is in constant pain and discomfort, he had a transient infection and he would become septic as the bacteria is in his blood system, and that just really decreases his quality of life. The kindest thing for him, if amputation was not an option, would have been euthanasia."*
>
> **Veterinary surgeon, LVG practice**

There were often multiple ways to ensure an animal's welfare, allowing for various treatment approaches. This gave veterinary surgeons flexibility to tailor options to the specific needs or wishes of a pet owner or the particular circumstances of a pet.

6.1.2 However, veterinary professionals reported a tension between animal welfare, affordability for the pet owner and the business's financial goals

Although the veterinary professional's primary considerations were the welfare of the animal, there was often a tension between animal welfare, affordability for the pet owner, and in some cases, the financial goals of the business. Affordability for the pet owner will be addressed within this section, while the financial goals of the business will be discussed further in 'Guidance and incentivisation' section on page 61.

> *"****There's different levels of vetting****, aren't there? There's levels of vetting that involve clients and what they can do, what they can afford, and then there's the pure standard vetting where you do all this sort of stuff to work out what's going on, but in reality that's* ***not always necessary or right for the animal or the owner****"*
>
> **Veterinary surgeon, LVG practice**

6.1.3 Most veterinary surgeons across both independent practices and LVGs reported adapting care to some degree based on the specific circumstances of the pet and the pet owner

The majority of veterinary professionals interviewed indicated that, in at least some cases, they adapted care based on a combination of both the pet owner's and the pet's circumstances. As a result, the way options and prices were presented to pet owners was not consistent across the sample, and often varied even within the same LVGs.

6.2 Factors considered by veterinary professionals

6.2.1 Pet circumstances

Not all treatment options are suitable for every pet. Therefore, most veterinary surgeons reported taking into consideration the characteristics of the animal (e.g. age, general health, breed, temperament) and previous experiences (e.g. how the animal had responded to prior medication) when making decisions about future treatment.

Characteristics such as age, general health, and breed influenced the decision to offer certain treatments, typically with consideration of the clinical best outcomes for the animal.

> *"We also need to take into consideration, like, the age and the breeds … **certain medications may be contraindicated for certain pets**. … some breeds are more likely to react to anaesthetics … so lots of different factors."*
>
> **Veterinary surgeon, Locum**

> *"Sometimes actually the gold standard of care for a particular condition might just not represent the best interests of the client or the patient. It's about recognising the presentations that are in front of you- balancing what is gold standard, inverted commas- versus what is actually **going to be the best and positive outcome for this client**."*
>
> **Veterinary surgeon, LVG practice**

Similarly, a few veterinary surgeons reported that knowledge of how well an animal had responded to certain medication or treatments in the past would influence their decision on whether to offer it again.

> *"He's had [drug name] before. It's a first line treatment. **It worked very well with the previous condition … so it made sense to recommend it again**."*
>
> **Veterinary surgeon, LVG practice**

Finally, the temperament and behaviour of an animal influenced decision-making, as these factors could impact how easy it would be to perform a specific procedure or administer certain medication.

> *"**I know it's a very dramatic poodle**, so I don't want to be too aggressive with cleaning or clipping… knowing the medical history will always improve the animal's treatment."*
>
> **Veterinary nurse, LVG practice**

Unsurprisingly, the pet's circumstances were key factors in helping veterinary surgeons determine the best treatment plan to achieve the most favourable clinical outcome for the animal.

6.2.2 Pet owner circumstances

The circumstances that veterinary surgeons reported taking into consideration with respect to the pet owner included whether they had insurance, their financial situation – both ability and willingness to pay – and their capacity to administer medication.

Veterinary surgeons reported that practice systems often made it clear when a pet owner had pet insurance. If the system was not clear, they would often ask the question themselves. A few veterinary surgeons felt that

this influenced whether they offered extensive or expensive options and how they communicated options to pet owners. If the pet owners were insured, they were less likely to bear the full cost themselves.

> *"I always ask the question because if they don't have insurance, it's going to be a big invoice, so I'll try to cut corners, so not doing gold standard.* ***With pet insurance, I can give gold standard****. … Some people cannot afford the prices, and you have to be cutting corners and not doing everything in the best way."*
>
> **Veterinary surgeon, LVG practice**

> *"I will usually say,* ***is so and so insured?*** *Especially if I know it's going to be a costly procedure or they're going to be hospitalised. I'll just say,* ***first of all, do you have insurance? Because it gives me an idea of whether they're going to be worried about costs.*** *People tend to be a lot less worried if they have insurance."*
>
> **Veterinary surgeon, LVG practice**

> *"If they mention [having insurance] early enough, so before the options, it wouldn't change [the options I provide] per se,* ***but it would be a bit more of a stronger push****. Let's say, 'if you can afford this, I would definitely recommend this just because it's going to mean the best care for your pets.' But of course, within reason."*
>
> **Veterinary surgeon, Small group practice**

A few veterinary professionals noted changes in insurance plans, indicating that coverage no longer extended as widely as it once did for veterinary service prices. In some instances, they observed premiums rising significantly after only minor treatments, which affected their decisions on what treatments they would recommend using insurance for.

> *"It used to be that with insurance you didn't have to worry. The* ***premiums are now unaffordable on insurance too****. I've seen the premium go up to £250 per month for a dog when it was only prescribed pain relief and referral for arthritis."*
>
> **Veterinary surgeon, LVG practice**

> *"One of the first questions you need to ask is, is this dog insured? And also find out,* ***is it decent insurance?*** *Because there are actually some ridiculous insurance … and by the time you've done a few consults and a few tests and some x-rays and an anaesthetic, you'll be wheeled. So you need to make sure they've got good insurance."*
>
> **Veterinary surgeon, LVG practice**

Most veterinary professionals relied on information or signals from the pet owner to gauge their financial situation. This included pet owners' concerns about affording treatment, as well as their willingness to spend on it. A few veterinary surgeons reported having shortcuts to assess financial circumstances, but typically they depended on pet owners either explicitly sharing their financial constraints or indicating their maximum budget. In some cases, they inferred financial considerations from pet owners' reactions during price-related discussions.

Pet owners' *ability* to pay for treatment:

> *"Sometimes people will tell you* ***if they're on benefits, so there's no point me even offering you the more expensive treatments*** *and I'm not even going to do that. The last thing I want is to guilt trip you into spending your last 50 pence to treat your animal when there's a cheaper option."*
>
> **Veterinary surgeon, Locum at Independent practice**

> *"Most of the time I know what type of car they drive … I'd always give the options, but in terms of pushing for one or the other, I think* ***I would be more willing to push for the further diagnostics for someone that turns up in a Porsche****."*
>
> **Veterinary surgeon, Independent practice**

> *"It always seems to be that they get a quote that's always the top end and the lower end is not really offered, so they're expected to pay for the extras, and unless someone actually says, 'oh I can't afford that and I don't want to pay for that', then they just end up being charged. … I suppose it depends on the sort of clients you have coming into the different practices. Another practice I work at is quite a low socio-economic area, so their sort of budget is much less, and so the vets are always trying to* ***come up with a solution that's better for the client because they know they're not going to be able to pay the full whack****."*

Veterinary nurse, LVG practice

"She told me that she was struggling because she'd split from the children's dad and she got the puppy. She told me that she got the puppy to cheer herself and the kids up and give them something to focus on. But she ***did say to me once that she was a bit naive in terms of veterinary costs****. So, although she didn't tell me outwardly that she had cost concerns,* ***I am aware of those sorts of little signs****."*

Veterinary surgeon, Small group practice

Pet owners' *willingness* to pay for treatment, whether due to their relationship with the animal or their financial situation:

"If sometimes people say 'I'm insured, it's fine' or ***'I just want the best for the dog, I'm really not concerned about money',*** *then I won't detail out every single cost of every single injection, I'll keep it at a slightly higher level."*

Veterinary surgeon, Independent practice

"For whatever reason, a lot of people ***aren't willing to spend money on rabbits****. So you always have to try and curb the costs on rabbits."*

Veterinary surgeon, Independent practice

Finally, a few veterinary surgeons reported that, particularly when prescribing medication, they took into account the pet owner's ability to administer it. This consideration could influence the form of the medication prescribed or lead to offering a treatment administered by the veterinary surgeon themselves.

*"****We can't ever separate the client from the patient or the dog or cat because they will be taking care [of the patient]****. So we need to make sure that the client can manage, the client understands, the client can give the medication and won't deviate from it. And that boils down to just knowing that the pet is going to get the care."*

Veterinary surgeon, LVG practice

"Some owners would prefer- in some patients that may be more difficult to examine, or even sometimes with owner's lifestyle- they would rather pay more and not have to do anything themselves at home. Sometimes ***elderly owners find it difficult to actually administer.****"*

Veterinary surgeon, LVG practice

"[Some] tablets have to be given not with food, compared to [others] which are liquids, which are given with food. … I normally go by … ***what I think is going to help them actually get the medication into their animal, or what they will find easier to use.****"*

Veterinary surgeon, LVG practice

6.2.3 Many veterinary surgeons reported that their aim was to ensure pet owners were informed about all treatment options

Many veterinary surgeons reported that although they took the above factors into consideration, they felt a professional responsibility to offer all treatment options to pet owners, as they could not make a judgment about what pet owners might choose to pay for. As a result, they reported striving not to exclude any treatment options. This was mentioned across independent practices, small group practices and LVGs. In one case, a veterinary surgeon reported preferring not to ask whether pet owners had insurance and instead offered all options and prices. This approach was intended to avoid the perception that insured pet owners would receive different options.

"You ***have to make sure they all know all the options available to them*** *because also sometimes they say they're not insured and give you an impression of not being that well off. And then when you give*

them that referral option of the specialist cardiac scan … they ***sometimes want to do it even though it's going to cost them £1000****. … You must make sure they've got the options. That's key."*

Veterinary surgeon, LVG practice

"It's up to them. … even if they're not insured, they might still want to spend the same amount of money. ***I don't think it's fair to assume what they would want to do*** *based on whether the animal is insured or not."*

Veterinary surgeon, LVG practice

"I don't [ask if they are insured] and I don't like [the question] because I think it gives the perception that we're somehow going to do something different if they're insured. I just go with, ***'this is the situation we're dealing with, and these are our options, and this is what it's going to cost'.****"*

Veterinary surgeon, LVG practice

There were a few examples of veterinary surgeons who mentioned they would worry about receiving a complaint or being sued if they did not offer all the options, and the pet's condition subsequently deteriorating.

"The big ***danger is that you treat them as if they've got no money and you don't offer the test that you should do*** *… that's very dangerous as a vet because if things go wrong and you should have offered test X and Y, and you didn't because you felt they couldn't afford them, you've made a judgement. Then* ***they can have you for incompetence or negligence*** *to offer the tests which are appropriate to the case."*

Veterinary surgeon, Small group practice

However, even in cases where veterinary surgeons offered all the options to pet owners, there were examples where they tailored how they communicated those options based on the pet owner's circumstances, in terms of the tone of communication.

Examples of how veterinary surgeons reported adapting communication included which options they emphasised or suggested (e.g. advising the most cost-efficient treatment to a pet owner who was concerned about finances).

"It wouldn't change what I offer them, but it may change what they select, and it ***may change slightly the tone of the conversation*** *if I know that client well and I know that they are struggling financially."*

Veterinary surgeon, LVG practice

"We always start with what we feel is in the animal's best interests, and ***then we judge the owner's reaction to that estimate and cost and then work with them to find a compromise.*** *If it's beyond them, we'd much rather they talk to us about it rather than get themselves into debt or leave us in debt, as it were. …* ***We do have to have that conversation about are they going to pay or are they insured, but we don't lead with that question****."*

Veterinary surgeon, LVG practice

Some veterinary surgeons reported that, even when they present all available options, pet owners can feel overwhelmed by the range of choices. As a result, pet owners often ask for their professional recommendation.

"The owner just wants you [the veterinary surgeon] to ***tell them what to do****"*

Veterinary surgeon, LVG practice

*"The first step would have been looking at the lump. I probably would have said something like, we have three options. Take a fine needle aspirate and then explain what it is, remove it or monitor it. I will then usually gauge their response****. Sometimes they ask me what I think we should do, and if they do, I will always tell them****."*

Veterinary surgeon, LVG practice

6.2.4 Some veterinary professionals reported that it was easier to adapt price options at independent practices compared to LVGs

Most veterinary professionals reported considering both pet and pet owner circumstances when offering and charging for treatment. However, a few noted that adapting care, specifically price, based on these factors was easier in independent practices than in LVGs; some veterinary professionals working at LVGs reported less flexibility around charging, due to specific guidance, protocols, monitoring or in some cases, incentivisation. This will be further expanded in 'Guidance and incentivisation' on page 61.

> *"Say you have to charge for a revisit consultation, so sometimes the dog gets better and the owner still comes in and you literally have a ten-second conversation with the owner because everything's fine.* ***In a corporate, you're more pushed to charge, I don't know, [£20-30] for a ten second conversation. You have more leeway as an independent. You can just … call it free****."*
>
> **Veterinary surgeon, Locum**

> *"On the independent side if this is an incredibly good client of yours, you've known them for the last 30 years, you might be able to change prices here and there, and do bits of favours and that. …****Whereas, I think within the corporate, that's the price, take it or leave it****."*
>
> **Veterinary surgeon, Locum at Independent and LVG practices**

A few veterinary professionals interviewed who were working at independent practices expressed that the flexibility around what to charge allowed them to offer reduced rates or even provide treatments free of charge if the pet owner could not afford the full price. These veterinary professionals reported that this was relatively commonplace.

> *"I definitely would say, there's quite a lot of freedom at my practice …* ***if the client has no money, we do as much as we can with what they've got*** *… They are of the mindset of just the pet needs what it needs … so with our dental costs, we do dental banding. So a lower cost dental would be maybe 10 minutes of extraction, whereas it can go up and up and up. And so if a client has no money, …they can only afford, say the lower cost one, the vet will just keep going, they'll just take out what they need to take out and just charge the lower one because …* ***they'd rather just do what they need to do and not charge them what they've actually done.****"*
>
> **Veterinary nurse, Independent practice**

However, there were also a few examples of veterinary professionals adapting prices in LVG practices, although there were more barriers in doing so.

> *"****I would say 90% of the vets that I work with undercharge*** *… leaving things out because they don't feel right charging certain things or they've done an extra thing just because they feel they definitely need it, but don't want to have to justify it to the client or charge them****. Management generally is not so happy about that.*** *They say we miss out on a lot of money because of us all undercharging."*
>
> **Veterinary surgeon, LVG practice**

> *"So, a patient comes in with a urine infection, needs antibiotics; they [the business], would say,* ***in all the training that you do, they would say charge an injection fee,*** *so charge an antibiotic injection, then send the patient home on tablets, which they said was always for patient care. But then, actually, I did my own research and found that actually, if the patient goes home and just takes an antibiotic tablet straight away, the time efficacy of a tablet versus a subcutaneous injection is about the same. So, for me,* ***I don't go stabbing lots of patients with needles for the sake of an injection fee.*** *[...] If you're in a rush and you want to just have an estimate done quickly, [on a LVG computer system] it will always have like an injection and then antibiotics or when you price, so when you price antibiotic tablets up, the drop down will always say, start tomorrow, am or pm. They're presuming that you're always starting with injection, which isn't.* ***So I always have to then change the label.****"*
>
> **Veterinary surgeon, LVG practice**

A few veterinary professionals expressed concerns about pricing variations for the same treatments or procedures based on a pet owner's ability to pay. The concern was that clients who could afford higher costs were subsidising the treatment of those who could not.

> *"I just kept telling them they need to charge properly.* ***It's not fair that you undercharge Mr Smith because you feel sorry for him. And that results in Mrs Jones paying more because the fees have got to go up****. You have in mind certain costs that you have to cover, and the profit you'd like to achieve. And if they're undercharging people, you've got to put the prices up. And that logic has taken a while to get across to people … the undercharging is still something like 30 grand a year. So you could argue that's 30 grand a year of pro bono work, not including the pro bono work that we do for wildlife strays. All of these things we don't charge for."*
>
> **Veterinary surgeon, LVG practice**

> *"My friend owns an independent, I go to her clinic and she's got an operation that I know would cost easily £1500 somewhere and [the pet owner] will go 'well I haven't got any money' so what [the friend says] is 'I'm going to do it and I'm going to not charge them for my time … and this operation is now going to be £700'. … That's fantastic that you've been able to do that … but* ***how now can you justify for the next person, just because they've got more money, charging them £1500 for that same operation?****"*
>
> **Veterinary nurse, LVG practice**

7. Veterinary professionals' decision-making: **Approaches to communicating prices**

This section, exploring veterinary professionals' approaches to communicating prices to pet owners, is primarily based on reports from veterinary surgeons interviewed. However, this topic was also covered in some veterinary nurse interviews, whose responses aligned with those of the veterinary surgeons.

The text below outlines some broad differences experienced, both across and within different ownership settings. More detail is given in the sections which follow on medication, diagnostics, referrals and death of a pet.

7.1 Communicating prices to pet owners

7.1.1 A small number of veterinary surgeons reported finding it challenging to discuss price with pet owners

Throughout the interviews, several veterinary surgeons expressed some discomfort about charging or discussing price with pet owners.

> *"I think sometimes **people are worried about talking about money**. With the younger vets, I think there's sometimes that feeling on your part that, oh, it's a lot, I don't want to tell you it's going to be much because you'll be like, oh my goodness, that's so much money"*
>
> **Veterinary surgeon, LVG practice**

> *"**People blame you for the prices** when you say, this is how much it will cost. … I had to make a dog sick the other day and I said it cost £300 and they were just absolutely gobsmacked and just shouting …"How is this possible? How is this fair?" And I just had to kind of stand there and [say], **I can't do anything about it, that's just how much it costs … stuff like that is quite hard**."*
>
> **Veterinary surgeon, LVG practice**

> *"**The one thing that gave me the biggest headache was the fact that prices had risen so much, and the prices were sometimes extortionately expensive**. … That was the one thing that would be the hardest trying to justify, because the clients would often [say], 'I can't believe the costs come to this price' and then, well, **what could you say? All I could say was I didn't set the prices, they're set by the superiors and there's nothing I can do**. … In some areas, the corporates own all the practices, so where can they go? … they get no better price anywhere. … there's no alternative for them."*
>
> **Veterinary surgeon, Independent practice, previously at an LVG practice**

7.1.2 Veterinary surgeons reported communicating prices to pet owners in various ways depending on the service being charged

Veterinary surgeons reported communicating prices to pet owners in various ways, with approaches differing depending on the specific case or service being charged for—ranging from medication prices to diagnostic orders, referrals to other services, and crematorium fees.

Most veterinary surgeons reported that treatment prices, or estimates for referrals, were typically discussed with pet owners during consultations, alongside an explanation of why the treatment was being recommended.

> *"I will keep them updated with costs as I go along. So I tend to say, I would recommend doing this blood test. It's going to cost this much. Is that okay? Are you happy to proceed?"*
>
> **Veterinary surgeon, Independent practice**

*"I'm going to say **[price] after the clinical pros and cons** because you have to go through the clinical pros and cons of which is the best drug … I tend to **lay out their options** of 'this is going to be what I would do if this were my dog'. This is the best. These are your other options. And **then talk about price**."*

Veterinary surgeon, LVG practice

A few veterinary professionals noted that estimated prices were occasionally mentioned during the booking process by reception staff.

*"So usually we don't announce the price in advance, but if they ask during the booking of the consultation, obviously **we can tell them usually they can expect a price like that**"*

Veterinary surgeon, LVG practice

*"I believe that **reception normally gives that information [cost of vaccinations] when clients call up** to ask for information or to book in for anything. That's normally when that information is told to the client."*

Veterinary surgeon, Independent practice

*"There's often like **estimates on their accounts that they [receptionists] would give**, so if a person's thinking about something or phoning back to booking a procedure that's been recommended, then they might ask again, what is the estimate? And **we've often emailed them [estimates] across, or reception might email** across to them, or they'll be in the notes or attached to their files."*

Veterinary surgeon, LVG practice

The following chapters in the report provide further detail and evidence on how prices are communicated and what is or isn't charged for across these veterinary services. Below is an overview of the key points.

Veterinary service	Approach to communicating prices to pet owners
Medication	The price of medications was often discussed during consultations with pet owners, alongside a discussion of why the veterinary surgeon was recommending the treatment, and the format of medication, such as whether it was a tablet or liquid. A few veterinary surgeons reported not mentioning the price of medication if it was perceived to be a small amount. Few veterinary surgeons reported providing multiple options, i.e. different brands, of the same medications, as they often stocked just one type. This meant it was rare that pet owners were given multiple price options upfront. There were no clear differences across practice types, LVGs, small groups and independents in how the price of medications was communicated to pet owners.
Diagnostics	Veterinary surgeons often preferred to discuss the diagnostic test alongside the price. This was typically done during the physical exam, with the price being verbally conveyed to the pet owner. A small number of veterinary surgeons also reported mentioning future price of treatments or further testing if the diagnosis were to come back as expected. Veterinary surgeons reported that, in addition to questions about price, the most common inquiries from pet owners concerned the potential outcome and "best-case" scenario for their animal. Pet owners often sought to understand whether it was worthwhile to determine the cause of the issue and what the diagnostic test would involve. Most veterinary surgeons reported ordering diagnostics progressively and one at a time, communicating the price at each stage.

Referrals	The way veterinary surgeons communicated referral prices to pet owners varied. However, these were usually communicated at the same time as referral options. Sometimes, veterinary surgeons provided estimates for the entire procedure or treatment to give pet owners a clearer understanding of the total price they might expect. In other instances, they only provided estimates for the consultation fee without necessarily including the overall treatment price. This variation was partly because some veterinary surgeons were not always aware of these prices themselves. While some would call referral centres to obtain quotes for the pet owner, others opted to pass the pet owner's details to the referral centre for them to make direct contact. In some cases, multiple quotes were offered for different providers, especially when veterinary surgeons recognised that pet owners were concerned about prices.
Death of a pet	Most veterinary surgeons reported communicating options and related price for euthanasia and cremation before the animal was put down. Veterinary surgeons communicated these in a number of ways to pet owners, including during consults, over the phone or via a leaflet or booklet. In some cases, these were communicated to the pet owner by veterinary nurses or receptionists.

7.1.3 Very few veterinary surgeons discussed receiving training from management around how to communicate prices to pet owners

Most veterinary surgeons who were asked about training relating to communicating price to pet owners reported receiving little or no formal training on best practice for this, instead relying on learning these skills on the job.

However, a few veterinary surgeons recalled receiving training on communication to pet owners in general during their university studies or throughout the induction to their role.

> *"We have some [training] at uni, at vet school. We do simulated consults where we talk an owner through a vaccine appointment, or talk an owner through euthanasia. But in terms of actual training of how to communicate with clients, we had a very small amount when I first joined the company because I was part of something called a new graduate programme and we spent about half a day or so talking about interacting with people**. But in terms of our formal training, it's fairly minimal**, really…*
>
> *It's a very hard thing to teach and I think experience is really the only way you get to grips with talking and speaking to people about that. But I think some more formal training could be helpful. As I say, we did go over the basics of communication during university, but a bit more could be helpful."*
>
> **Veterinary surgeon, LVG practice**

> *"We had some sessions at uni, communication skills and things, but really **everything has been learned on the job**… Some vets do it very well, but I have worked with many vets who don't communicate very well so I think more training would be beneficial… I don't think I've seen any CPD communication options."*
>
> **Veterinary surgeon, Independent practice**

> *"[LVG name] had a graduate programme, so when I arrived they gave us lots of CPD. Each month I had a different day for CPD. Even so it's very much what I wanted. That's, like I said, it was the reason I came. So for clients specifically, they had a CPD day or maybe a couple of lessons on that. I can't remember how long or how intensive it was, but **we definitely received training on how to talk to clients, how to be a good communicator, how to be welcoming**"*
>
> **Veterinary surgeon, LVG practice**

8. Veterinary professionals' decision-making: **Medication**

The following sections of the report examine the factors influencing decision-making. While most of these factors were explored in the interviews, not all were addressed in every case. These topics were generally discussed when interviewees described their most recent cases involving these circumstances.

The first section, on medication, is primarily based on reports from veterinary surgeons interviewed.

8.1 Choice of medication

8.1.1 Most veterinary surgeons recommended medications to pet owners based on active ingredients, then available stock

Veterinary surgeons prioritised providing pet owners with the most clinically appropriate medication, selected based on their active ingredients and suitability under the cascade system.

> *"I think the trouble with giving too many choices to owners is that the whole point is they're not the informed person that can really make an informed decision. Obviously, you have to tell them about cost and things, but in terms of medical options, you give them the pros and cons … but for simple things like medicine**, I just don't think the client is in any position to be able to make an informed judgement**, so I probably wouldn't [give them options]… **The whole point of our role and our expertise is to give recommendations** as to what would be the best."*
>
> **Veterinary surgeon, LVG practice**

> *"So the decision [about what to prescribe] is **based purely on the clinical need.** We keep certain medications in stock and the brand we might keep in stock will be based on what price we can get so that we can give the best price to the client. And that is, that's sort of our only decision-making there."*
>
> **Veterinary surgeon, Independent practice**

> *"This is the first line medication [medication accepted as the most effective treatment] that we give, and the client accepted it, so **at that point, clinically, there was no need to offer alternative medications.**"*
>
> **Veterinary surgeon, Small group practice**

Most veterinary surgeons reported typically stocking only one brand of each medication, meaning they rarely provided pet owners with multiple brand options for medications with the same active ingredients and dosage. However, they did report offering different formats of the same medication, such as tablets or injections.

> *"[I chose to offer it] because **that is the only one we've got**… we only have one brand of injectable steroids and we only have one brand of oral steroids to give."*
>
> **Veterinary surgeon, Independent practice**

> *"We just **have one brand in stock**…so there wouldn't be choices of brand within my practice."*
>
> **Veterinary surgeon, Small group practice**

*"I mean, it's **what we have in stock**. So we **wouldn't keep two brands of the same medication** in stock. And if we've got two basically equivalent medications, we just buy in the cheapest."*

Veterinary surgeon, LVG practice

A few veterinary surgeons mentioned the shelf life of medications, with one of the veterinary surgeons interviewed describing how they would prioritise which medication to prescribe based on its shelf life, and another describing how having more than two brands of the same medication could cause difficulties in stock management due to shelf life.

*"In terms of **stock that may be going off or expiring**… we charged something at the cheaper price because we wanted to get rid of that stuff given the expiry dates."*

Veterinary surgeon, Locum at Independent practice

*"We will not have all the various options for flea and worm productions because of the **risk of them going out of date on the shelf**... we generally have one example of each type, mainly for stock control."*

Veterinary surgeon, Independent practice

8.1.2 A few veterinary surgeons reported providing options for different formats of medications, often tailored to the pet or pet owners' circumstances

A few veterinary surgeons reported providing pet owners with different *formats* of medication, such as liquid, tablet and injectable formats, and discussing their respective prices and benefits or drawbacks for the pet owner. Veterinary surgeons often made decisions about which format to recommend based on circumstances of the pet owner or pet, such as the pet owners' mobility and ability to administer medication regularly, or the temperament of the pet.

***"It comes in 3 forms… a tablet, liquid or [alternative format]**… so you give them the option of **what is the easiest thing for you to do every single day**… the tablets and liquid they can get online, but the [alternative format] you can only get through us because it's from a private company that makes it for us… that makes it more expensive, so it depends on their affordability and what will make them most compliant."*

Veterinary surgeon, LVG practice

*"If it's a very **elderly person who has mobility problems** and a very jumpy dog then we will **try to opt for liquid forms, injectable forms or powder forms**…"*

Veterinary surgeon, LVG practice

*"I gave him the option because he told me **the dog was quite difficult to give medication to,** so part of my decision-making with [brand name] is **that it's once a day and other groups of anti-inflammatories might be twice a day**. And [brand name] is a liquid and the other ones are tablets, so that was easier for him."*

Veterinary surgeon, LVG practice

*"There's two or three different types of insulin on the market. I personally like [brand name], and I **ask them whether they want to have it as just a bottle with a needle and syringe or as a pen** like you'd have with a person. I go through that with them because a lot of the clients have never done injections before, and a pen is much easier for them to handle and to make sure they're giving the correct dose."*

Veterinary surgeon, Independent practice

8.1.3 Most veterinary practices had some form of preferred medication lists

Across the sample, most veterinary professionals reported that they administered medication based on specific lists. However, the type of list varied across practices. All practices were to some extent limited to what was in stock in the practice, as discussed above.

Many independently owned or small group practices were part of buying groups, which affected the medications they could order in or had in stock

Most of the veterinary surgeons who worked at independently owned practices or small group practices described being part of a buying group, to negotiate better costs for medications to sell at their practices. Some veterinary surgeons described how this enabled them to 'compete' with the LVGs to offer lower prices, through economies of scale.

Veterinary surgeons described how the buying group would therefore determine which brands were in stock, or 'preferential' to prescribe.

> *"The only thing where we've got any restrictions on medication and branded medication is with the parasiticides and some of the anti-inflammatory painkillers. And the reason for that is that* ***we are a part of a buying group, […]*** *and for things that you're using a lot of* ***they will have preferential brands*** *that they want you to use because then they can get lots of practices together and kind of have more buying power and get them at a bigger discount for you and your clients."*
>
> **Veterinary surgeon, Independent practice**

> *"We are in a* ***buying group and have advantageous deals that we are expected to make use of; we have agreed to buy certain products but we are not bound to that.****"*
>
> **Veterinary surgeon, Independent practice**

> *"We pick one medication from the buying group [to stock]… let's say there are five brands of the same drugs, we will* ***pick one from the buying group that is the best price and we will use that.****"*
>
> **Veterinary surgeon, Independent practice**

Among LVGs, a few had their own-brand products, which veterinary surgeons were encouraged or told to use

All veterinary surgeons interviewed who were working at a particular LVG and a number of those working at another LVG reported they had their own medication brands which were stocked at their practices, alongside preferred medication lists. Some described how they had swapped certain medications from other brands to the LVG's own-brand, as the default medication to use.

> *"More recently* ***[LVG name] have started to bring in their own-brand of the medication****. So we've swapped from a few things [to their branded medication], which is now what we have to use…. **although they're the same on the inside and we're told that they're made in exactly the same factory**, they've put a different box and a different name on the outside to be [own brand] only."*
>
> **Veterinary surgeon, LVG practice**

> *"We have a [✂] list. So we have certain medications that we can order, brands-wise. We can have any medication that we want, but there are certain brands that we would order. For example, some of the* ***more generic medications that we use a lot would be under our own branding*** *of [brand name], but then a lot of the other ones, it's just whatever product we have an affiliation with."*
>
> **Veterinary surgeon, LVG practice**

*"I know **[LVG name] have their own sort of in-house brand**. I think it's all branded [brand name] for lots of commonly used medications, which I'm happy to use because they're all the drugs I was using before."*

Veterinary surgeon, LVG practice

*"So my practice changed [brand name] to [a second brand name], it's the same medication… I believe there are agreements and that **[LVG name] produce their own medications which obviously they push you to sell.** They will also have indications that they will not allow you [to prescribe other medication]."*

Veterinary surgeon, LVG practice

"Now [LVG name] have their own-brand, so they have done business with these pharmaceutical companies, and they have one [medication name] that is only provided by [LVG name]… **and they no longer stock [brand name], they stock their own-brand, so that is the choice."**

Veterinary surgeon, LVG practice

Some veterinary surgeons at a few LVGs expressed concerns about limitations on client choice and transparency of medication options. This was specifically in relation to own-brand medication, known as 'white labelling'. These veterinary surgeons reported concerns that 'white labelled' products would make it harder for customers to compare prices with alternative medications and purchase medication online with a written prescription.

"I would like to see something happen with white label stuff. [LVG name] are already quite big on this and produce an awful lot of their own-brand stuff, and they will then block the equivalent from regular pharmacies. ***This is a blatant way to just make the customer think 'Okay, well I am going to have to go to the vet, rather than thinking I can get this online'****… because you can't find these drugs online … if an owner searches for [own brand name of the medication], a diarrhoea medication, rather than [brand name, that you can get online] you won't find it anywhere. It was launched as, 'it will save the client money', but eventually it got up to the be the same price."*

Veterinary surgeon, LVG practice

One veterinary surgeon at an LVG received an email saying that a specific medication would be replaced with an own-brand version. They were asked to use the own-brand, and told that the other medication would soon no longer be available. The veterinary surgeon felt that the reason for doing this was the following:

*"They did it so people **can't compare prices online** as they have a different name."*

Veterinary surgeon, LVG practice

No veterinary professionals working at independent practices or other LVGs reported having practice or group-owned medication brands.

Most of the veterinary surgeons at LVGs reported having preferred medication lists

Most of the veterinary surgeons interviewed working at practices owned by several LVGs reported having preferred medication lists set by the LVG, while a minority of veterinary surgeons working at a few other LVG practices reported the same.

"How did I decide? I gave [brand name] to the cat because that's the version of [drug name] ***our practice is allowed to stock by the corporate****."*

Veterinary surgeon, LVG practice

"I do think there are brands that [LVG name] prefer us to work with ... I think ***they favour [brand name] when compared to other brands.****"*

Veterinary surgeon, LVG practice

*"****There is a preferred list from [LVG name]. I would say to about 90% or maybe 85% of what I choose comes from the list****, and then there is about 15% of what I choose that is different than the recommended list because I just like another product better."*

Veterinary surgeon, LVG practice

8.1.4 Most veterinary surgeons reported that they were able to order 'off-list' if there was a clinical reason to do so, though friction was sometimes experienced in doing this.

As described above, across the sample, it was common for veterinary professionals to prescribe or administer medication from a finite list, which could include own-brand medications, preferred options, or just those readily available in stock.

However, veterinary surgeons at LVGs also reported prescribing medication 'off-list' where there was clinical reason to do so, such as wanting to prescribe a specific active ingredient not offered by medications on preferred lists.

"We're allowed to order off preferred if that makes sense. ***If there's a reason for it****."*

Veterinary surgeon, LVG practice

"There's a preferred list that's given to us by [LVG name], but if there's an animal that maybe can't have that specific medication for whatever reason, then ***we can phone up and get that medication ordered in*** *for them."*

Veterinary surgeon, LVG practice

The degree to which veterinary surgeons felt able to prescribe outside of these lists varied between practices. The process involved in obtaining medication 'off-list', and the friction this generated for veterinary surgeons, varied across practices. Those working in certain practices reported that it took longer or required more effort to request 'off-list' medication, compared to others.

A majority of those interviewed from several LVG practices reported needing approval to prescribe or order medications that were 'off-list'. Often, this process involved obtaining approval from senior management, which in some cases required navigating multiple layers of oversight. The majority of those interviewed at an LVG reported that it was difficult to get approval, however only a minority of those at the other LVGs reported this.

A few veterinary surgeons noted that waiting for this approval could cause delays, which was not always feasible when time constraints required prompt administration of a medication.

"They will only allow us to order in certain medications…if there is a specific reason that we want something that's not on the list, we have to go through the blocked line. So ***we need to call someone to say please unblock this product*** *because we want to order it in. A lot of the time they will allow it, but it means that* ***you do have to jump through more hoops*** *in order to get something in."*

Veterinary surgeon, LVG practice

"You can do that [apply for 'off-list' medication] by special request via your area manager… but it's just not easy and ***sometimes you have to wait and sometimes they still come back and say no****."*

Veterinary nurse, LVG practice

*"**It just took a bit of time and it was more long-winded**, so you had to fill out a form that would have to be approved and then you can order it. So for acute things that you want to start treatment [immediately] in the consult, it was **a bit tricky because you knew it was going to take a few days for it to get approved** and then you'd have to order it, so [it was rarely necessary to get exemptions] because there'd usually be quite a reasonable product on the shelf."*

Veterinary surgeon, Independent practice, previously at an LVG practice

A few veterinary surgeons reported needing to justify why they have ordered in or prescribed a non-preferred medication.

*"[LVG name] have preferred suppliers that we're supposed to use, like [a named supplier], which is a big pharmaceutical company. There's certain drugs that we usually buy, [✂] we are not really supposed to buy them. If we do buy them, **we have to give some kind of justification for why we've bought them**."*

Veterinary surgeon, LVG practice

*"There was a certain [dental product] that I liked because I went on a CPD course and they said that it had a very good percentage of a certain product in it … but it wasn't on our preferred list of [products] to offer our clients…. so we then had to email the exceptions team. They then had to look into it. They offered an alternative. **I explained the reason why that alternative wasn't as good as the one that I wanted.** And then based on that, **they then since put an exception on our record, so we are now able to order it.** But that was **a process that took some time**."*

Veterinary surgeon, LVG practice

Many working at independent practices reported having complete discretion to prescribe or order in medication. This was also reported by some of those working at a few LVGs.

*"I have **fairly good freedom to dispense any medication that I wish,** within reason. I mean, it would be a bit counterintuitive to use a different make of [medication name] just for the hell of it."*

Veterinary surgeon, Small group practice

*"We've got preferred suppliers that give us preferential rates, I generally pick the ones on our preferred products list as sort of the first line, but **we're allowed to go off list, there's no restriction on if I think another medication would be better for some reason**, because it's more palatable or whatever or the owner just prefers that brand. Or if I just think another medication would be better for some reason. I can order whatever medication I want, essentially."*

Veterinary Surgeon, LVG practice

Where those at independently owned practices reported that they did require approval, they described that it was usually easy to get this from an onsite practice manager relatively quickly.

*"So with the independents, if I want to do different, **all I have to do is talk to the boss who's there and that's it**. With the other ones [LVGs], you could do it to a degree, but often they would say 'no you can't do that, you need to use the drugs that are on our list and that is, that's prescribed, so you can't use anything else."*

Veterinary surgeon, Locum for Independent and LVG practices

*"Whoever's requiring it will just go onto [the website]. We've all got logins for it and just ordered it … **they're quite trusting in that way. You can just put it on the order, it's not a problem**."*

Veterinary nurse, Independent practice

8.1.5 The majority of veterinary surgeons interviewed reported no concerns about prescribing medication brands based on practice inventory or preferred medication lists

Few veterinary surgeons reported any concerns about following practice guidelines on preferred medications. This was the case across independent, small group and LVG practices.

While many described how they would prescribe off-list if there was clinical reason to do so, the majority of veterinary surgeons felt that their practices' preferred medication lists gave them access to the necessary medication in order to prescribe based on the necessary active ingredients for effective treatment, therefore expressing limited concern about having to use specific brands.

> *"In most cases, the choice of the drug is fairly clear-cut. Most of the standard medications are very similar.* ***There are a number of different brands of antibiotic, for instance, but they are all very much of a muchness in terms of cost and effectiveness****."*
>
> **Veterinary surgeon, LVG practice**

> *"We're allowed to order off preferred lists if there's a reason for it but the business just prefers we don't … the* ***majority of our preferred drugs are literally like swapping like for like...it'll be like swapping Coca Cola for Pepsi drug****. There's no difference there, and nobody really minds if it's exactly the same. If there's a different clinical reason, or if it actually is clinically different, then we would not substitute it."*
>
> **Veterinary surgeon, LVG practice**

> *"I think every practice will have a particular brand of medication. Even when it was my practice. Whichever particular antibiotic or even an anti-inflammatory will come in different guises.... And the one that you use or the one that you* ***stock is the one that you can get the best deal on, pure and simple****. There isn't clinically any difference between them because they're all manufactured to strict guidelines and the vets don't care as long as they've got that particular antibiotic,* ***they don't care on the trade name or the brand name****. So there's no point stocking three or four different brands of the same antibiotic."*
>
> **Veterinary surgeon, LVG practice**

Veterinary surgeons also reported that prescribing based on practice inventory or management recommendations was often the easiest, and most cost effective, medication choice for the pet owner. This meant that few had concerns about the impact of preferred medication lists on pet owners' choices.

> *"So we have what they classify as a* [✂] *list.* ***For some drugs we get a cheaper price, which then means it's cheaper to the client****, but we're free to order in whatever. We don't have to order in that [drug]. If we have a clinical reason why we want to be ordering in something else, we can."*
>
> **Veterinary surgeon, LVG practice**

> *"Cost-wise I think* ***they get discounts on the stuff they've ordered in,*** *so that's the preferred go-to."*
>
> **Veterinary surgeon, LVG practice**

However, as mentioned above, some veterinary surgeons at a few LVGs expressed concerns about limitations on client choice and transparency of medication options in relation to own-brand medication.

8.2 Prescriptions

8.2.1 Veterinary surgeons were aware they could offer prescriptions

All veterinary surgeons were aware of their ability to offer prescriptions, for a fee.

Reported prescription fees varied from £12 to £36 across the sample with a range of prices given across both LVGs and independents. There was some variation of prescription prices reported *within* some LVGs.

8.2.2 Veterinary surgeons did not tend to proactively offer prescriptions for one-off treatments, or medications that needed to be administered during the consultation

Many veterinary surgeons felt that for one-off medication, it could be more expensive for pet owners to pay for the prescription fee as well as the medication price, than to buy the medication from the practice on a one-off basis.

> *"Often by the time you add up the [£10-15] for the prescription and the delivery fees, plus the fees of the medication, if you're only getting seven tablets,* ***usually it actually works out the same price to just get it from me****… so the only time I make people aware of [prescriptions] is if they need long-term. Then I'll say, 'I'll write you a written prescription and you can go get it from a pharmacy'."*
>
> **Veterinary surgeon, LVG practice**

> *"I didn't talk to them about written prescriptions…* ***most of the time for one-off medications I wouldn't normally mention it****… our written prescriptions I think are [£20-30] so I think it would have been cost-prohibitive to have paid for that and then bought the drugs off the internet, it would not have been cost-effective."*
>
> **Veterinary surgeon, LVG practice**

> *"So in terms of that, a one-off medication, it would* ***actually work out cheaper for the owner to just buy it from us*** *on the day because there's a prescription fee."*
>
> **Veterinary surgeon, Locum at Independent practice**

Others mentioned that sometimes medication needed to be administered immediately for clinical reasons, or the veterinary surgeon wanted to demonstrate its administration to the pet owner during the consultation.

> *"Quite often it works out to be more expensive doing it that way than actually buying it straight off. There's also the negative that* ***they don't get the treatment straight away****, so they'll have to wait two, or three days for the prescription to arrive."*
>
> **Veterinary surgeon, LVG practice**

> *"You can request a written script to buy online … I would say the majority of the time it is not cheaper for just a week's course, for example, of antibiotics to buy online, and also because the animal needs it there at that time. That's why* ***we normally suggest they get it from us, because we can provide it at the time****."*
>
> **Veterinary surgeon, LVG practice**

> *"I didn't offer a prescription because it may take a couple of days for it to be ordered, delivered and started,* ***plus it meant I could open the bottle and show the owner how to draw it up*** *and accurately dose that medication."*
>
> **Veterinary surgeon, LVG practice**

> *"If a dog came in and was lame that day and needed medication that day, I don't usually have a discussion about prescriptions… if when it comes back to see me and the plan is to put it on the* ***medication long-term,*** *then I will say these are your options… do you want tablets, liquid, and at that point* ***I'll say there is an option for written prescription****."*
>
> **Veterinary surgeon, LVG practice**

8.2.3 However, for ongoing medication many veterinary surgeons did discuss prescriptions

Many veterinary surgeons said that they would mention the option of a prescription for long-term medication, sometimes prompted by the pet owner asking how long their pet would be on the medication for.

> *"Fairly commonly [I will offer prescriptions] particularly if it is a medication that I know is more expensive. For example, [brand name] is a common drug that we use for skin conditions. Itchy skin. We're not allowed to keep in [brand name] because [LVG name] have their own version called [brand name]….if they are going on it long-term or if they're unable to take the film coated tablets and they want the chewable tablets, then I could order it in, but it's going to be fairly expensive. Or I could give them a prescription to get it online and it saves them a lot of money, usually. So usually* ***if they're on something like [brand name] long-term, I do make sure they're aware of the option of getting a prescription online because it usually halves the price.****"*
>
> **Veterinary surgeon, LVG practice**

> *"I do always say to people,* ***if it's a long-term medication,*** *do you want a prescription and* ***I do recommend a prescription*** *because it's cheaper for them in the long-term."*
>
> **Veterinary surgeon, Independent practice**

> *"I said, this is how much it would cost to get a 30-day supply, because we usually give month by month from the clinic. That's how much it costs from us. And I said,* ***I am also happy to write you a prescription to buy these medications online****."*
>
> **Veterinary surgeon, LVG practice**

> *"In terms of more chronic issues or where* ***I know they are going to be on the medication for a while, then I always offer a prescription*** *and give them the fees and say now look up and see whether it is cheaper for you"*
>
> **Veterinary surgeon, Locum at Independent practice**

Many of these veterinary surgeons mentioned prescriptions when prompted by queries from pet owners.

8.2.4 Sometimes it was pet owners raising price concerns or asking directly which prompted veterinary surgeons to offer prescriptions

While most reported proactively providing the option of a written prescription for long-term medication, some reported that, even for long-term medication, it was not something they did as a matter of course unless their client directly asked for one or raised concerns with the prices.

> *"Obviously,* ***if the client does have economic concerns or is actively looking for alternatives****, then it becomes the vet's responsibility to say I can definitely give you a written prescription... otherwise* ***it's not something I remember to do each time.****"*
>
> **Veterinary surgeon, LVG practice**

> *"If I tell them the cost of a medication and they seem shocked or* ***they say they can't afford it*** *or they are prepared then not to give that product to their pet based on cost,* ***I will then offer them a written prescription.****"*
>
> **Veterinary surgeon, Small group practice**

> *"They are told what the cost of getting medication from us is, and* ***if the client pulls a face*** *you say right well check online and if you are happy to* ***get it online I can do your prescription.****"*

Veterinary surgeon, Locum at Independent practice

A number of veterinary surgeons also reported being proactively asked by pet owners about whether they could get a written prescription for either one-off or long-term medication. However, as outlined above, many veterinary surgeons reported advising against prescriptions for one-off medication as it was less cost effective for the pet owner.

Some veterinary surgeons reported that not all of their clients were aware that they could ask for prescriptions.

> *"If they outwardly ask me for one [a written prescription] then I am happy to do it… **I do a lot of written prescriptions for flea contro**l at the moment."*
>
> **Veterinary surgeon, Small group practice**

> *"When I perceive it to be financially beneficial for the pet owner to do so, I will offer to write to them a script. **I would say about 50:50 owners know about it.**"*
>
> **Veterinary surgeon, LVG practice**

> *"I know that there's some complaints about the fact that **some owners do not know about written prescriptions,** but they cannot really blame the vet for not discussing those things. [Sometimes] it's just because of time, [sometimes] maybe we just don't remember it. Obviously, if the client does have any economic issues or is looking for alternatives then it definitely becomes the vet's responsibility to say, oh yes, I can definitely give you a written prescription instead, which may have a different price or it's probably going to be cheaper."*
>
> **Veterinary surgeon, LVG practice**

Although there were no major differences across veterinary surgeons in LVGs or independent practices regarding their decisions to offer a written prescription, a few mentioned being directly told not to offer prescriptions unless asked to do so by the pet owner.

Researchers heard from a veterinary surgeon at an LVG practice and a locum at an independent practice that mentioned that they were told not to offer a prescription unless the pet owner asked them to, as well as one veterinary surgeon at an independent practice who said their boss was very 'anti-prescription' due to the challenges it could cause for their stock management.

> *"If an owner comes in and asks for a prescription, we write a prescription, but if they haven't asked, **we don't offer them the prescription… that's what we've been told to do**."*
>
> **Veterinary surgeon, LVG practice**

> *"So trying to think of different practices that I work in, **one of them doesn't like you mentioning prescriptions**. If the owner mentions a prescription that's absolutely fine and I'm quite happy to write a prescription for them, but if they don't mention it, then we don't offer it. I would say that's the case at most practices that I've worked in. If they come and ask specifically for a prescription, then I'll be able to give them [one]. That's not a problem at all."*
>
> **Veterinary surgeon, Locum at Independent practices**

> *"My **boss is very anti-written prescription**. Because we are small independent, some of our clients want the product off the shelf and some of them don't and how do we stock our pharmacy if we don't know what to stock on the shelf… it's quite difficult if you don't have high turnover or another practice to stave it off to."*
>
> **Veterinary surgeon, Locum at Independent practices**

8.3 Communicating medication prices

8.3.1 Most veterinary surgeons reported discussing the price of medication that they were offering during consultations

The price of medications was often discussed during consultations with pet owners, alongside a discussion about the reason the veterinary surgeon was recommending the treatment, and the format of medication, such as whether it was a tablet or liquid.

> *"**I bring up the price and affordability when I'm speaking about the medications.** For all medication, I personally give explanations for them [and how they work]…and then I'll mention the price of each individual medication as well at that point."*
>
> **Veterinary surgeon, LVG practice**

> *"I think they might have asked the course of antibiotic [tablets] that were needed, how much it costs and I also offered them a long-lasting injection which was more costly because they had a bit of difficulty with the dog but they said no, they think they can do the tablets. So that was fine then. But yes, **the cost does come out there [in the consultation]**. Usually we are quite transparent. We normally speak about that before they reach reception so that the poor receptionist didn't have to deal with the [unhappy] client."*
>
> **Veterinary surgeon, LVG practice**

> *"Non-steroidal are the best anti-inflammatory for treating [the issue] so we discussed adverse reactions ... and liquid vs tablets. We did not discuss different costs of other medications. **We just said what the price would be and that was fine.**"*
>
> **Veterinary surgeon, LVG practice**

A few veterinary surgeons reported not mentioning the price of medication if it was perceived to be a small amount.

> *"**For things that are going to be under £100, we often won't discuss that** with the owner. So, they've come in for consult, they know that's [£40-50], that's available information and then we will give the medication as appropriate."*
>
> **Veterinary surgeon, LVG practice**

> *"**More than 50% of the time I do not mention price…** it's not something I am trying to withhold, it's just because I have other things to do and it's a matter of time really… when I need to do something a bit more expensive I will ask, do you want a price estimate, but I don't normally ask that for routine stuff or just one or two medications."*
>
> **Veterinary surgeon, LVG practice**

In addition to offering prescriptions in situations where pet owners raised price concerns or specifically requested them, one veterinary surgeon interviewed described how they would help the pet owner prioritise which medication to buy from their recommended set of medications, if they raised price concerns.

> *"Cost is definitely a factor, as with everything. And so before we even give out the medication or make up the medication, we always check with them in the consult, detailing that this medication will cost this much, and this medication will cost this much. **If there's any cost concerns brought up at that point, then I'll mention, okay, this first medication is essentially crucial**…if you can only afford one then we should go for the first one."*
>
> **Veterinary surgeon, LVG practice**

There were no clear differences across practice types— LVGs, small groups and independents— in how the price of medications was communicated to pet owners.

9. Veterinary professionals' decision-making: **Diagnostics**

The following section explores the factors influencing decision-making around diagnostics. This topic was generally discussed in relation to recent cases shared by interviewees, rather than being covered in every interview. Reports in this section primarily come from veterinary surgeons.

9.1 Communicating prices and options

9.1.1 Most veterinary surgeons reported that they typically ordered diagnostics progressively, communicating the price at each stage

Many veterinary surgeons in both independent and LVG practices, reported that they most commonly ordered diagnostics progressively, describing it as a 'step-by-step' process, in order to minimise the number of diagnostic tests. A few veterinary surgeons reported being unable to order what they perceived were the minimum required diagnostic tests, due to practice protocols about when and which diagnostics to order. In some instances, this could result in veterinary surgeons reporting that they had charged clients for 'bundles' of diagnostic tests, which they did not want to charge for. This is explored later in this section.

> *"More often than not, for these ongoing cases,* ***we would start with one thing and work through****, because each test result might actually point you in a different direction. So* ***there's no point in doing lots of stuff all off the bat****."*
>
> **Veterinary surgeon, LVG practice**

> *"It depends a little bit on the case and what the person would like to do. If there is a case that's quite involved that could have multiple things like that,* ***then I do offer people to either do more at once or do it step by step,*** *and then we choose between us what we do first."*
>
> **Veterinary surgeon, LVG practice**

> *"****I give them the option****... so I will give them all the options and I say, look, we can either* ***do this in a stepwise process*** *or we can [do more at once]."*
>
> **Veterinary surgeon, Independent practice**

> *"We sent the urine off initially for a culture and waited until we got the results back, because sometimes you do every test in the world, you'll find a lot of red herrings.* ***We try and do it stepwise****.* ***We did a urine sample first, and then the urine sample gave us an idea of what we needed to do next****. Then we did a blood test, and then we did a scan."*
>
> **Veterinary surgeon, LVG practice**

There were examples given by veterinary professionals where they deemed it appropriate to order multiple diagnostics in one go.

> *"[I ordered them]* ***all in one go, because they give you different answers,*** *so haematology gives you information about a possible infection and then biochemistry gives you information about the organs."*
>
> **Veterinary surgeon, Locum at Independent practice and an LVG practice**

However, most veterinary surgeons did allow pet owners to choose, and in some cases, pet owners opted for multiple tests to be ordered at once.

There were examples of veterinary surgeons avoiding excessive tests, citing animal welfare concerns. In some cases, performing all relevant diagnostic tests would be inappropriate or even counter to the welfare of the animal, due to the impact on the animal of undergoing multiple, or invasive, tests.

> *"So if you've got a vomiting dog or something, then generally if it's an older* ***dog I would normally do bloods first because it's relatively non-invasive,*** *and then I would probably scan its abdomen if I didn't find anything on bloods. Then if I didn't find anything on scan, then I would sedate and x-ray as a next step. So, step by step."*
>
> **Veterinary surgeon, LVG practice**

One common exception was in emergency cases, where veterinary surgeons were more likely to order multiple diagnostics at once to ensure the cause was identified as quickly as possible.

> *"If this was a sick pet that was clearly critically unwell and* ***time was of the essence, you may well then do things more simultaneously****."*
>
> **Veterinary surgeon, LVG practice**

> *"I discussed with her, I said I'm worried about whether the abdomen has been contacted. I would recommend we do an ultrasound scan and just make sure there's no damage to it because that will make it a more extensive procedure. And I said* ***we might have to do a scan or an x-ray*** *to check the abdominal structure. [The pet owner] was totally fine with it."*
>
> **Veterinary surgeon, LVG practice**

A few veterinary surgeons noted that they were more likely to offer a more comprehensive range of diagnostics at once to pet owners who were insured or who had previously indicated they could afford more costly treatments.

> *"Sometimes, … instead of doing specific tests, I'll pretty much do everything in terms of blood work, and not necessarily because I'd expect [a disease] … but* ***because they're insured, I'll just put that to them that we may as well just test for absolutely everything****. And if someone wasn't insured, then we do it step by step."*
>
> **Veterinary surgeon, Small group practice**

9.1.2 Prices were typically communicated to the pet owner verbally before the diagnostic was agreed

Most veterinary surgeons reported explaining their recommended diagnostic test to pet owners after doing a physical exam within a consultation. They would then often verbally communicate the price. A number of veterinary surgeons also reported that they would communicate the potential future price of treatment or further testing if the diagnosis were to come back as expected. There were not many differences between LVGs and independent practices with regard to how prices were communicated.

> *"I say 'the next test I'd want to do to confirm diabetes is to send off a blood sample to the external lab. It's going to cost [£60-70]. Would you like to?' 'Yes.' That's when I said, 'We should get results tomorrow. 'And then I say, '****if it comes back as positive, then we're going to need to start on diabetes medication. If it comes back as negative, then we might need to do some further investigations****.'"*
>
> **Veterinary surgeon, LVG practice**

*"I explained the **cost of the immediate diagnostic tests** and explained that **if we confirmed the diagnosis I was suspicious of, that there would be ongoing medication and monitoring of blood test costs**… If we found fluid in the chest, we would also need to do a chest drain and what that would cost."*

Veterinary surgeon, Independent practice

*"Then **after I'd done the full clinical exam**, I then talked about a blood test, and then I gave them the estimate at that stage, so that they can make a decision if they wanted to go ahead."*

Veterinary surgeon, LVG practice

Veterinary surgeons across independent, small group, and LVG practices reported tailoring the tone of communication depending on the type of case and the pet owner. This included considering what the pet owner wanted as an outcome, as not all pet owners were keen to identify the cause of an illness at any cost. Additionally, they factored in the financial situation of the pet owner.

*"Most of the time I think about what the history is, what the **client wants as an outcome, and what their financial constraints** are… not everyone wants to find out what it is at all costs, some people just want what the cheapest options are."*

Veterinary surgeon, LVG practice

*"They were **very cost sensitive**. I didn't offer to do a biopsy before we removed it because it would add approximately a third to the cost… it was clear from their reaction to the surgery estimate that the cost was going to be a major consideration."*

Veterinary surgeon, Small group practice

*"The client had made me aware very early on that finance was an issue. So it was **trying to minimise the diagnostic tests** that we were going to do to try and basically establish [the pet's condition] first by doing the ultrasound scan … then basing the diagnostics following that, to hone them to **try to minimise the costs** associated with it."*

Veterinary surgeon, LVG practice

In addition to questions about price, other common inquiries from pet owners were about the potential outcome and the "best-case" scenario for their animal. Pet owners often sought to understand whether it was worthwhile to determine the cause of the issue and what the diagnostic test would involve.

*"**Most of the questions are actually about treatment and what the benefits would be … not necessarily the cost of it and what it involves**. Because I made it clear that we need to do the diagnostics first to confirm where the problems are, what they are, and then what the treatment options for that would be, because I could spend an hour talking her through the various treatments plans and then we could get diagnostics that are slightly different and mean that it was a waste of everyone's time."*

Veterinary surgeon, LVG practice

*"We did discuss later down the road, once we'd got the bloods, **how far the owner is wanting to go with this**. Given the conversation that **I had with her saying she didn't want to push him [the pet] too far**, she didn't want him to sort of be struggling at any point. When he started to decline on the Saturday, she made the decision […] that she would rather put him to sleep rather than push him any further."*

Veterinary surgeon, Small group practice

9.2 Guidance, recommendations and processes around diagnostics

As with decisions regarding medication and pricing, most veterinary surgeons at independently owned practices generally reported feeling greater autonomy than those at LVGs, to decide which diagnostics to order, together with the pet owner, for each case.

While many veterinary surgeons at LVG practices also described having autonomy over ordering and administering diagnostics, there were instances where those working at LVGs noted that they needed to follow certain guidelines, recommendations, or procedures when ordering and administering diagnostics, which sometimes restricted their flexibility in decision-making.

Please refer to 'Guidance and incentivisation' section of this report on page 61 which contains further evidence regarding incentives and targets.

9.2.1 No veterinary surgeons at independently owned practices and small group practices reported specific guidance on when to offer diagnostic tests

Veterinary surgeons at independently owned practices generally felt able to exercise their own clinical judgment, while also considering the pet owner's preferences, in ordering and administering diagnostic tests without significant constraints from management.

> *"**We don't have sort of set 'You must do this, this, this and this',** but we do have regular sort of vet meetings where all the vets come and we might discuss a particular case and talk about what each of us would have done individually and what the overall outcome would be better with**. We do to a certain extent have 'this works better' but we can choose ourselves basically**. We do have complete freedom as to what we do, but we discuss what might be best because we're always looking to do the best."*
>
> **Veterinary surgeon, Small group practice**

> *"I think a lot of the lab fees start adding on significant costs and it doesn't always make a difference to the animal's outcome… We had a chat on the day when I admitted her [pet] and just said are you still in agreement with us that we would like to find out what they [the mass in the animal] are? Which she did and she said are we sending them all off? And I said well **my thoughts on the day were open it up, have a look, see how it behaves**. Some things look nasty and they turn out to be nothing and vice versa. And from my point of view, I'll let them know.*
>
> *I pulled out a mass in the groin that we thought was mammary mass and it was fatty. **I just said, I'm not sending that one. I know it's fatty. I'm not worried**. A decision was made that we were doing some kind of diagnostics**. But it would be at my discretion as to how much we [sent off to the labs]**."*
>
> **Veterinary surgeon, Independent practice**

One veterinary surgeon noted that, in monitoring chronic illnesses, they were able to exercise more flexibility at a previous independent practice. In contrast, at the LVG practice where they currently worked, there were more likely to be protocols that they were required to follow.

> *"At the bigger [veterinary groups], you might end up with someone deciding, **this is the protocol**, and you will take a blood sample at ten days and you will take a blood sample at three months and you will take a blood sample at six months, **whereas at an independent [practice], you could possibly be a bit more lenient** and say, 'your cat's doing really well. we don't need to do a blood sample this time, we might be able to just weigh it and listen to the heart and say, well, carry on what you're doing'."*
>
> **Veterinary surgeon, LVG practice, previously at an Independent practice**

9.2.2 The majority of veterinary surgeons working at LVGs also reported no specific guidance on when to offer diagnostics

The majority of veterinary surgeons interviewed at LVG practices also reported a lack of guidance or protocols from management. None of the veterinary professionals interviewed at a few LVGs stated that such guidance or protocols were provided.

> *"If the question is, 'are we expected to work in a certain way because […] the management asks us to work in a certain way?' The answer to that is no. It's 'What's the clinical picture here? What do we need to do?' […]* ***It's what each individual vet would consider appropriate****."*
>
> **Veterinary surgeon, LVG practice**

> *"I would say a* ***lot of it is client and clinician based****. So it's not if you have a dog that lost weight, you must run bloods or anything like that. I think that's all down to the clinician and the client and what you would discuss with them and obviously the animal."*
>
> **Veterinary surgeon, LVG practice**

> *"What I offered was just dependent on what that cat needed clinically. So in this case, no [I was not influenced by guidance]."*
>
> **Veterinary surgeon, LVG practice**

Although most veterinary surgeons across all LVGs reported a lack of guidance or protocols from management, this experience was not consistently observed among veterinary surgeons working within the same LVG.

9.2.3 There were examples of veterinary surgeons at a number of LVGs having to follow specific processes around diagnostics

A number of veterinary surgeons working at several LVGs discussed having to follow specific processes when ordering or administering diagnostic tests. Most commonly reported examples included when or how to charge for cytology and blood tests.

> *"With [LVG name] involved, it's very, very strict now. So certain conditions, certain medical conditions, they have different rules as far as how often a client can just ring up and get a repeat medication****. There's rules about certain conditions having to have blood tests every six months. Well, they're guidelines****, but the vets should really be sticking to them otherwise [LVG name] really want to know why the vet hasn't stayed within the guidelines. […]"*
>
> **Veterinary nurse, LVG practice**

> *"Some practices don't do cytology, but it's something that we implemented as a sort of practice protocol for us."*
>
> **Veterinary surgeon, LVG practice**

A few veterinary surgeons reported that the computer systems used by their practices prompted them to comply with diagnostic guidance or protocols. Most commonly, this related to what to charge for diagnostics.

For example, the system would combine prices, prevent the removal of charges, or not allow them to proceed to the next screen without adding a charge. This was most commonly reported by those interviewed working at a particular LVG.

*"At [LVG name], **everything was sort of preset.** There's a search bar and then a drop down and you just kind of choose the appropriate thing they'd have. … X-rays would be 'set up' and 'first three views', I think, was the first option. So **that was the least you could charge**. And then you charged additional x-rays on top… The vets had the physical ability to put [lower amount] instead of [higher amount], to reduce that slightly… **But we were also aware that it was being monitored**."*

Veterinary surgeon, Independent, previously an LVG practice

*"They've changed things recently…when you price stuff up, rather than being able to individually charge for blood pressure measurement or an oxygenation measurement or carbon dioxide **you have to do them in bundles**. It means that it's a lot harder for me not to charge something… **usually you would be able to just charge fluids with a surgery and now you have to charge fluids, a pre-op blood test and blood pressure monitoring all as a pack** … It is beneficial to the patient, but I also feel like that's pushing the boundary too much; **I should be able to pick individually what I want**, not necessarily [order] everything."*

Veterinary surgeon, LVG practice

One of the veterinary surgeons interviewed noted that charging for things in 'bundles' could make it harder for clients to compare prices across practices, as the way that prices were presented to pet owners varied across practices.

*"We are definitely cheaper than most. We're cheaper than [a number of] vets [near here]. I think there is some smoke and mirrors that goes on with some of the pricing at these places where they can quote one price, but that isn't the only price that actually will be charged on the day. Clients making a price comparison, it can be less than straightforward because we will give a price for the procedure. For example, if we take a blood sample or something, we don't charge for taking the blood sample, we just charge pro-rata on the lab fee. But somebody else, for example, **another practice will go, there's a blood sample fee and there's the packing up in the post fee, and then there's the fee when it comes back**, and those lab fees can be much more than ours anyway."*

Veterinary surgeon, Small group practice

In one case, although no guidance or protocols were reported, a veterinary surgeon noted that the computer system made it challenging to use laboratory diagnostic tests that were not already coded into the system.

*"There are like lab tests that are better to be done at a particular laboratory and I had one recently where it wasn't on **our computer system yet so it hadn't got like a code that I could price it up under** and I had to speak to management and explain why this test was better, and then they put a code onto our computer system so I could click the code and price it up properly. So, **if you have one that's like not actually on the system yet and it could be a medication as well, you would have to speak to manager** and then they would have to like find out how much the price would be."*

Veterinary surgeon, LVG practice

*"Partly because of our practice and other practices trying to get around these price rises, we try and charge some stuff without charging other stuff quite often to try and make the bill seem more reasonable at the end of the day. **But [LVG name] have got fed up with people doing that, so they've made it on the system that you cannot charge any type of x-ray without charging the setup fee**."*

Veterinary surgeon, LVG practice

A few veterinary surgeons stated that specific guidance or processes around diagnostics improved outcomes for animals and saved pet owners' money in the long run.

*"When **we started to do this** [implement practice protocol for cytology], **we found we had less recurrent offenders for ears**, so actually owners **were spending less money in the long run** because they were having the correct treatment from the very beginning."*

Veterinary surgeon, LVG practice

*"[With reference to the LVG's guidance around blood tests] **In an ideal world, yes, you would take the bloods every three to six months, make sure your treatment is working** and that all of its kidneys and liver functions are all good. In an ideal world that probably is like tip top, that's what you would do, but a lot of people question it, query it, they don't want to have the blood test done. It's just more money."*

Veterinary nurse, LVG practice

9.2.4 A small number of veterinary surgeons reported feeling that certain diagnostic protocols or guidance were unnecessary, leading to pet owners being charged more

There were a few examples of veterinary surgeons who noted that ordering and charging for certain diagnostic tests, as outlined in company protocols, was unnecessary. These examples were reported in practices of a few LVGs. Two veterinary surgeons interviewed reported that it was mandatory to order and charge for cytology when an animal presented with an ear or skin infection. They felt this was unnecessary in most cases, as it would not change the course of treatment they would prescribe or suggest.

*"It is **not necessary in every case**. It adds £33 to the price. It is under the guise of best practice… but if it is **not affecting treatment choice, then there is a clear cost impact on the pet owner.** I feel I will be pulled up on it soon if I don't do it as it is standardised."*

Veterinary surgeon, LVG practice

*"If I'd have been working at my old practice, [LVG name] would have told me to do an ear swab, a slide for it, and that would have been – I forget how much it was, so I can't even give you the cost – **but to add that on would be advised or told… they really liked us to do ear cytology on ear cases**."*

Veterinary surgeon, Small group practice, previously at an LVG practice

Another example involved a veterinary nurse having to offer fluids and a pre-anaesthetic blood test before a neutering procedure, which, in their professional opinion, was a low-risk and short surgery, making these tests unnecessary.

*"They have an option for pre-anaesthetic blood tests. … but you'll get somebody that's bringing their cat in for a castrate that takes 2 seconds... But they've got to be offered these options because then if something happened and that could have been avoided by something then you're in trouble. So **you have to offer fluids and bloods.**"*

Veterinary nurse, LVG practice

A few veterinary surgeons reported not following company guidelines around diagnostics, either by not offering, charging, or by undercharging for certain tests. The most commonly reported reason for this was concern over the price impact on the customer, with some surgeons expressing discomfort about charging for specific diagnostic tests.

A few veterinary surgeons felt that not following company guidelines around diagnostics was generally easier for more senior team members.

"If we could still charge £40 to run, then 100% I would have suggested that we do that [a blood test], but given that it is now [£150-170] to run the same blood test, I ***just don't suggest it. It sounds pathetic but it's embarrassing when people ask.*** *The [brand name] machine has almost paid for itself, it's been there for years…"*

Veterinary surgeon, LVG practice

"Them [management] saying to me that…you should ***charge on top of that, another £50 for something that has already paid for itself [blood pressure machine]****. It's been with the clinic for years and years but you want me to charge more… They [clients] trust me enough to spend £200 to do a blood test, but now I'm going to ask them for another £50 every single time they come in for a blood test.? No, I'm not going to.*

I said very politely, I understand where you're coming from. I get it, but I'm just telling you right now, I'm not doing it. And she wasn't super pleased. ***But I mean, what are they going to do, fire me? I don't think so****."*

Veterinary surgeon, LVG practice

A few veterinary surgeons at LVGs reported that their diagnostic work-up rate was monitored. This was a measure of the proportion of cases that resulted in a diagnostic being performed.

There is a separate section on 'Guidance and incentivisation' later on page 61, which includes more detail about how veterinary professionals felt affected by KPIs such as diagnostic work-up rate.

However, few felt that this monitoring influenced their decision-making during consultations or impacted which options they offered.

"I'm ***not aware that I've made any conscious changes*** *[due to having diagnostic work-up rate targets]. I think the fact that we're kind of meeting most targets anyway means we don't have to try and change what we're doing, which is nice."*

Veterinary surgeon, LVG practice

"There's the ***average vet transactions and we look at how much work you're generating from each consult,*** *and if I find that one of my vets is a little low, we'll have a discussion about it. Are they making assumptions that the owner doesn't want to spend the money? Are they creating the estimates of the different options so they can have that discussion with the owner? It's about making sure they aren't jumping to conclusions about someone's circumstances really."*

Veterinary surgeon, LVG practice

10. Veterinary professionals' decision-making: **Referrals**

The following section explores the factors influencing decision-making around referrals. This topic was generally discussed in relation to recent cases shared by interviewees, rather than being covered in every interview. Evidence in this section primarily comes from veterinary surgeons.

10.1 Decision-making around when to offer a referral

10.1.1 Most veterinary surgeons reported offering a referral where they felt additional expertise was required

Veterinary surgeons generally decided whether to offer a referral during consultations with pet owners when they felt a case required escalation to an expert. This decision was influenced by the scope of care a veterinary surgeon could personally provide, as well as the resources available within their clinic.

Veterinary surgeons reported referrals taking several forms, ranging from internal referrals within the same practice to a colleague with a relevant special interest or Advanced Certificate, to engaging a visiting clinician with specific qualifications, or referring cases to external dedicated centres equipped with advanced facilities, specialist nursing staff, and Board-Certified Specialists in their field.

Some veterinary surgeons reported making *internal referrals*, either to colleagues they felt were more experienced with a particular procedure or had specific expertise or qualifications within their practice.

> *"**We have an internal advanced certificate holder cardiologist** that comes in to us once a month. So he probably does two or three echoes routinely here once a month, and then if it's more of an emergency, then he'll come on a different day."*
>
> **Veterinary surgeon, LVG practice**

> *"I'm the **person most people refer people to in-house**, I'm the person they come to in-house certainly for medical things. In-house I might refer orthopaedics to [a colleague] because he does the orthopaedic surgery."*
>
> **Veterinary surgeon, Independent practice**

> *"I make quite a few internal referrals a week… so anything I see with heart problems goes to one of my colleagues, and then **there's a lot of surgeries that we can keep in-house because of having a surgery certificate holder**. So on average, **two or three a week that I can refer to one of my colleagues** to either discuss with them or then go ahead with something extra that we can offer."*
>
> **Veterinary surgeon, LVG practice**

A few veterinary surgeons reported referring cases to visiting clinicians for their specific area of expertise or experience.

> *"We also have within our corporate… a **rotating surgeon**, so they basically work for [LVG name] over the whole of [name of country] and comes in kind of once or twice a month to **do a lot of the orthopaedic ops**."*
>
> **Veterinary surgeon, LVG practice**

"The only time I would do that would be orthopaedic cases. We have a locum orthopaedic vet, so all our orthopaedics, he comes in and does a few days a week. Any orthopaedic ops, that's that. I know I've ***not once referred externally for orthopaedics."***

Veterinary surgeon, Small group practice

"All of us can do the kind of routine things and then ***[LVG name] as a group has or tries to have specialists that cover certain areas****."*

Veterinary surgeon, LVG practice

"I said [to pet owners] to get this specialist who works in a few of the local referral centres, but he also does a ***mobile clinic****. He* ***usually comes within a week*** *and his price is [£900-1000]. That's for a consultation and a full heart scan with a specialist, and it's done at this clinic so you don't have to travel far."*

Veterinary surgeon, LVG practice

In other cases, *external referrals* were offered outside the practice to dedicated centres. Most veterinary surgeons interviewed, from both independent practices and LVGs, reported offering external referrals to pet owners when, in their clinical opinion, the necessary treatment the pet owner wanted could not be provided by themselves or within their practice.

*"So probably [I would] usually [offer a referral****] for surgical things that are beyond our surgical capabilities.*** *We do have vets that do things like orthopaedic procedures in-house. … We will also always make the owner aware of the fact that we can do it in-house and that is a possibility, and it will be slightly cheaper compared to referral.* ***However, we always feel we should be offering referral to people if they want to go to specialists****, and we also will go through all of the options of referral places in the area."*

Veterinary surgeon, LVG practice

"We're always referring fractures … because ***we don't do orthopaedics****. Really, at my job, anything that needs CT scanning gets referred and then spinal neurology problems, tend to get referred … then the other tiny, tiny proportion is* ***cases that you've been managing for a very, very long time, but you've never got on top of****. So, like dermatology cases or chronic illness cases that you just can't seem to get on top of."*

Veterinary surgeon, Independent practice

"The things that will be externally referred would be ***things that either we've tried to treat in-house and we've not got anywhere and we've kind of hit a bit of a brick wall****… or it's something that* ***we don't have capacity to do in-house successfully.****"*

Veterinary surgeon, LVG practice

A few veterinary surgeons interviewed at independent or small group practices reported rarely making external referrals, as they had a high enough level of expertise within the clinic to manage most cases internally. The only examples of this in veterinary surgeons working at LVG practices came from those at hospitals that provided first opinion care.

"I very ***rarely make a referral****, to be honest, I have referred two things this year."*

Veterinary surgeon, Small group practice

*"If it's surgical **I handle pretty much everything myself** apart from spinal surgery, so [I don't offer referral] very often, if I'm honest with you."*

Veterinary surgeon, Independent practice

*"A referral? Not that often. In this practice we have a very nice team with **several certificates, so we do a lot on our own.** So I don't think that I will refer more than maybe twice per month, maximum."*

Veterinary surgeon, Locum at Independent practices

*"[We refer] not very often, **we do nearly all of it in-house**."*

Veterinary surgeon, Independent practice

*"Because **we're a hospital and we have 24-hour care, we don't refer much**. I'll refer occasional orthopaedic things that I don't want to touch because they're too complicated or the owner is too demanding. And very infrequently we'll refer medicine cases that need CT scans because we don't have a CT scanner."*

Veterinary surgeon, LVG practice

A few veterinary surgeons, working at both independent and LVG practices, reported considering whether the pet owner had insurance when recommending external referrals to referral centres for expert care or complex procedures. For example, they might invest more time in obtaining multiple quotes from different referral centres. However, most veterinary surgeons did not indicate that their choice of referral centre was influenced by whether the pet owner had insurance.

*"I will always ask whether they're insured. **If they're not insured, my next question is, is referral an option?** This would cost x amount of thousands, so I never completely exclude it. Obviously, there will be some clientele that you can generally catch the drift that it's never going to be an option, but you can never, never say never. People surprise you."*

Veterinary surgeon, Independent practice

*"**If clients are not insured**, or if their insurance has quite a low limit on what's covered, then I will offer to….well, I offer anyway, but **I will make them more aware that there could be different costs at different places**. And I might email a couple of different referral centres asking for an estimate of the work done and then I can let the owner pick where they'd like to go, depending on those estimates."*

Veterinary surgeon, LVG practice

A few veterinary surgeons from independent or small group practices provided examples of delivering or offering treatment or procedures in-house rather than referring, as the price of referral was deemed too high for the pet owner.

*"We can ask them [referral provider] how much it is going to be and if we think it's not a fair cost for what they are doing...we can't justify it, and that's why **we find it difficult to refer to somewhere if we cannot justify the cost they are charging, particularly if it is someone we know really hasn't got the money to do it** …. when we get prices from other places for the same sort of surgery that our vet can do in-house, it's twice as much."*

Veterinary nurse, Independent practice

> *"I was happy to contact a few referral places for the pet owner, to get a cost and timeline, I contacted our local orthopaedic surgeon who is 2.5 hours away to get an estimate and that came back very high, I contacted the vet at our own site who may have been able to do it, who suggested they didn't have much time… but said that* ***if there was no other option and the client couldn't afford referral then he would give it a go.****"*
>
> **Veterinary nurse, Small group practice**

If a pet owner did not want a referral, whether due to financial reasons or other factors such as the pet's broader prognosis, veterinary surgeons reported that alternative options were usually available. In cases where referral was not feasible, these alternatives included procedures conducted in-house or other treatment options or in some instances, euthanasia.

> *"****There will always be something we can offer here*** *… we'd make them aware that … because we're not specialists, we can't offer the highest level of treatment … But these are the things that we can do here …* ***we can offer palliative care here or even offer putting them to sleep*** *if they can't be referred for whatever potentially lifesaving treatment is actually required. And that does even happen to people that are insured because maybe the prognosis for that pet is poor and even just transporting them and trying to get that treatment's not guaranteed to help them and it might just prolong their suffering."*
>
> **Veterinary surgeon, LVG practice**

> *"If they say that they can't do that or they don't want to do that or they can't travel, I mean,* ***I always will mention the other treatment options as well****."*
>
> **Veterinary surgeon, LVG practice**

10.1.2 A few veterinary surgeons at LVGs reported that external referrals were sometimes encouraged in cases where they did not feel it was necessary because expertise was available within the clinic

A small number of veterinary surgeons reported instances where they were encouraged to make external referrals to referral centres within their LVG, even when these referrals were not clinically necessary because expertise was available within the practice. All examples of this were reported by veterinary surgeons in relation to their experience at LVG practices, either in their current or previous roles.

One veterinary surgeon, quoted below, had previously worked at an independent practice, which was sold to an LVG. During their time working at the practice, the veterinary surgeon expressed frustration with the new management's encouragement to make referrals that they themselves did not believe were necessary. Despite holding Advanced Practitioner status and feeling fully competent to perform certain surgeries themselves, the veterinary surgeon was directed to refer cases to the company's dedicated orthopaedic referral centre. They reported finding this both professionally limiting and financially burdensome for clients.

> *"When I worked in corporates … you could only refer to their referral clinic. …* ***They might not want the operation done in-house because if it got referred to their referral clinic, they'd be more profitable****…*
>
> *For instance, I do a lot of knee surgery, so I do something called a TPLO …* ***I did get the impression sometimes from what was said that they would rather [you refer], even if you were competent to do it*** *… I'm an Advanced Practitioner and have a whole certificate in the subject …* ***at the time it was £3400 if I did it in the surgery and it was £4800 if it was done at the clinic.****"*
>
> **Veterinary surgeon, Independent practice, previously at an LVG practice**

One veterinary surgeon, who worked in both a first opinion and referral setting, similarly reported feeling pressured to accept cases at the referral clinic where they worked, even when they believed it was neither necessary nor in some cases appropriate for the animal to be referred.

*"We have in recent times **become increasingly pressurised to accept cases** because obviously cases generate money **even when it is not in the interests of the animal, medically, for them to come** for one of two reasons:*

*Either because **they don't need to be seen**, because we make a clinical judgement over the phone, … "actually, we think your animal's ok, but we'll give you the option to come if you want".*

*More worryingly is that we have been pressurised to accept cases which **we are not in a position to accept** … So to give you a recent example, we had a referral where the person was specifically looking for a [specialism] referral and the [specialist] was not going to be available because she was away for another week. But we said yes to the case and took it in and then basically kept it in the hospital for a week until the [specialist] came back, which in my mind was medically well, morally and medically unacceptable … I think speaking openly, accepting a case for a discipline which you don't currently have, could be argued to be fraudulent, particularly as we weren't upfront [with the pet owner] that we didn't have a [specialist]."*

Veterinary surgeon, LVG practice

There were also cases in which veterinary surgeons offered external referrals, even if the procedure or treatment could be provided in-house, because they felt it was important to present all options to pet owners, including a higher-level expertise.

*"**You have to make sure they know all the [referral] options available to them** because sometimes they say they're not insured and give you an impression of not being that well off, and then when you give them that referral option of the specialist cardiac scan they sometimes want to do it even though it's going to cost them £1000. So you must make sure they've got the options."*

Veterinary surgeon, LVG practice

*"A lot of the things that people refer for, we can just do in-house. A good example is CT scans. We have a CT scanner and an MRI scanner, which normally are the type of diagnostic imaging that you can only get at referral. So normally when vets are referring cases, it's for those diagnostic tests. … I'll still offer [external referral] because it's good to have a specialist reading over the scans. That's equally as valuable to me as getting the scans done, in my opinion. **So I'll say we can do a CT here, but I can also refer you to a specialist to do the CT because they might have a bit more experience than us with these cases**. So that's normally how I frame it."*

Veterinary surgeon, LVG practice

10.2 Factors determining choice of referral provider

After deciding to refer a case, veterinary surgeons must determine where to make a referral. Their primary consideration was typically what would best serve both the pet and the pet owner, using their clinical judgment, whilst also taking into account the pet owner's preferences.

In some cases, a few veterinary surgeons from LVGs reported having to consider management pressures to refer to specific specialist clinics or hospitals. These updates were typically shared with veterinary surgeons through newsletters, staff meetings, or word-of-mouth communication. More detail on management pressures is outlined in 'Guidance and incentivisation' section on page 61.

10.2.1 Clinical specialism was the primary factor in determining referral provider

Veterinary surgeons reported that the primary factor in deciding where to refer a case was identifying referral clinics capable of performing the specific treatment or procedure required, as clinics and hospitals varied in their specialisms.

> *"To some extent **it is based on what I'm referring for** … I will send spinal cases one place, ortho cases another, medicine cases, somewhere different, by preference, because it's what I know those referral centres are good for."*
>
> **Veterinary surgeon, LVG practice**

> *"I think **it varies depending on specialism…** there's one I might use for eyes… and then for neurology we would tend to use [referral centre name]."*
>
> **Veterinary surgeon, LVG practice**

> *"**It depends on the case**. You would probably refer a neurology case somewhere else to an orthopaedic case."*
>
> **Veterinary surgeon, Independent practice**

> *"There are a lot of referral centres in our area, probably four or five that would all be travelable, so it would depend a little bit on what service that client needs, because some of those referral centres don't offer every single specialty. Some offer mixed specialities, so **if it's a really complicated case, you might send it somewhere with lots of different specialists. If it's a cut and dried orthopaedic case, you'd probably send it somewhere that does orthopaedics."***
>
> **Veterinary surgeon, LVG practice**

The number of referral options available to veterinary surgeons varied, largely depending on location and the services offered in the area. In some regions, or for complex cases, veterinary surgeons had only a limited number of referral options, which restricted the factors they could consider when deciding where to refer.

> *"A lot of the time, **the options are fairly minimal** just because there aren't many … there's maybe one or two referral hospitals."*
>
> **Veterinary surgeon, Locum**

> *"**We have so few options in [location]. Everybody just has the same three options**. … if you ask somebody in London that question, they've got 20 options within a 20 miles radius. We don't have that. So we all use all of them all the time."*
>
> **Veterinary surgeon, Locum at Independent practices**

10.2.2 Many veterinary surgeons had trusted providers for specific types of cases

Where there were multiple options for referral, many veterinary surgeons had 'go-to' providers for specific types of cases, often chosen based on experience and previous positive interactions. A few emphasised the importance of trusting and having confidence in the referral destination.

*"I've got some **people who I know do very good jobs** at certain things and **I will preferentially refer to them**."*

Veterinary surgeon, LVG practice

*"Well, the decision-making process is actually **normally our personal experience** of the referral centres available."*

Veterinary surgeon, LVG practice

*"We like to refer people there [a provider] because **we know our pets have been looked after well by them**. We've also referred to other practices and sometimes if clients have a request as well for a specific referral centre, we'll definitely do it to them as well."*

Veterinary nurse, LVG practice

10.2.3 Many veterinary surgeons considered convenience and price for the pet owner

Where there were multiple options for referral, veterinary surgeons also considered what would be most convenient for the pet owner such as location, accessibility and price. In some cases, pet owners had their own preferences regarding the place of referral, often influenced by previous experience or word of mouth.

One of the most common factors veterinary surgeons considered was the availability of specific clinics and the potential waiting times for treatment. In more urgent cases, the need for a pet to be seen as quickly as possible became the primary factor in decision-making.

*"Ultimately, we prioritise the situation with the patient, so the patient needs to be seen as soon as possible. So I asked the nurse to get in contact with three or four referrals and the **one that gives me an appointment sooner**, that's the one that we will send it to."*

Veterinary surgeon, LVG practice

"*It just depends on … the waitlist, how quickly it needs to be seen. Neurology, because they tend to be quite quick and you need to get in quite quickly, **it's wherever [the pet] can get seen to see a neurologist, to get an MRI the fastest**."*

Veterinary surgeon, LVG practice

*"Sometimes it is waiting time … We might ring them and say, 'when can you get this dog in'? And **whoever can get it in first gets the referral**."*

Veterinary surgeon, LVG practice

*"Sometimes it would be related to **who had a slot available**, who had time to see them."*

Veterinary surgeon, Locum at Independent practices

The location of referral clinics was an important factor for veterinary surgeons, who frequently discussed with pet owners which referral unit would be most practical based on their home location. This approach helped ensure that the chosen clinic was both accessible and convenient for the pet owner.

*"We're in the middle of four or five different referral centres. So I first off say **is there a direction they'd rather travel to?** Because they're all about an hour away. So would they rather go an hour north, east, south or west?"*

Veterinary surgeon, LVG practice

*"Sometimes they're a bit nearer. **Their location is nearer, one hospital than the other**. So they would want to go to the nearest."*

Veterinary surgeon, LVG practice

*"It very much is **whatever clinic we think is best and that the client can travel to**, because within London, generally they have to travel quite far."*

Veterinary surgeon, LVG practice

*"I use really **what's most convenient for the customer**…everywhere is a good sort of 40-minute drive."*

Veterinary surgeon, LVG practice

Veterinary surgeons also reported considering price when deciding where to refer, particularly if they were aware that a client might struggle to afford higher prices. A few mentioned being generally aware of the price differences between different providers, which they factored into their recommendations or communication in these instances. There were examples of this across independent practices and LVGs.

*"[Referral hospital name] is quite close, but **they are quite notoriously expensive**, so I make people aware of that."*

Veterinary surgeon, Small group practice

*"**Cost** plays a role"*

Veterinary surgeon, LVG practice

*"[A mobile CT scan van] will come to this practice at some point and then their staff will do it or you could go be seen more promptly at a referral centre down the road, **which is going to cost you quite a bit more money** because that's got a big hospital…. Basically, you put the choices to the client."*

Veterinary surgeon, LVG practice

Insurance policies were noted by some veterinary surgeons as determining where they could offer referrals. In certain cases, pet owners' insurance policies only covered referrals to specific clinics, which limited the referral options available for the veterinary surgeon to offer.

*"There was an incident where I had a case I wanted to refer that **I had to refer to a practice controlled by the animal's insurance actually.**"*

Veterinary surgeon, Small group practice

***"As far as referrals, it is usually dependent on the insurance company, because a lot of insurance companies have set referrals** that they will pay for and some that they won't… where we've been caught out before in the past, when we referred them to a veterinary surgery that the insurance said*

they weren't going to pay for… it's based on where the client will travel to and if the insurance company will cover it or not."

Veterinary surgeon, LVG practice

10.2.4 A number of veterinary surgeons at LVG practices were encouraged to refer to group-owned referral centres

Veterinary surgeons at some LVGs reported having group-owned referral providers which, in some instances, they were encouraged to refer to. Most veterinary surgeons interviewed at a particular LVG reported being encouraged to refer to hospitals or referral centres owned by the same group.

*"[LVG name] do sort of encourage us to refer to one of the referral centres they own … **they give you a list** of referral centre saying, 'please use these'."*

Veterinary surgeon, LVG practice

*"My previous [LVG name] practice were very strict with it having to be owned by [same LVG name]… **It was mentioned in staff meetings, that we want to keep it in-house eventually**."*

Veterinary surgeon, LVG practice

*"I have found that the corporates are more likely to suggest that it's sent to one of theirs [owned by them] … I have heard vets say, oh **we need to send the pet to that one because that is what they [the LVG] are asking us to do now.**"*

Veterinary surgeon, Locum at LVG practices

*"**[LVG name] do encourage us to refer to one of the referral centres they own**, for instance, they just say, **we would like you to refer to our [LVG referral centres]** and they give you a list of referral centres saying, please use these. But quite often it comes down to availability. Not all the referral centres can take an unlimited number of cases, of course, and fortunately, their preferred one is actually a very good referral centre."*

Veterinary surgeon, LVG practice

*"**[LVG name] would definitely prefer if we referred to [same LVG referral centres]**, but we think they are really expensive, and so **we will try and refer to these other places first.** Especially if the person's not insured, it seems almost irresponsible of us to refer them to somewhere we know is going to charge them two grand more for the same surgery."*

Veterinary surgeon, LVG practice

There were also examples of veterinary surgeons at several LVGs, and one small group, being encouraged to refer to hospitals and referral centres owned by the same group, although it was less consistently reported than those interviewed working at a particular LVG's practices.

*"Every company has got certain ones they go to … So [LVG name] would send to a [same LVG name] referral. You can give the owner the option to go to a different referral but it'd be very much **"Choose this one, oh there is another one there, but choose this one because this, this this"** … You can get away with [not referring to within the corporate] now and again. But **I think if there was a pattern then [management] would kind of say "oh, you should be referring to us."***

Veterinary nurse, LVG practice

*"**I mean, we are told if you can use us [LVG owned referrals centres] first line**, try and use us for referrals first. And I'm sure if we were in a city with [same LVG name] practices all around, you probably would be told, you must use them. But because of our location, and because animal welfare has to come first, if we ever say to them, 'we're using this [alternative] one because of the location', nobody has ever said, 'no, that's not acceptable'."*

Veterinary nurse, LVG practice

*"**[LVG name] were very keen that we referred things to [same LVG name] hospital referral centre,** which is fine. It was the closest one, so it wasn't a ridiculous suggestion at all."*

Veterinary nurse, LVG practice, previously another LVG practice

However, many veterinary surgeons working at LVG practices considered the ownership status of referral clinics as just one of many factors, as described above, when making referrals. They were not necessarily restricted from referring to clinics outside of the LVG.

All veterinary surgeons reported that if a pet owner requested a referral to another clinic based on their own previous experience or research, veterinary surgeons were willing to accommodate this and refer them there instead.

*"Sometimes the clients will actually say, well, no, we want to go to another one. And **I never ever try and talk clients out of going to their preferred referral centre**."*

Veterinary surgeon, LVG practice

*"I would always first ask the owner, the client, 'where do you want to be referred? Do you have any preference? Have you been before in any referral hospital?' If they say no, then we try to recommend [referral centre name] **because it's a good referral and belongs to the company**. If they don't want to go to that referral, then we send it to any other … **ultimately we prioritise the situation with the patient**."*

Veterinary surgeon, LVG practice

*"If we are referring stuff then **we are encouraged to refer to our [LVG name] referral centre, but we're not tied to that.** We have a good [specialism] referral down the road, so I would never send these cases to the [same LVG name] practice because **why send them on a 45-minute journey when they can go on 15 minutes**?"*

Veterinary surgeon, LVG practice

*"I always assumed they would insist we referred only to other [LVG name] practices because as [same LVG name] owned most of the referral practices around. But actually **I think they prefer us to**, and I generally do, but **no one seems to tell us off if we refer to a good non-[same LVG name] expert.**"*

Veterinary nurse, LVG practice

The approach to encouraging veterinary surgeons to make referrals to hospitals and clinics within their respective LVGs varied, ranging from word of mouth and provided lists, to designed to streamline the referral process.

Some veterinary surgeons could not recall how they knew that the organisation would prefer them to refer to group-owned providers.

*"In the first instance **we're meant to try and offer the [LVG name] option** … [same LVG name] have a lot of referral centres … so that's why I'd say probably 60% ends up being within [same LVG name]. … I'm pretty sure it was verbal that I was told this, rather than actually having a protocol sent to us or training or anything."*

Veterinary surgeon, LVG practice

There were examples of veterinary surgeons who were provided with a list of preferred referral centres by practice management.

*"We do have a list and they've tried to **publish a preferred list** of, this is where we would like things to go [for referral]."*

Veterinary surgeon, LVG practice

In addition to the above, a few veterinary surgeons working at LVGs reported that their practice's IT systems encouraged referrals within their own group by offering shortcuts, which made the referral process faster and easier.

*"There's a **referral shortcut** [on the IT system] but it only works for [LVG owned referral centres], if you see what I mean. So they say, 'here, use this useful shortcut on your system'. But, when you actually go through the process, **your options are not all the places that are actually available, it's the [same LVG name] places."***

Veterinary surgeon, LVG practice

10.2.5 Most veterinary surgeons did not report feeling concerned about being encouraged to refer to certain practices

Most veterinary surgeons did not express concern about being encouraged to refer cases to specific practices.

While some noted that the preferred provider was one they would typically choose anyway, others emphasised that they felt free to refer cases to alternative centres if they believed it was in the best interest of the pet or owner, as described above.

Additionally, some highlighted that there were no consequences for choosing not to follow referral guidance.

*"We were encouraged to use other [LVG name practices], but we haven't got anybody in the area with a particular expertise and the one who had one is not doing it anymore. So for us, that is not in question. In general, we are supposed to use other [same LVG name] surgeries for referrals if we can... but **if you don't, there's no reprimand…**"*

Veterinary surgeon, LVG practice

*"[LVG name] made it very clear that **although they would love it if we did refer to them, we're under no obligation to,** if there are other factors that mean we should refer elsewhere. So I have referred a few cases there, but it is not a blanket rule."*

Veterinary surgeon, LVG practice

However, one of the veterinary surgeons working as a locum described how they thought that the practice would be less likely to ask you back for more shifts if you did not refer people to the group's preferred provider.

"You get a snotty email from the senior manager saying that you are not allowed to refer to someone outside of the [LVG name] umbrella. I don't think you get sacked, but you would get a black mark against your name if you are referring outside of the umbrella… ***I don't think you'd last very long. Certainly, as a locum they wouldn't ask you to go back****… it depends how desperate they are."*

Veterinary surgeon, Locum at Independent practice, previously at practices for an LVG

10.3 Communicating referral prices to customers

10.3.1 Estimated prices for referrals were usually given during consultations

The way veterinary surgeons communicated the prices of referrals varied across the sample.

Many veterinary surgeons reported that they aimed to be as transparent as possible about the price.

In some cases, veterinary surgeons provided estimates for the price of the recommended procedure or treatment, whereas others only communicated the price for the consult fee.

"So I will typically say to an owner that ***a referral consult is typically between £100 to £200****, that when they go to a referral centre, that is all that they are committing to, because I personally feel that clients feel that if they go for a referral, they are signing up for thousands of pounds worth of spending.*

I think it's important for them to know that all they are committing to is a consult *and they can then discuss with the referral clinician the next steps that they want to take. That's just my personal opinion."*

Veterinary surgeon, LVG practice

"I just give the referral centre a call and I just say, I've got this patient XYZ, I think they need XYZ doing, ***can you just give me a rough estimate for that****, please? And most of the time they can just give it to you over the phone there and then."*

Veterinary surgeon, Small group practice

Veterinary professionals suggested that there were both pros and cons to sharing either the consult fee or the price of the procedure with pet owners. Veterinary professionals had concerns as these figures sometimes did not accurately reflect the total amount the pet owner would ultimately need to pay, and therefore could be misleading.

There were examples of veterinary surgeons who would submit the patient's details to a referral clinic, and advise them to wait for that clinic to get in touch, meaning they did not communicate about price at all.

"They [pet owner] sign a form to say that they're okay with the GDPR regulations, then we fill in everything for them and send it to the referral practice and then ***the referral practice will get into contact with them about appointments and costs*** *and things like that."*

Veterinary surgeon, LVG practice

10.3.2 A number of veterinary surgeons provided pet owners with multiple referral options for them to choose, but this was not consistent across those interviewed

A number of veterinary surgeons conducted their own research by reaching out to multiple referral providers to gather quotes, which they then shared with the pet owners, allowing them to choose.

> *"Yeah [we contact referral providers about capacity] and **cost estimates from both places**, or if it's orthopaedics, there's other orthopaedics in the area we can ask ... we can send the x-rays, get estimates for costs."*
>
> **Veterinary surgeon, LVG practice**

> *"**I contacted a few referral places to get an idea of costs and timeline**.. then went back to the client with the two quotes."*
>
> **Veterinary surgeon, Independent practice**

> *"I told them [pet owner] **I can find out prices for you** and then if you're happy to go, I'll send all your details across, they'll get in touch direct with you and then arrange everything from there. **If you're not happy to go to them, I can ring the other nearest places and find out prices as well**."*
>
> **Veterinary surgeon, LVG practice**

No veterinary surgeons interviewed mentioned encouraging or prompting pet owners to do their own research into potential additional referral options, with some saying they felt that pet owners wanted to be given recommendations by the veterinary surgeon.

> *"**The owner just wants you to tell them what to do**. They're already worried. They're thinking about, what do you mean, I've got to drive somewhere else? ... I would say the two things they query are location and price."*
>
> **Veterinary surgeon, LVG practice**

> *"I don't go to a local garage and get a price and they say 'but you should go and ask five other garages how much they can do it for'. But if I wanted to I could….. I'll ask the client is there anywhere specific you want to go? If they don't want to decide somewhere then I can say well these are the options. If a client wants to go elsewhere, that's fine. I'm quite happy for them to go elsewhere. I don't have an issue with that. **But I don't think I should trip over myself the whole time to offer** but you could go here, but you could go here, but you could go here."*
>
> **Veterinary surgeon, Small group practice**

11. Veterinary professionals' decision-making: **Death of a pet**

The following section explores the factors influencing decision-making around euthanasia and cremations. This topic was generally discussed in relation to recent cases shared by interviewees, rather than being covered in every interview. Evidence in this section come from veterinary surgeons and veterinary nurses.

11.1 Options for euthanasia and end-of-life services

11.1.1 Most veterinary surgeons offered similar options to pet owners about euthanasia and cremation

When discussing options for pet owners after an animal's passing, most veterinary surgeons—whether in LVGs, small groups, or independent practices—reported offering similar choices. These typically included offering an individual cremation or communal cremation through the practice's dedicated provider, as well as the option to take the body elsewhere for home burial or an alternative cremation provider. These options tended to be communicated at the same time, allowing the pet owner to choose what was right for them. Veterinary surgeons suggested that most people tended to choose individual cremation.

> *"There's **home burial** … if they have the facilities to be able to. There is **communal cremation** where they're cremated with other pets and there's no ashes returned. And then there's **private cremation**."*
>
> **Veterinary nurse, Locum at LVG practice**

> *"You would certainly be discussing **whether they were taking it home with them, if they wanted us to take care of things, if they wanted ashes back**, that type of thing."*
>
> **Veterinary surgeon, LVG practice**

Veterinary professionals reported that individual cremation was a more expensive option for the pet owner.

> *"They can have individual cremation where the ashes will be returned to them. I always explain to them that they come with different costs, so **an individual cremation is more expensive than a communal.**"*
>
> **Veterinary surgeon, LVG practice**

> *"I think probably the euthanasia itself is maybe £180 from memory and then I think a routine [communal] cremation would be maybe an extra £200 on top of that. If it was going to be an **individual cremation with ashes back, I think it's maybe like £300 more.**"*
>
> **Veterinary surgeon, LVG practice**

Some veterinary surgeons offered additional options for returning ashes following an individual cremation. These included choices on how to receive the ashes, such as in a vial, box, or commemorative sculpture. A few veterinary surgeons reported offering 'keepsakes' such as paw prints, or fur clippings. Sometimes, but not always, these keepsakes came with an additional fee.

> *"So we have a plan, but the **options would be to bury the pet at home or we can take the pet back for cremation and either return the ashes to the owner or not**, if they prefer. And there's various options of scatter tubes and caskets and things for them to have the ashes back in."*
>
> **Veterinary surgeon, Independent practice**

A few veterinary professionals observed that, in recent years, pet owners were more frequently choosing individual cremation services than they had in the past.

> *"When I started working, I would say 20% or 30% of owners wouldn't be with their dog when it was put down.* ***[Now] I would say 99% or above will be with the animal for when it's put down.*** *And I would say probably the most common … used to be communal cremation. Now, definitely an individual cremation is by far the most common."*
>
> **Veterinary surgeon, Independent practice**

> *"So most people will cremate them* ***and probably over half now will have the ashes come back*** *to them, actually."*
>
> **Veterinary surgeon, LVG practice**

> *"****Most owners will go for cremation****, the ones that don't tend to, will be more of our sort of farm type clients … So it's probably less than 5%, I would say, go for home burial."*
>
> **Veterinary surgeon, Small group practice**

> *"Very occasionally, people will take their animals home and take their own animal to a crematorium of their choice. But I would say that's* ***one in a thousand****."*
>
> **Veterinary surgeon, Locum at LVG practice**

For euthanasia, most veterinary surgeons provided pet owners with the choice to be present or not, as well as the option for sedation prior to the final injection. Euthanasia typically took place in the clinic, with many practices designating specific rooms for this purpose. However, some practices also offered home visits to carry out euthanasia.

> *"I don't know if it was instantly discussed with them that* ***we would come into the house to do it.*** *People will often ask for that, and that is something that we will always do,* ***we try our best to always go out and do it****. I'm probably* ***not the best at offering it****, but if people ask them, then absolutely, we will do."*
>
> **Veterinary surgeon, LVG practice**

> *"We definitely do houses for euthanasia, but they got an appointment at the practice and wanted to do it there and then. So that's an option. They'd been* ***given that in writing, so when people inquire, we've got an information sheet about euthanasia that goes through what the process looks like,*** *what the options are for aftercare. It does also say,* ***we can do it as a home visit****, but we do them at certain times in the weekdays, not on the weekends."*
>
> **Veterinary surgeon, Independent practice**

> *"****Option to be present or not****. There was three of them who came in the end, and I gave each of them the option independently, whether they would like to stay or not"*
>
> **Veterinary surgeon, Independent practice**

> *"****Would you like to stay with the pet or not?*** *I always ask that question. Nine times out of ten, people do want to stay."*
>
> **Veterinary surgeon, LVG practice**

*"We **give them all the options.** We can either come out and put them to sleep or they can come into the practice and then with that option, they can either take them home and bury them or individual cremation with casket or scatter box. And we go through all of that with them."*

Veterinary surgeon, Independent practice

11.1.2 Many veterinary surgeons reported limiting options to avoid overwhelming pet owners

Across euthanasia and end-of-life services, many veterinary professionals reported being careful not to overwhelm pet owners with too many options and decisions, given the sensitivity of the situation. The timing of communication about options varied.

Information on cremation services was sometimes provided through leaflets or booklets during the consultation. However, sometimes this was handled outside of the consultation—at reception or over the phone by a veterinary nurse or receptionist.

In cases of euthanasia, a few veterinary surgeons reported attempting to discuss options for disposal services before the procedure took place. Veterinary professionals also reported allowing pet owners time to consider their decision and return later, rather than making an immediate choice during the consultation.

*"What I tend to do with euthanasia is tell them that they don't have to make a decision on the same day, because **there's quite a lot of emotion on that day, and I don't want them to rush the decision**. So I'll give them a leaflet with their options … and then I say, if you want to phone in the next couple of days and let us know."*

Veterinary surgeon, Locum

*"Then afterwards [euthanasia] I gave them the **option of whether they wanted to discuss cremation options then or later**, and they decided they wanted to discuss it then. So then we discussed what those options were as well, including costs."*

Veterinary surgeon, Independent practice

*"We offer external cremation options, and so we **always go through those options with the owner, ideally before the euthanasia**... Some owners prefer to go to an external crematorium that they can take their pet to themselves... We just have to very **tactfully choose how much of that conversation is appropriate**."*

Veterinary surgeon, Small group practice

*"We generally try to offer that [alternative crematoriums] as well as the routine cremation service. It just **depends how upset the person is** because sometimes they don't want to discuss it, in which case it's **not appropriate to start listing lots of alternative options** in terms of where they can get a pet cremated."*

Veterinary surgeon, LVG practice

*"I always ask them, **do you want to look at the booklet as to what your options are?** … some clients don't want to see it; they'll just choose there and then. And some clients are very much like 'I don't have a clue' and I'll try and talk them through."*

Veterinary surgeon, Independent practice

11.1.3 Most veterinary surgeons reported communicating the options for euthanasia and cremation along with the associated prices

Alongside discussing the options for euthanasia and cremation, veterinary surgeons also reported communicating the associated costs with pet owners.

For euthanasia, some noted that the price was included on the consent forms signed by pet owners before the procedure.

There were also a few examples of veterinary surgeons passing pet owners onto crematoria, and the crematorium communicating with pet owners directly about prices.

> *"The **only thing they ever tend to discuss, cost-wise, is whether they want to take it home to bury it**, whether they want to have a communal cremation, whether they want to have a private cremation. That's the bit they ask about cost-wise, because those are all more variables. The fact is, **going to be put to sleep, that's as far as they're concerned, a cost that has to happen**."*
>
> **Veterinary surgeon, Locum**

> *"The euthanasia price is, unfortunately, non-negotiable. On our **euthanasia consent forms, is the price**. The prices for all of those things are based on whether or not it's a cat or a small dog or a medium dog or a large dog or an extra-large dog, so that when they sign the consent form, they do have them [the prices]."*
>
> **Veterinary surgeon, LVG practice**

> *"At the time when we talked about the cremation … then I'll provide the prices. At the same time as the **euthanasia price itself has been provided by reception when they phoned**."*
>
> **Veterinary surgeon, LVG practice**

One veterinary surgeon referred pet owners directly to the crematorium, allowing the crematorium to handle communication about prices.

> *"We do something called a direct pet cremation, where we say we can send your details on to the crematorium. Then they can contact you directly to discuss the different options. Most owners go for that option and then we send **the patient client details onto the crematorium and they talk to them about cremation costs.**"*
>
> **Veterinary surgeon, LVG practice**

11.2 Cremation providers

11.2.1 Nearly all veterinary professionals reported working with one specific crematorium

Nearly all participants in the sample reported using one crematorium for their practice. Practices typically had contracts with these crematoria, some of which also handled clinical waste. Most veterinary surgeons described this arrangement as logical and convenient. Some reported that at the same time each week, staff would collect deceased pets when returning the ashes of pets previously collected. It was viewed as the most straightforward and efficient approach.

Most veterinary surgeons reported that pet owners rarely asked to use other cremation providers and typically did not seek additional choices or options. However, if pet owners did wish to use a different cremation provider, it was possible for them to arrange this privately.

> *"We've **got one that we use [crematorium name] so we use them**. They come every Friday and collect, so there's no choice for the owners, but if they did want to use a different cremation company, they're more than welcome to. And there are a few owners that get a different crematorium to come and collect from the practice, but most of the time, I **think they don't want to be choosing, they just want to be done with it** and I think they normally just want us to sort everything out from that point."*
>
> **Veterinary surgeon, LVG practice**

> *"I don't know if we have a contract with them, but **we do use one crematorium.** They come and collect the pets two days over, two mornings a week and then they come back to us. So **when they come to collect, they drop off the ashes from the previous week** and that's how it works."*
>
> **Veterinary surgeon, Small group practice**

> *"Basically, we put them into cold storage **and a company comes and collects them from us quite regularly**, and they then take them away. It's an external company at an external site that cremates them and then they get dropped back with us in there, whatever cost or option they've had. And then we ring the owner and let them know that we're ready for them to come."*
>
> **Veterinary surgeon, LVG practice**

> *"**We only deal with one**. So I explain to them where they would be going and what crematorium that they're using; we have **one or two people that have requested to use another crematorium, and they've just sorted it themselves**."*
>
> **Veterinary surgeon, Independent practice**

> *"That would be the **business linked to that practice**. You could mention also that there are other options where you can do this privately, but if you wanted us to take care of things, this would be the situation and this would be the price."*
>
> **Veterinary surgeon, LVG practice**

However, a small number of veterinary professionals offered pet owners an alternative crematorium to the one affiliated with or contracted to their practice, usually for convenience reasons.

> *"We're meant to use [name of crematorium owned by LVG name] but there's a local one that everyone knows. **So technically we're not supposed to promote anything other than [crematorium name], but it is far away from us.** There are a lot of people that don't want their pets travelling down to [location], so we will always tell people that we do have the option of a crematorium that we use frequently, but they are in [name of location] and there is a local one nearby and most people know them."*
>
> **Veterinary nurse, LVG practice**

> *"We use [crematorium name], but there is also one that we also work with called [another crematorium name]. It's more local. We have a leaflet that has different options in there and it has all of them. The [name of crematorium] is the main one that we would use, but then **the client's always given the option if they wanted to use that other one**. They also have information on our website as well, and then it's on the consent form as well."*
>
> **Veterinary nurse, Small group practice**

*"We have a crematorium that we use, but **there are also two local crematoriums which we will advise clients of as well**. Some choose to use that as an alternative because their service is quicker and more personal."*

Veterinary surgeon, LVG practice

11.2.2 Some veterinary surgeons working at LVG practices used crematoriums that were owned by their group

When ownership of the crematorium was discussed during the interviews, most veterinary professionals from a particular LVG reported using their group-owned crematoriums. This was also reported by a smaller number of veterinary professionals interviewed at a few other LVGs. Additionally, one veterinary surgeon working at a first opinion practice specialising in home euthanasia services reported having its own crematorium.

*"We've got our **own partner crematorium, which is also owned by [LVG name]** …There is another crematorium within the area, which is, I think, 60% of the cost. It's much, much cheaper. We've kind of just been told to go for a direct cremation to our partner crematorium."*

Veterinary surgeon, LVG practice

*"We **use a [crematorium] company called [name], which is owned by [LVG name]**… There is a local independent pet crematorium, so [customers] can take it to them, but we have to get approval for those from our clinical director… It's not the preferred choice."*

Veterinary surgeon, LVG practice

*"Those crematoria, to the very best in my knowledge, are not in any way linked. **I don't believe that [LVG name] have an interest in any crematoria, which is so different from other corporate groups.** They're just local ones that they work with… I think one they work with is tethered to a corporate and I don't know about the other one they use."*

Veterinary surgeon, LVG practice, previously at another LVG practice

A few veterinary surgeons were unaware that the crematorium they used was owned by the LVG they worked for. When directly asked during the interview, they either expressed uncertainty or provided an incorrect answer.

*"We used an independent crematorium, which was lovely, and then we had to change to [crematorium name], which is the bigger kind of group... **Who owns [crematorium name]? I don't know.**"*

Veterinary surgeon, LVG practice

*"No idea … I don't know … It's not the closest one. And I know that it changed just before I got there. And I know that my last practice when I was at [LVG name], they used a particular crematorium as well. **I assume there's some sort of affiliation there, but I'm not sure exactly what it is**."*

Veterinary surgeon, LVG practice

12. Guidance and incentivisation

The following section explores veterinary surgeons and veterinary nurses' experiences regarding incentives, performance monitoring, flexibility in charging, and adherence to guidance.

The differences largely stemmed from whether they worked in independent practices or LVGs, and their seniority level.

12.1 Performance monitoring and incentivisation

12.1.1 Performance monitoring was very common for veterinary surgeons employed by LVGs

Performance monitoring was reported across all LVGs however the extent of this varied. Among several of the LVGs, most reported performance monitoring whereas among a few others it was less commonly reported.

Typically, this focused on monitoring elements of practice that could increase revenue; for example, revenue generation per consult, diagnostic work-up rate, and the percentage of animals with pet healthcare plans.

Veterinary surgeons reported being monitored on the following metrics, sometimes on an individual level and sometimes at a practice level:

- Number of consults per vet
- Revenue generation per consult
- Diagnostic work-up rate
- % of follow-up appointments
- Vaccination rates
- % of animals with pet healthcare plans
- % of preferred drugs used
- % of preferred laboratories used
- Turnover

Veterinary surgeons reported that practice managers would often oversee monitoring, and they would then report this to the organisation's head office. Many reported that their managers would discuss performance monitoring during reviews. A few also mentioned regional managers visiting their practice to review performance and discuss targets.

> *"They **monitor how much time you spend**, what they call face time, in front of the client. They want a minimum number of hours every day. I am lucky because I grew up doing 10-15 minute appointments all my life, so I don't write copious notes … but for younger vets, they struggle to do that. So they really struggle to actually hit this target of how much time they're supposed to spend every day. Because you do stuff like phoning clients and talking to clients about stuff which isn't directly chargeable time."*
>
> **Veterinary surgeon, LVG practice**

> *"During annual reviews, if a staff member's **diagnostic rate is lower than their colleagues**, it would be discussed to understand the reasons behind it and to offer support rather than impose penalties."*
>
> **Veterinary surgeon, LVG practice**

> *"You sign into your account, and so that's how they can **monitor what you're charging and then that's how they'll get the graphs for each vet to see how much you're charging**. I'd say a year ago I was pulled up that I wasn't doing as many follow-up consults."*
>
> **Veterinary surgeon, LVG practice**

A number of veterinary surgeons reported that customer satisfaction was monitored, often through feedback gathered from clients.

> *"It's called the **net promoter score,** clients after every appointment get a text or an email and they'll be like, 'can you rate us out of ten? And how likely are you to recommend us to a friend?' **The score should be above seven** or something. If somebody gives me a two, the practice manager will get me to call the client and ask, is there anything I can help with? Why weren't you happy?"*
>
> **Veterinary surgeon, LVG practice**

> *"In terms of the practice, what we will look at is our **patient care index. It's essentially our work-up culture**. We look at a **client KPI of their satisfaction generally**. So they're sent a text message after their consultation or procedure to fill in."*
>
> **Veterinary surgeon, LVG practice**

> *"I guess the **KPIs, some of it comes from [customer satisfaction**] So owners get a **satisfaction survey** afterwards, so we look for positive feedback, things like that… In terms of the targets I guess for each month you can see financially what was done the year before."*
>
> **Veterinary surgeon, LVG practice**

12.1.2 Performance monitoring was seldom reported by veterinary surgeons working in independent practices

Those working at independent practices reported being monitored on these metrics much more rarely.

However, there were instances in which veterinary professionals in independent practices reported being aware of performance monitoring, such as the revenue of each veterinary professional being recorded.

> *"So we're doing five pillars and KPIs in the five pillars. **One of them is operational efficiency**, which has got financial KPIs and looking at active client base and average transaction value and caseload and income- all of those sorts of things… we also have clinical quality, quality improvement, and assurance measures. So we might look at complication rates, complaint rates."*
>
> **Veterinary surgeon, Independent practice**

> *"KPIs… we toy with them every now and again because it's a way of seeing how your business is performing. So obviously, as a business owner**, you need to know if it's performing properly**, whether it is doing what you want it to do…We might look at different ones each year just to see how we're sort of doing in certain areas, whether we can improve certain things."*
>
> **Veterinary surgeon, Small group practice**

One veterinary surgeon reported that they were closely monitoring one of their employees' billing due to suspected undercharging.

> *"I am **keeping a close eye on my other vet** at the moment in terms of what they are charging. They are **missing fees,** so I'm keeping a very close eye on their overall performance. But that is not to say they've got targets to meet, it's just about making sure they are charging for their time."*
>
> **Veterinary surgeon, Independent practice**

A number of veterinary surgeons described actively seeking employment in independent practices to avoid the performance pressures in their previous roles at LVGs.

> *"So my independent got bought out by another corporate, and then I didn't like working for that corporate. It was awful. It made a family-run business into a very sterile environment where everyone was just seen as a number. And I couldn't deal with that, so* ***I left…. everything became about money, the amount of clients you are seeing****."*
>
> **Veterinary surgeon, LVG practice, previously another LVG practice**

> *"The first practice that I started working in, after a couple of years, it was bought, and in fact that was one of the reasons that* ***I decided to leave.*** *I wanted to work for an independent…I believe it is good to have independent businesses and a choice… when you have just one or two options you have a monopoly, so that is not going to be good for anyone… also I believe that* ***if you work for a small business the chance that they will treat you as a person and not as a number is higher****, and that will also happen with animal care."*
>
> **Veterinary surgeon, Independent practice**

> *"We're not slick enough for that [performance monitoring] …* ***there are definitely no KPIs****. I suppose we might monitor how much they're turning over as an individual, but only as a reflection of how hard they're working, or not working.* ***There are no specific targets or goals in mind…"***
>
> **Veterinary surgeon, Independent practice**

> *"****I don't look at individual performance whatsoever****. I look at practice performance because we're a new practice and we're trying to make money and making sure we're breaking even…And there's certainly no expectations set on staff to be selling things, to make their kennel cough [vaccine] quota, I've worked in practices where they say, 'oh, you're not high enough, you're not selling enough kennel cough for all the vaccines you're doing'. That is not the case with us."*
>
> **Veterinary surgeon, Independent practice**

> *"The only one that was mentioned to me at my last review was* ***that I had no client complaints****, so they were happy and I was like, great."*
>
> **Veterinary surgeon, Independent practice**

> *"There is an* ***economic performance review****… They [practice management] will tell you that you're in the X percentile of the vets. Personally, I'm always at the top percentile of the vets, so I don't feel any pressure. I don't know if that would be pressure for someone who is lower."*
>
> **Veterinary surgeon, Independent practice**

12.1.3 Veterinary professionals reported awareness of targets at a *practice level*

Alongside performance being monitored, some veterinary professionals, particularly those at LVGs, reported being aware of practice-level targets.

*"The company has to be meeting budget, and then **each region has to meet certain targets, and then each practice has certain targets** … There is a set budget thing that's released every year … it was basically to do with sales targets … and **client net promoter score being over [score]**"*

Veterinary surgeon, LVG practice

*"We do definitely have **financial targets**. In terms of turnover and profitability, that **we're expected to hit**."*

Veterinary surgeon, LVG practice

*"**Each practice has a set target they're meant to hit each year** and each month, and it's always about like **5% or 10% more than the year before**. It's something that's set by management that we just see."*

Veterinary surgeon, LVG practice

*"I think it does mostly go through the practice manager and our clinical director. **We recently had pie charts get sent through to be like 'this is how much profit we're making'**, this is how much profit we should be making and this is how much of it goes on wages and how much goes on xyz, which is all supposed to make us go 'we should be making more money' but actually probably has the opposite effect."*

Veterinary nurse, LVG practice

There were examples of practices at a particular LVG viewing practice-level targets as their personal responsibility.

*"**If you are not running on better than an 80% margin, there isn't going to be any profits after you've paid [all of your overheads]**, so you need to have a margin there of at least [x%]. Anything left for you is to take home. I still get my salary as well …at the moment the business is in a lot of debt, it's still not out of debt [5-10] years after opening."*

Veterinary surgeon, LVG practice

However, there were also examples of veterinary surgeons in management positions not deeming it necessary to communicate practice-level targets or business goals to clinical teams.

*"They know they [targets] exist, but they don't know what they are, **and they don't know how we're doing compared to them because I don't tell them, because I don't feel it's relevant to what their job is**. Their job is to deal with the patient that's in front of them and do their best for that patient… It's not to be worrying about how the business is doing financially. It's not to be worrying about gross margins."*

Veterinary surgeon, LVG practice

12.1.4 However, *individual* targets were also reported by some veterinary professionals

Individual targets were reported by most of those working at a particular LVG, while they were only reported by some of those at other LVGs and no independent practices. Veterinary professionals were not always able to articulate the specific numerical figures given to them as targets but felt they would, or had been, informed if they failed to meet them.

*"There is a baseline number of consults [for each vet], and **if you don't hit that baseline they will ask you why**."*

Veterinary surgeon, LVG practice

*"There was a **constant pressure to meet sales targets**… the practice manager would tell us whether we were meeting targets or not. Everybody was very target-aware and target-driven. They'd [hold review meetings] probably monthly. **You would know monthly how you were performing and what was expected**. I was constantly aware of where we were. I mean, bearing in mind that they probably confided a bit more in me because [of my particular experience]. Anyway, I gather that everybody was constantly aware of meeting targets and whether we were doing enough work… **Monthly turnover was usually the main target.**"*

Veterinary surgeon, Independent practice, previously at an LVG practice

*"They show you green or red, **if you see a lot of red you are doing bad**. …we are never told what happens if you are not doing well, but I guess that if you are not doing well then you may not have an increase in salary. So people try to do things properly."*

Veterinary surgeon, LVG practice

*"I mean, **we do definitely have financial targets**, in terms of turnover and profitability, that we're expected to hit. … I have sort of a managers meeting, **a once monthly catch up where I get sent the monthly figures** and we have a discussion about it."*

Veterinary surgeon, LVG practice

*"I've literally never heard team members say that they've had monetary kinds of targets. We **do have targets, like how we are within the team, and our attitudes and progression and things like that**, but nothing to do with the money side of things."*

Veterinary surgeon, LVG practice

These targets were mainly related to revenue and work-up rates, however other targets aimed at assessing how well individuals were able to perform clinical procedures were also mentioned.

*"My new graduate, we recently set a KPI for, maybe a month ago, **that he has to be able to confidently do a cat spay without any assistance**, and he's now there. So now we set a new sort of clinical sort of boundary."*

Veterinary surgeon, LVG practice

12.1.5 Practice management monitored performance through clinical and billing audits, and real-time tracking

Methods used to monitor performance included clinical and billing audits, and real-time tracking.

*"We have a computer programme, a business barometer, that you can spend as much time looking at as you want. I think it goes into real detail. If you want to you **could look at each individual vet, see what their turnover was**."*

Veterinary surgeon, LVG practice

*"They would **go through every consultation you had and look at what was charged**, and if they found any discrepancy you'd be called in… say, for instance, someone came in for a consultation and paid*

[£60-70] and the owner wanted a claw cutting at the same time. If you do a claw cutting you are meant to charge [£15-20]. If they had a whiff that you had clipped a claw, even if it's just one claw, and not charged it, they would haul you over the coals."

Veterinary surgeon, Independent practice, previously at an LVG practice

*"**The regional management team conducts clinical audits** … the head nurse gathers the data for them and then the audit comes through on email… **to check we are all doing the right thing**… a recent example was to check that pets that had a procedure that could be painful were being sent home with pain relief."*

Veterinary surgeon, LVG practice

*"As a team **we do clinical auditing of each other**… so we have a look and see if that was appropriate firstly, was that appropriately charged, **is there anything else we could have done in this situation**, could we have thought of anything else to do, and we all do each other. We do that monthly. **We also do billing audits to make sure we are not over or undercharging** and make sure this is consistent across everyone. Since doing the clinical and billing auditing, our billing errors have come down and we've had far less issues [with consistency]."*

Veterinary surgeon, LVG practice

Veterinary surgeons were made aware of performance monitoring via regular updates including performance metrics shared via email, physical representations of targets put up in communal staff areas, individual and team review meetings, and the sharing of performance rankings among colleagues.

*"The whole meeting basically became this **nitpick about certain things that I hadn't charged for.** And I was sitting in this meeting going, are you actually joking? So for instance, like a dog's been hit by a car and the whole stabilisation surgery is [£1400-1600]. And they turn around to me and say, but you forgot to charge the blood pressure…they never would have gone through individual things and nitpicked out certain charges [before the practice was acquired by [LVG name]]."*

Veterinary surgeon, LVG practice

*"Now that [LVG name] own it, they are a lot more open about the figures and the key performance indicators and things like that. So **we have those figures up in the office for everybody to peruse.** Whether it's diagnostic ratio, whether it's turnover, percentage of animals vaccinated, follow-up appointment booked…How many of those clients have been offered appointments and whether we are on target percentage-wise in terms of turnover… these figures are shared quite openly."*

Veterinary surgeon, LVG practice

*"There used to be a meeting every few months and they [management] would **rate all the vets based on the money per consult.**"*

Veterinary surgeon, LVG practice, referring to experience at previous LVG practice

*"Well, it **usually involves me doing a lot of shouting and being frustrated, and then the next day they charge properly for a few days** and then I remind them again a few days later. I think the conversation is a lot more open now than it was when it was my practice, because, of course, when it was my practice, the figures were confidential to me."*

Veterinary surgeon, LVG practice

12.1.6 A few veterinary surgeons received financial incentives based on their performance

A few veterinary surgeons working at LVGs reported receiving financial incentives including bonuses, vouchers and prizes based on their performance. For example, one veterinary surgeon working at an LVG reported that everyone at their practice received a £60-80 voucher for being the practice with the highest proportion of follow-up appointments, compared to others in the area.

> *"I think it was **about [£60-80] voucher** that we [all individuals at the practice] **won for having the most follow-up appointments** booked in."*
>
> **Veterinary surgeon, LVG practice**

> *"Most people I know who are **trying to meet their bonus**, will just charge things properly. Because as I said, a lot of us will cut things out. So [these people, trying to meet their bonus] would just charge things properly, but I have seen the exception of people charging a more expensive option than you need to."*
>
> **Veterinary surgeon, LVG practice**

Another veterinary surgeon working at an LVG mentioned competitions such as one where practices were promised money towards a Christmas party if they were able to get a certain number of pet owners signed up to their pet healthcare plan.

> *"There was a poster that went up and it was like, if you get more [pet owners signed up to pet healthcare plans], we get **[£180-250] towards [a social event]**, but it's not like a percentage or number given. So there was an incentive this month, but I don't know what the figure was."*
>
> **Veterinary surgeon, LVG practice**

Softer incentives were also mentioned, such as people receiving verbal praise or recognition from colleagues, or, as outlined in the quote below, being bought lunch as a reward for hard work and bringing in revenue.

> *"If it's a good week, often **a week that has driven a bit more financial revenue through the door, then I'll buy everyone lunch**… it's about the fact that everyone has worked really hard and probably deserves a good lunch as a thank you for putting the extra hours in."*
>
> **Veterinary surgeon, LVG practice**

> *"I know vets are very conscious of it [charging] now because if the corporate finds out they are [undercharging], they are in a lot of trouble for it and rather than being praised for being brilliant vets now, **all they get praised for is how much money they make…** they can put people on probation for not making enough money."*
>
> **Veterinary surgeon, LVG practice**

12.2 Charging flexibility

12.2.1 Veterinary professionals at independent or small group practices reported more flexibility around charging compared to those at LVGs

Many vets at independent practices reported flexibility with charging and spoke about feeling able to waive certain fees if they considered it appropriate; for example, not charging for a very short follow-up consult with a client. The ability to waive fees was not something reported to happen often by those working at LVG practices.

Some veterinary professionals at independent or small group practices described having a lot more agency overcharging compared to when they had previously worked at LVGs.

"Re-visit consults … it's always a bit iffy between different vets, because, say you have to charge for a revisit consultation, so sometimes the dog gets better and the owner still comes in and you literally have a ten second conversation with the owner because everything's fine. ***In a corporate, you're more pushed to charge, I don't know, [£20-30] for a ten second conversation. You have more leeway as an independent****. You can just … call it free."*

Veterinary surgeon, Locum at Independent practice

*"****We're left a lot more to do as we feel fit.*** *There's a lot less control [compared to when they worked at an LVG]. My boss always says…* ***charge whatever you feel,*** *just as long as we get the pet over the line."*

Veterinary surgeon, Small group practice, previously at an LVG practice

Those working at LVG practices reported less flexibility when charging for consult fees, medication and diagnostic fees, compared to those working at independent practices.

Practice computer systems, protocol and management often reinforced this.

"So ***we can't save consult notes anymore without a consult fee being added****. For example, if you've seen a patient a few times for a bad eye and then it's coming in for a final check. In the past you might be feeling nice and if it's a really brief look – five minutes – you might as a goodwill gesture not charge for that one. Whereas now you can't do that because legally you have to write notes every time you see the animal. However, there are ways around it…there is a code you can put in that doesn't charge, but they monitor that. So if I was using that all the time, they would investigate and sit me down and ask why are you not charging me appropriately?"*

Veterinary surgeon, LVG practice

"It [the computer system] used to allow us to override the name of something, so we could change it, instead of it saying, I don't know, lump removal, we could delete the fact that it said lump removal and put something else in instead and call it something else, so you could change the price. ***Whereas now we can't edit the price and we can't edit what is being sold,*** *we can't edit anything on that front."*

Veterinary surgeon, LVG practice

"There used to be [in previous practice] a no consult fee or a consultation minimum for example for the last consult in an ongoing case… but now at [LVG name] you can't do it. It just ***comes up with 'warning' on the system and you can't progress to the next screen.****"*

Veterinary surgeon, LVG practice

12.2.2 However, a number of veterinary surgeons at LVGs reported not following their group's protocols or guidance on charging

A number of veterinary surgeons at LVGs reported deviating from established protocols or guidance.

There were examples of veterinary surgeons manipulating charging to make it cheaper for customers, or not charging for things at all that they did not agree with, despite pressures to charge from management or performance monitoring.

"I had a little 13-year-old dog come in … by the time we got to x-raying him, … he was pretty much recumbent and unresponsive, so he didn't need any [sedative] drugs to lie there to be x-rayed. And we took

one x-ray of his abdomen and thought that looks like a tumour in his [area of tumour] ... I think we actually ultra-sounded it as well, just for us to see it better... But we were all in agreement that ***it was completely ridiculous to charge him the x-ray and set up fee*** *because we took one x-ray of his dog with no sedation. So I just charged him an ultrasound screen, which is [£30-60] instead of [£160-200]. We said, 'let's agree that we didn't actually x-ray the dog'… just for the interests of charging."*

Veterinary surgeon, LVG practice

"A year ago, I was pulled up that I wasn't doing as many follow-up consults. I was, ***I just wasn't charging for them*** *because if I told you to come back and then I'd do two minutes, look down your ear and think, yeah, I'm not charging you for that."*

Veterinary surgeon, LVG practice

"So ***we can't manually adjust the price of things****. But we can. For example, in a dental,* ***we may reduce the number of teeth that are removed on the pricing to reduce the pric****e if we think that the time that is taken doesn't warrant the cost."*

Veterinary surgeon, LVG practice

12.2.3 Senior veterinary professionals were more likely to disregard their group's protocols and resist charging pressures

More experienced veterinary surgeons and those in senior roles were more likely to report ignoring protocols. Some senior surgeons felt they could more easily disregard guidance due to having less concerns over job security.

"I think it depends on where you are in your career, and I think the level that you are. But because I'm the practice principal and I run that clinic, I'm not irreplaceable… but ***it would be difficult to replace me*** *because I'm running your clinic for you and I'm doing a lot outside of what I am contracted to do… also because I've been doing this for such a long time and I've worked in different clinics and different environments,* ***I also know what's morally right and wrong****, and I just think it's morally wrong to charge someone for putting a probe on their tail, on their animal's tail, and* ***I'm also confident enough to professionally say that I understand why you want me to do it, but I'm not doing it****."*

Veterinary surgeon, LVG practice

"I'd like to think that I would never feel pressured to do something I didn't believe in just because of something like that [targets and incentives] … ***I wonder what it would be like for someone to just come into the profession now and not have however many years feeling confident in what you are doing.****"*

Veterinary surgeon, LVG practice

A practice manager at an LVG reported withholding feedback from meetings with their business development officer about KPIs, as they felt the team was already under enough pressure and the business side was irrelevant to them. A more junior veterinary surgeon reported that their LVG practice managers often "absorbed" some of the pressures from management.

"They [the team] know they [KPIs] exist, but they don't know what they are, and they don't know how we're doing compared to them because ***I don't tell them, because I don't feel it's relevant to what their***

job is. *Their job is to deal with the patient that's in front of them and do their best for that patient, for that client in conjunction. It's not to be worrying about how the business is doing financially. It's not to be worrying about gross margins or that kind of thing. That adds unnecessary stress to that vet is how I see it. It adds unnecessary pressure."*

Veterinary surgeon, LVG practice

"I think the pressure is there [on targets], but with [LVG name], my last job, ***the practice manager was so lovely and so amazing. I think she absorbed a lot of that and didn't sort of pass it down…****"*

Veterinary surgeon, Independent practice, recently left an LVG practice

Another clinical director at an LVG practice described 'pushing back' on suggested changes for their practice.

"My impression of [LVG name] all the way along has been as long as you're hitting the financial budgets that they set, they leave you alone to run the practice the way you think it should be run… Obviously, prices have gone up. Now, have they gone up more than I would have put them up? I think, hand on heart, they probably have. One thing they haven't done is gone up anywhere near as much as [same LVG name] would like me to put them up, because ***I'm constantly arguing for prices not to go up to the extent that they want.*** *I do have control over pricing, and I do try to keep a check on it. I know a lot of corporates where they have no control over pricing whatsoever. They are told what to charge and they have to do it. [another LVG] is very much like that, whereas [same LVG] do give a large element of local control. They'll give advice, they'll give pressure, they'll try and persuade you, but they're not dictatorial, and I think that's where the compromise comes in. Yes, they've gone up, but they haven't gone up as high as they [same LVG] would like."*

Veterinary surgeon, LVG practice

A few junior veterinary surgeons reported disregarding LVG guidance with the support of senior colleagues. One veterinary surgeon described how their practice's management openly criticised LVG protocols and chose not to follow them. With the agreement of the practice manager, examples included not booking follow-up appointments during the initial consultation.

"The general feeling in my practice is that we don't like [LVG name]. We think a lot of their suggestions are ridiculous. One of the things that they apparently keep going on to my practice manager about is that we're really bad at booking what's called future booked appointments. So, the idea being that when people leave the building, they should already have a consult booked for when they're coming back, and you're like, that's completely absurd. ... my practice manager gets sent [emails explaining the practice measures] and we're the worst for future booked appointments and stuff. But my practice manager's like, well, I agree with you that it's stupid, so I don't care. … ***I suppose there's a lot more goes on, on the management side of things that just doesn't get passed on down to us because our management also think that it's stupid and they don't want to do it.****"*

Veterinary surgeon, LVG practice

A few locum veterinary surgeons reported feeling pressure to adhere to practice guidance due to concerns that non-compliance could jeopardise their chances of securing future shifts.

"You get a snotty email from the senior manager saying you are not allowed to refer to someone outside of the [LVG name] umbrella. I don't think you get sacked but you would get a black mark against your name if you are referring outside of the umbrella… ***I don't think you'd last very long, certainly not as a locum they wouldn't ask you to go back****… it depends how desperate they are."*

Veterinary surgeon, Locum at Independent practice, previously at practices for an LVG

> "Because I am a locum **I have to be profitable, otherwise they may say you are not profitable and not give you a shift…** so if they are going to get more money for doing a blood test in-house I will try and do it in-house."
>
> **Veterinary surgeon, Locum at Independent practices and at an LVG practice**

However, other locum veterinary surgeons reported *not feeling* as constrained by internal pressures due to not being hired as permanent staff.

> *"Personally, I don't have anything like that [monitoring], being a locum. I think for permanent employees there are certain things that are measured, I'm not sure what but I think their performance tends to be monitored more. But **as a locum, I'm not affected by anything like that**. So I don't know specifically."*
>
> **Veterinary surgeon, Locum at LVG practices**

12.3 Impact of performance monitoring and incentivisation on clinical decision-making

12.3.1 Few veterinary surgeons reported that performance monitoring and financial incentives influenced their clinical decisions

Although veterinary surgeons were aware of the targets, many felt that the targets hadn't influenced their work.

This was often either because they believed they were already on track to meet targets while working in the same way they already had been, or because they trusted their own clinical judgement and chose to disregard the incentives.

> *"In the team room it does have certain targets for things like cancelled appointments, vaccination rates, diagnostic work-up rates, turnover, profit margin. We know the goals are to increase some and decrease the others, **but it's not focused on too much, because we are very busy and I think profits are okay.**"*
>
> **Veterinary surgeon, LVG practice**

> *"They say more diagnostic tests are encouraged because it makes for better practice, but **I know what tests I need** and I don't need more than what I order. …Our bonus system is based on how much money we might make outside of our consult fees, **I don't get my bonus**, we haven't for a couple of years so **it really doesn't bother me** that much."*
>
> **Veterinary surgeon, LVG practice**

Many reported that they were meeting their targets and so were not aware what would happen if they did not meet them, but assumed it may compromise salary increases or promotion opportunities.

12.3.2 A few described feeling that targets might affect others' decision-making

However, at some LVGs a few veterinary surgeons and a locum, described feeling that it may have affected other colleagues' decisions.

> *"Oh, 100% [those in my team would be influenced by the targets]. I don't know if it's that or they just wanted to pick the more complicated cases, but vets would try and **cherry pick certain consults and stuff** [that could earn them more money]. And I've been led to believe after I left that **vets would do things that they probably weren't skilled enough to do.** Whether that's to make money or whether that's just because they think they could do it and they can't, I don't know. I have seen vets change, [LVG name] used to give you a bonus if you made money and stuff, …so I have seen vets charge and cherry pick cases to try and make*

*more money. Yeah, 100%. I **guess that's an issue of trying to reward people for making more money.**"*

Veterinary surgeon, Small group practice, previously at an LVG practice

*"What I find is that **people do unnecessary procedures to get their 'stats up'** because there's no set rules or regulations and everywhere is so different…. the way everybody performs basically goes on, well, how much money can you earn for the corporate?"*

Veterinary surgeon, Locum at LVG practices

*"I think some people have been in that position where they have felt more pressured and that has forced them out of the corporates, but as a practice I think we try to stay to our roots and not be too influenced by that. But there is a concern that **if they started to incentivise things more it would be easy to start to be influenced by those sorts of things."***

Veterinary surgeon, LVG practice

12.3.3 A few also described how, or mentioned that, pressures to adhere to practice guidelines or improve performance could affect the mental health of veterinary professionals

There were also examples of veterinary surgeons explaining that the friction and stress caused by not adhering to practice guidelines—such as needing to justify why they did not charge for a particular service—had influenced their behaviour, making them more likely to comply with the guidelines in the future.

*"It's very time-wasting and stressful [having to explain decisions to go off protocol], so the next time you will just charge every penny to the owner**… because if you don't you will have to spend time explaining in emails why you didn't charge this.**"*

Veterinary surgeon, LVG practice

Others mentioned the impact that this could have on the mental health of veterinary professionals.

*"I think if it [KPIs] is driving your whole everyday thoughts and processes and **taking you away from doing what is best for the animal and instead trying to focus on just earning money**, then that is a poor state of affairs and not good for anybody's mental health… **it can get a bit overwhelming if I am getting too much pressure from above."***

Veterinary surgeon, LVG practice

*"I think **it [KPIs] did take an effect on the morale…**when we were trying really hard last year to increase our percentage of consults and we didn't get it….the morale definitely did take a bit of a dip because we all thought, we worked really hard and we tried really hard to do as much as we could."*

Veterinary surgeon, LVG practice

13. Regulation and sector challenges

The following section explores veterinary surgeons and veterinary nurses' reflections on regulation and broader sector developments and challenges.

13.1 Attitudes towards RCVS Code of Conduct

13.1.1 All veterinary professionals were aware of the RCVS Code of Conduct

Throughout the interviews, when asked about the RCVS Code of Conduct, all veterinary professionals reported awareness of it. However, few reported proactively engaging with the code on a regular basis. A few reported feeling that it fundamentally guided their day-to-day decision-making and formed the foundation of their work, though they did not see a need to consult it frequently.

> *"The code of conduct would **guide everything that I do**. I would be aiming to follow the code of conduct with any veterinary decisions that I make, and would be trying to be in line with that."*
>
> **Veterinary surgeon, Small group practice**

> *"It's one of those things, that I guess we always know is there and we always work towards. It's kind of a bit of a difficult one, that I think it's just been there for so long, and the **RCVS don't have as active a role in our day to day as maybe some people think**. It's a bit of a difficult one to answer. The code of conduct is good. It's obviously got its place. **It's making sure that everything is done properly and the right people are in the right place** and if they're for some reason doing something wrong."*
>
> **Veterinary surgeon, LVG practice**

> *"To be honest, **I don't use it very often, but I think if I were to look at it now, I'd probably find that it's stuff that … I intuitively do anyway**. … I read the code of conduct when I was in university, learnt the basics of it and then I haven't really necessarily gone back to look at any of the supporting guidance. **It's only useful if there's been changes to the law**."*
>
> **Veterinary surgeon, LVG practice**

There were examples of veterinary professionals who reported feeling confident engaging with the RCVS Code and consulting the supporting guidance for additional information when clarification was needed. Some also mentioned occasionally reaching out directly to the RCVS for further guidance.

> *"Nine times out of ten **you'll be able to find [information] online [on the RCVS website]**… if you need to just double check about a query or things, **or just even phoning [the RCVS]**. … They're always helpful to phone."*
>
> **Veterinary nurse, LVG practice**

> *"The last time I actually had to go and read the Code of Conduct was when I did have a Royal College complaint and **I was looking back at the Code of Conduct to reflect on, did I behave in a way that was within the guidelines** … When the complaint came in, I did look back and say, well, did I do*

something wrong? Is there a chance that I had maybe mis-stepped somewhere along the way in terms of the Code of Conduct?"

Veterinary surgeon, LVG practice

A few veterinary professionals reported that regulatory changes would typically be communicated to them within their practice, either in team meetings or by email, so they expected to learn about important updates through these channels. This expectation of practice-led communication sometimes contributed to a reduced sense of personal responsibility to engage directly with the code themselves.

*"I get a regular **monthly news update** … things like … **new regulations** coming into place."*

Veterinary surgeon, LVG practice

*[The recent change in regulation around prescribing flea and worming products] was **something we were discussing in the company, how to manage that change** … how to make that run smoothly … and how we were trying to communicate that to clients as well. … You do get different vets who are comfortable prescribing differently, there's some variation I suppose in how people are interpreting the guidelines and how strict you are."*

Veterinary surgeon, LVG practice

However, there were examples of veterinary professionals who felt that changes were not always communicated to them, either by the RCVS or by their practice management. While some learned about updates through word-of-mouth interactions with colleagues, or news outlets, there was not always a clear or consistent method by which they were informed of regulatory changes.

*"**These kinds of changes aren't really [communicated]. I don't know whether they are communicated to practice owners**. … I would have found it out by my practice partner telling me, or possibly Facebook groups like Vet Voices or a discussion with someone where they said, 'oh, I heard this today'. That's how I would have found it out. Not any kind of professional email or anything."*

Veterinary surgeon, Small group practice

*"There are times when they change things in the Code of Conduct and **it's a minute change that they make in writing. But the effect that it has on our day-to-day running can be quite drastic**, and I don't necessarily feel that that is always communicated very clearly to the profession. A lot of the time you kind of hear about it through word of mouth filtering down and somebody would [say] 'oh, did you hear the RCVS changed this?' … It might come up in a vet clinical meeting, but it's definitely not … like I receive an email from the RCVS every time they change something. So **I don't think those changes are super clear**."*

Veterinary surgeon, Small group practice

13.1.2 A few veterinary professionals had specific criticisms of the Code of Conduct

There were a few examples of veterinary professionals reporting that the RCVS Code of Conduct was somewhat out of touch with the realities of day-to-day practice.

"I think it's good that we have regulation, and it is something to, kind of check back to, your gold standard of exactly how you should be behaving and reacting to things … people kind of generally know what it says but … sometimes I think people just need to kind of revisit a little bit., and ***I think it does kind of get a little bit lost*** *when you're busy and different people are working together...* ***I think it'd be better if it was a bit more tied into the real world of vet practice****."*

Veterinary nurse, Small group practice

"It's essential to have a code of professional conduct. Many of us in practice feel that they're sometimes not as close, ***have got out of touch with the coalface a bit****. By and large I'm at peace with the guide to professional conduct."*

Veterinary surgeon, Small group practice

"I feel like ***I would like it to be regulated more by actual vets who work day to day****. I feel like there's a real mismatch between the people who are making the rules and the people who are actually having to work within them. I don't think there's enough of a communication between the two …* ***It does feel like nobody really wants to hear what we have to say****."*

Veterinary nurse, Small group practice

"I think ***the reputation is that [the RCVS] is sort of a bit out of touch with practising vets*** *and … it doesn't feel like they're making our lives easier."*

Veterinary surgeon, Independent practice

There were also veterinary professionals who felt the RCVS Code lacked sufficient focus on veterinary professionals' own wellbeing, instead prioritising the needs of the pet owner. This sentiment was particularly pronounced among those who had experienced receiving an RCVS complaint.

"If you ever receive like an RCVS complaint or anything like that, ***they're pretty terrifying and they come in pretty hard, and a lot of the time they're completely unfounded.*** *And I think it's a really scary thing to have put on you … For example, I had one, I hadn't actually seen the dog or dealt with it. It was just because I was the manager. So I got this really horrible formal letter and I had to have an interview about this case and it came to nothing. But to say they're supposed to be a governing body that governs us, and in my opinion, should sort of protect us in some respects.* ***I feel like quite often they maybe don't think about us first. They're sort of more with the public and I don't think that's great****."*

Veterinary surgeon, LVG practice

"The RCVS code of conduct, in theory, is a good idea, but ***the RCVS has got nothing to do with looking after vets. It is entirely weighted towards looking after clients.*** *The RCVS, in my view, are, to use the term, f-ing useless, when it comes to fighting for vets' rights and for fighting a vets' corner. In fact, they seem to be extremely anti-vet."*

Veterinary surgeon, LVG practice

"They could actually support the vets rather than the public*. Because I've had my own experience years ago where a complaint was put against me again by the Royal College … I was absolutely innocent, but the Royal College took a year to figure that out and they were absolutely bad in how they communicated … our veterinary defence league was great and even they were* ***disgusted at how the Royal College communicated****, what kind of tone and mindset they communicated in."*

Veterinary surgeon, LVG practice

"I think as the vet, the only real interactions that we ever have on a day-to-day basis with the RCVS are when something goes wrong, like when a client makes a complaint about you. As a result, ***I think the feeling among vets towards the RCVS is that we pay for a service that penalises us****. That's what it feels like. We pay every year, about £450 and it goes up every year,* ***and the only thing that the RCVS seems to do for us is hold disciplinaries against vets. It doesn't feel like they're really on our side****."*

Veterinary surgeon, Small group practice

There were also examples of veterinary professionals who found the Code difficult to engage with, reporting that certain regulations were unclear, and that they lacked a straightforward way to seek clarification when needed.

"I do think ***in a lot of ways it overcomplicates things****, which I can understand because from a legal point of view, you need to have it clearly defined.* ***It's a scary document*** *…* ***I think it can be difficult to find the information you want because it's just intimidating****. … So I've had an RCVS complaint against me. … I had a client who misunderstood the code and tried to penalise me through the RCVS about something that wasn't actually a legitimate problem …* ***I think because of the language*** *and because they were in an emotional state, it … then caused stress for me, my boss and my practice manager, as well as, I'm sure, the RCVS and the client involved."*

Veterinary surgeon, Independent practice

"Sometimes ***[the code] is a little bit vague and it makes it hard to either put it into practice or defend what we have put into practice****. … what do we take that to mean as a practice? … sometimes clients will then go, 'well, I looked it up and it says this, so technically you don't have to do that', whereas it's a little bit hard to understand …* ***what makes sense to us maybe doesn't make sense to a client, and what they understand is maybe not what we understand from it****."*

Veterinary surgeon, LVG practice

One veterinary surgeon expressed concern that the RCVS Code of Conduct emphasised the need to offer the highest – and often most expensive – standard of care to pet owners. They felt this expectation limited their ability to establish a practice that could offer lower-cost options, potentially restricting access to necessary care for pets with financially constrained owners.

"I could go and say … I'm going to set up a practice that's just like Aldi, so that people can at least get through the door. But…, when I looked into it, ***it starts to get a bit grey-area with the RCVS Code of Conduct, just kind of making sure that you always provide the options. You must always give best gold standard options*** *… I think the pet owners are crying out for an Aldi, where they know it's value for money. You're not going to get top rate. But you know what? At least you've been seen and your pet is going to feel better. It might not be the really posh drugs, but your pet feels better."*

Veterinary surgeon, LVG practice

Another veterinary surgeon shared a similar perspective, suggesting that the standards of care at referral clinics and first-opinion practices needed clearer definition. They expressed concern that the rising quality of care was driving expectations for first-opinion practices to a level where some pet owners were being priced out of accessing first opinion veterinary services.

"I think a practice standards scheme from the Royal College may well help if we can ***define what first opinion practice requires and then what referral practice requires****, and allow the public to choose*

*which level they're prepared to pay for… **First level practice shouldn't be subsidising the second level provision**, if most people may never need to access the second level … Maybe first opinion practice can be made cheaper or hold its pricing structure steadier … if we're not made to think that you're not a good vet if you don't have a CT and an MRI machine."*

Veterinary surgeon, Locum at Independent practices

13.2 Attitudes towards sector regulation

13.2.1 Many veterinary professionals highlighted challenges with medicine regulation and the cascade system

In the interviews, researchers asked veterinary professionals about their views on regulation in the sector more broadly. Most veterinary professionals were positive. However, when researchers probed around medicine regulation, it was common to hear about specific challenges related to the cascade system. The cascade is a risk-based decision-tree outlined in regulation to help veterinary surgeons decide which product to use when there is no authorised veterinary medicine available.

The most frequent challenge reported was a recent change to regulation related to the cascade system, which some veterinary professionals felt has further restrained the option of prescribing a *human medication* in the absence of an animal-licensed medication. Many veterinary professionals felt this had a negative price impact on the customer and, in some cases, would mean drugs were administered less quickly, affecting the clinical outcome for the animal.

*"If you take paracetamol, which might be a really useful [drug for pain]... under the cascade regulations, I'd have to prescribe [brand], which is the animal licensed version of it. It's got a tiny bit of codeine, but that doesn't really have any kind of clinical impact at all. I can only buy it from those wholesalers. It's way, way, way more expensive for me to buy that than it is for a client to just get completely ordinary and equally efficacious paracetamol from wherever**. I'm prevented from [doing that] under the regulation. I'm prevented from being able to advise that. That's not good for either the client or for the animal because you can get some really cheap paracetamol**…it's nonsense that because somebody somewhere paid for a dog version of paracetamol to be developed, **I have to use that one even if I want to use the other one**."*

Veterinary surgeon, LVG practice

*"The cascade system is a bit of a nightmare. Because medication is so expensive, not being able to use alternative human medications, when you have to use the very expensive one, **makes things difficult. In terms of people complaining about the cost of medications,** having to explain, yes, you can buy [medication] for half a pence each and they're charging you so much, it does make things difficult."*

Veterinary nurse, Independent practice

*"The fact I'm supposed to prescribe a [£80-100] tube of [brand] instead of a 50p tablet human equivalent is **grossly unfair to the client.**"*

Veterinary surgeon, LVG practice

*"Let us sell some human medicines, because a **lot of them are exactly the flipping same**. And we're not allowed to do that. We have to follow Cascade. We are obliged by RCVS to follow Cascade. That's **frustrating**."*

Veterinary surgeon, Independent practice

> *"We're not supposed to have any conversation about [using human medication], which actually is* ***more dangerous****, because then I had a client come to me the other day and say, 'I've been giving it Calpol … I'm giving it two ml of infant [brand name], when I can't get the infant [brand name], I just give it two ml of 6+ [brand name]'. And I was like, 'oh, no, no, they're not the same'. So I had to have the conversation because* ***it's not safe*** *what she's doing, but I shouldn't be having that conversation, according to the RCVS, because that is against their code of conduct now. So it's made things very difficult, to be quite honest …* ***it does end up costing the client more and I'm not sure what it's gained at all****."*
>
> **Veterinary surgeon, LVG practice**

A small group of veterinary surgeons proactively expressed a desire to retain greater freedom in prescribing human medications, provided it would improve clinical outcomes, reduce prices for clients, and not affect the availability of these medications for human use.

> *"****If I had the option to do so, absolutely****. The whole 'you're not allowed to advise people to use human products at home', I think is a difficult one. You have to pick your clients quite well. A lot of clients in the past, if they're on the phone at the weekend and saying he's just not well, 'do you have a paracetamol at home? Give them half a tablet and people were quite happy with that'. Whereas* ***now if I want to prescribe paracetamol, it will cost people about [£20-30]*** *and it costs 16p. If I was a client, I'd be so frustrated by that."*
>
> **Veterinary nurse, LVG practice**

> *"If the same drug is available for humans and cheaper, and you know that pharmaceutically it's the same drug, there is* ***absolutely no reason why I can see it wouldn't be right to use it*** *as long as it's been properly tested and as long as there isn't a shortage of it for humans."*
>
> **Veterinary surgeon, Small group practice**

> *"In a hypothetical, if it [human medication] is the exact same thing, and* ***I knew it's nice and safe for the pet, it's the right dose, easy to give and it is readily available, so it's not going to take like five weeks to arrive*** *and the pet's going to die by then, then, yeah if it's cheaper."*
>
> **Veterinary surgeon, LVG practice**

A small number of veterinary surgeons reported that their practice had decided not to follow the cascade system and regulation around some human medication. They still suggested human drugs that had an animal licensed equivalent when there was no difference in the active ingredients. This was specifically reported with existing customers, who had been advised previously to use human medicine equivalents, or when customers may need ongoing medication.

> *"We continue to do so, but we don't tell people. This is very honest, but* ***we tell people that there's no difference between the prescribed drug and the human drug, and we just don't write it in our clinical notes.*** *That is what we've come up with as a team of vets here. That's come straight from my boss… Because they know the drugs are the same. 'Mrs so and so' has been giving her dog human paracetamol for the last ten years, she's not now suddenly going to change and get it from you. Any new clients I will prescribe the animal licensed version unless they question it."*
>
> **Veterinary nurse, Small group practice**

"I probably shouldn't, but being honest, yes. ***We do that all the time****… A dog had a breast mass removed last week, and I gave it a licensed medication but [I would say] if it's not enough I would prescribe [verbally suggest] 500 milligrams of paracetamol three times a day."*

Veterinary surgeon, LVG practice

13.2.2 A few veterinary professionals reported challenges with recent changes to regulations on physical examinations required for prescribing

Veterinary professionals repeatedly mentioned a new regulation which mandates that veterinary surgeons must generally conduct a physical exam before dispensing any prescription-only medication. Veterinary professionals reported that the main challenge was pet owners' reaction to this requirement, especially for repeat prescriptions, given there was a price implication.

"They introduced a new thing where we are not allowed to prescribe flea and worming products, antibiotics, antivirals, antifungals, without physically examining the animal for that particular prescription. So I mean, for the antibiotics and stuff, that's fine, we shouldn't be using them willy nilly. But for the flea and worming products, when a lot of dogs are still risk assessed to need them, it ended up in this situation where we're having to make clients come in to see us to get these prescriptions updated, and ***the vets hated it because it just felt really rubbish. The clients felt like we were trying to rip them off. We were stuck in between a rock and a hard place because we're just wanting to stay within the code of conduct****. So that's a huge source of frustration for people."*

Veterinary surgeon, LVG practice

"With the new guidance that they set out at the beginning of the year, I can completely understand why they're doing it. I think it's very good and it needs to be done. ***It's been a bit of a challenge to get people into the practice for in-person checks and things when before we would just do it over the phone****, so that the* ***biggest challenge has come from people fighting back****, that they have to come into the practice and* ***pay money for checks that they deem unnecessary****. We explained to them that these are the new guidelines, this is the new law, this is what we have to abide by now. And then they sort of do it begrudgingly, but generally they're not very happy with it."*

Veterinary surgeon, Small group practice

"Even if you have seen the pet three days ago and now you have an update for the owner and you want to change something. For example, a medication you're giving is having side effects and you want to change for another, you need to see the pet. ***That represents a cost to an owner because I cannot have a vet having a 20-minute slot to see a pet for free. But this could be basically a five-minute phone call, that the RCVS … through regulation is costing the owner £50 because it's a new medication****."*

Veterinary surgeon, LVG practice

13.3 Veterinary nurses' attitudes towards skill usage

Most veterinary nurses expressed support for the title of "veterinary nurse" becoming a protected title

Veterinary nurses expressed support for the title of "veterinary nurse" becoming a protected title for several reasons. Many felt it would enhance their professional standing, earning greater respect from pet owners, their peers, and the wider public.

"I think once it would be protected, ***you'd be able to highlight it to clients that their animals are being cared for by properly trained people****, not just somebody that's calling themselves a veterinary nurse."*

Veterinary nurse, LVG practice

"It's a lot of hard work and dedication and commitment to train as a vet nurse. And I think that just like vets, it shouldn't be something that you can just be, you have to achieve that. … ***it's something that, I think, is quite important for clients, to have that reassurance as well in who's treating their animals****, that the person has done all the qualifications and that the title is officially used for those individuals who've achieved that."*

Veterinary nurse, Independent practice

"I just think there's so much that a veterinary nurse does … ***we don't make decisions based off nothing, we have been taught for all these years*** *at uni or in college or whatever course you've done. We have information to back up what we're saying. … I definitely think it should be protected."*

Veterinary nurse, Small group practice

A few veterinary nurses also believed that protecting the title would raise the standard of skill required for the role, and regulation of the profession, which they felt would contribute to better outcomes for pets.

"It would acknowledge our role more. ***Anybody can call themselves a veterinary nurse*** *and people do as well … we used to have very experienced nurses that would be working outside the law … things they shouldn't be doing and calling themselves veterinary nurses. … that's not really on.* ***You haven't gone through the training, you shouldn't be doing those things****. … I don't know why practices do let that happen, but it does happen."*

Veterinary nurse, LVG practice

"I do think that it should be a protected title because we work extremely hard to be able to achieve what we do and then, we have to pay to be on a register … And if people are going around saying that they are and they're not actually qualified to do the job, then ***it's probably quite dangerous****."*

Veterinary nurse, Small group practice

There were also examples of veterinary nurses who felt that having a protected title might lead to their skills being better utilised. They noted that the current lack of title protection has contributed to a significant skills gap among veterinary nurses with varying qualifications, resulting in inconsistent expectations about their capabilities.

"I think it can be a bit confusing, the regulation thing, because obviously, as vet nurses, we are qualified, we have to do our CPD hours every year, we have to be abiding by the laws and guidelines of the RCVS, but ***if you're non-regulated, then sometimes they can be doing things, but … if something went wrong, they wouldn't maybe have the same backlash****. … If you had it just as a protected title and we're all regulated in the same way and everyone's treated fairly and the same, that's probably a more clearly defined way of working."*

Veterinary nurse, Independent practice

"There is a massive difference in nursing, I think, because there's so many different ways to train to be a nurse, there's not just one standardised way. ***You do see a variation in the skill levels of nurses****."*

Veterinary nurse, LVG practice

13.3.1 Most veterinary nurses interviewed felt that overall, their skills were being used properly

Despite some veterinary nurses expressing that their skills could be better utilised if their title were protected, most veterinary nurses reported feeling that their skills were appropriately utilised. Many expressed a desire to take on as much responsibility as possible to free up veterinary surgeons for tasks only they could perform. Additionally, most nurses were clear and confident about the boundaries of their roles and felt empowered to use their skills effectively in practice.

"There are jobs that can be done by a nurse, so they should be done by a nurse – microchipping, anything like that. ***Anything that can be done by a nurse should be done by a nurse. It gives the nurse a huge amount of satisfaction and it's not tying up a vet when they could actually be seeing to a poorly pet that needs drugs prescribed*** *and things like that that we can't do."*

Veterinary nurse, LVG practice

"I think currently I'm pretty much able to use just about all of them [skills]. ***I don't have any complaints about what I'm allowed to do.*** *I think we're trusted to do just about everything that we're allowed to do under RCVS rules."*

Veterinary nurse, Independent practice

However, some mentioned that their ability to use their full skillset did vary depending on the specific practice, the team's capacity, and which veterinary surgeons they were working with. There were examples of veterinary nurses relocating practices so they could better use their skills.

"I think it mostly ***depends on which vet you work with, especially if the vet trusts you****, if they know you and trust you."*

Veterinary nurse, Locum

"In our practice, we've got four RVNs and three of us have been qualified for a very long time. In our practice, we're definitely allowed to use our autonomy, our expertise. With my certificate, I'm allowed to collaborate with vets in terms of anaesthetic protocols … We do a lot of Schedule 3, so intubating for surgery, blood tests, IVs, things like that. We really utilise our role a lot … ***I guess in some practices, nurses may not be used as much as they could be, but in my practice, definitely we are, which makes the job worthwhile****."*

Veterinary nurse, LVG practice

"One of the reasons why I wanted to go and work there is because I felt like I wasn't using my skills to the best of my ability at my last job, and I definitely have learned more in this position that I'm currently in… I ***think it is people-dependent, and dependent on the number of staff that you have, to be able to have these opportunities****"*

Veterinary nurse, Small group practice

"We're used really well, and we don't often have to recruit for nurses … we've all been there for multiple years because we actually enjoy our job. ***Because you're in such a small team****, you're involved in the discussions about the case as well. Most of us have done our certificates in emergency and critical care as well. So the vets, even the locum vets, will ask you for your opinion on things … We're used a lot, like, a lot more. …* ***I think the reason it works so well for us is because there's only one vet, one nurse, and an overnight, so we rely on each other, we need each other****."*

Veterinary nurse, LVG practice

There were a few examples of veterinary nurses taking on responsibilities beyond what was typically expected of their role, which they generally viewed as a positive development. One experienced nurse mentioned that they frequently provided advice and support to more junior nurses, having encountered more cases and gained broader experience. Another nurse, based in Northern Ireland, reported a veterinary surgeon shortage in the area meaning they had to take on more within surgeries, such as carrying out sutures.

"I find especially because I've got quite a lot of experience, ***a lot of vets do ask my advice, especially if they're new graduates, to help them and give them advice and support and give them ideas*** *because I have seen a lot of different cases in my time."*

Veterinary nurse, Locum

"There's massive vet shortages everywhere, so nurses are definitely being used more and more*. … we're definitely more encouraged to take on more CPD and do extra qualifications more than we would have been before, which is nice. But it's mostly come down to just there not being enough vets in the country. They're all moving away to Australia and things like that. …* ***I know a lot of nurses in England, and I know that they're not experiencing the same thing as me, but nurses I've spoken to from here have been. So I don't know if it's just a little Northern Ireland thing compared to a whole of the UK thing****. … A lot of the vets were going over to England to study and then just staying. So we got hit quite hard with the shortage. There was a while and we only had one vet between [our] clinics … so the nurses were definitely being used a lot then …* ***I have an extra qualification in [nursing specialism] so I'm able to do [extra] things****."*

Veterinary nurse, LVG practice

There were examples of veterinary nurses who felt limited by new regulations or other practical barriers. One nurse interviewed reflected on changes in regulation that meant they were no longer able to use their skills to conduct certain procedures, such as castrating a dog, that they had previously had the opportunity of performing. This nurse remarked that the regulation line of nurses not being allowed to enter the body cavity was 'ridiculous'.

*"****I used to castrate cats on a regular basis and they can't do that anymore.*** *I used to do stitches, I know we can do stitch ups, but I've castrated a dog. I've done oral haematomas and all sorts of things before they tightened up the rules. I think saying you can't castrate a cat because it's going into a body cavity is ridiculous. I think there are a lot of things that we probably could do that we're not allowed to do. I think they're too strict."*

Veterinary nurse, Independent practice

"I think ***the only thing that I really don't do that I could be doing is like stitching up****. Nurses are qualified and allowed to stitch up like skin, skin deep wounds, which I don't do very much of here. But then again, I don't think it would be very feasible for nurses to jump in at the end of surgery to stitch up the skin when the vet's already there doing it."*

Veterinary nurse, Independent practice

*"There's a little bit of a **grey area over what a nurse can and can't do with veterinary supervision**. And it has caused a few arguments in my clinic."*

Veterinary nurse, LVG practice

There were also examples of veterinary surgeons supporting this point, expressing that veterinary nurses were under-utilised in practice settings due to regulatory restrictions. They felt that these limitations not only constrained the scope of nurses' contributions, but also led to increased prices for pet owners.

*"**It's very, very restrictive in what the veterinary nurses can do**, so they're not allowed to diagnose anything, not allowed to make any kinds of decision, and they're not allowed to monitor the anaesthetic without the vet there. **So what it means is that you can't use your nurses to provide a bit cheaper care for something.** … in human medicine, they're using their nurse practitioners all the time and nurse-led clinics and so on. We can't even have the nurse cleaning the dog's teeth because you have to have a vet there monitoring the anaesthetic, and that just makes everything much more expensive to administer."*

Veterinary surgeon, Independent practice

13.4 Awareness and attitudes towards whistleblowing

13.4.1 Veterinary professionals were not always aware of whistleblowing procedures

Many veterinary professionals were unclear on how to whistle blow, and in some cases, were unfamiliar with the term itself. For most, this lack of awareness was because they had not previously considered raising a complaint. A few veterinary surgeons felt that it would be straightforward to figure out the process if needed, with one nurse suggesting that the RCVS would be a likely point of reference.

*"I probably **don't know them as well as I should** because I couldn't tell you off the top of my head the first kind of protocol for that one."*

Veterinary surgeon, LVG practice

*"It's **not something that's ever crossed my mind,** and I don't know what the protocol is where I work, and I've never really thought about it."*

Veterinary nurse, Independent practice

*"If I wanted to blow any whistles, I would… **I'm sure I would work out how to do it, particularly what the process** is. I'm sure if I was upset about something, **I would find the information on the RCVS website and make a complaint** if I needed to, but I don't know any more than that really, because I've never felt obliged to."*

Veterinary nurse, LVG practice

One veterinary surgeon shared an example of having previously whistle blown without realising it at the time. They only later recognised that their actions were whistleblowing after seeing a poster about it in another practice.

"Weirdly though, and this sounds stupid now, I didn't really know. I saw a couple of posters in ***a [LVG name] practice that I was working in at the time saying 'whistleblowing', but I didn't know what it meant****. This was after I'd already done it…then I went to work for a different practice and it was all over the place again. I was like, right, let me just look up what this means now. And then I looked it up and I was like, 'oh that's what I did'. It's just written everywhere, but it doesn't actually say what it is."*

Veterinary surgeon, Locum

A few veterinary professionals expressed concerns or challenges related to whistleblowing, most commonly regarding confidentiality and their own welfare. Some noted that the veterinary sector is a 'small world', and felt uncertain that their identity could remain protected.

"Probably wouldn't [feel confident raising complaints]. Not unless it was really, really bad. Like really terrible... The ***vet world is a very small world,*** *so you probably would just have to leave and go somewhere else."*

Veterinary nurse, Independent practice

"I have [whistle blown] before because I've had to. But again, there is stigma around it, whether you put a poster up to say it's okay or not. ***The community is so small, the [vet practices] you work in are so small that it's very, very rare that anything's kept confidential****. Whoever you have said something about or whatever, they'll find out it was you."*

Veterinary surgeon, Locum

"The one area that perhaps could be improved on is when practices don't practise very well. We had a very dodgy practice set up [in the local area – ownership status not disclosed], five or six years ago, and it was set up by a vet that was struck off and he employed a couple of young vets, and I personally saw a couple of cases that were handled very badly. ***We had a few cases like that where there was no real power to be able to do anything, to be able to sort of whistle blow."***

Veterinary surgeon, LVG practice

*"I have tried to whistle blow before, and I found it quite complicated because you had to reveal your identity. And in that case****, I didn't feel safe revealing my identity because the person that I was whistleblowing was quite a character and were not very trustworthy but also quite unstable mentally*** *… I just felt that it wasn't safe to be able to put that whistle blowing through. It was a shame because the animals were the only ones who were ultimately losing out on that.* ***Animal welfare had to be sacrificed because I was worried about my own welfare"***

Veterinary surgeon, Independent practice

13.5 Sector developments

13.5.1 Most veterinary professionals reported recent rising prices across the veterinary sector

Most veterinary professionals in the sample referred to recent rising prices for veterinary services across the sector. Some reflected on price increases within their own practices as well as among local competitors.

"There are some things that are going up, consultation fees, ***I guess the cost of everything's going up*** *for medication, consultations."*

Veterinary surgeon, LVG practice

"I think for those people, they don't quite realise how much things have changed. And for us, it feels more awkward selling the same thing that we were and still wanting to do, obviously, the best thing for that animal, but it's now ***so much more expensive than what even we're used to.*** *So it's been a big change for us as well."*

Veterinary surgeon, LVG practice

Reasons given for price increases varied, with some citing inflation and the rising cost of supplies. Others pointed to pay increases for veterinary professionals, which were sometimes viewed as necessary. Many also attributed the rising prices to the growing prevalence of LVGs within the UK veterinary sector.

"Obviously, ***prices have gone up … it is more expensive to the client,*** *but it's bound to be. … Recruitment has been a horrible, horrible problem in the profession for the last five to ten years, and as a result of that, wages have gone up, we've got more equipment that's got to be paid for, we've got more staff, they've got to be paid for, and drug prices have gone up as well. So all of these things are reflecting what the client has to pay at the counter."*

Veterinary surgeon, LVG practice

"So the cheap prices from before were off the back of exploitation, which can't carry on anymore. And especially now that it's difficult to get enough staff and definitely difficult to get good staff, there isn't going to be an option. ***A practice isn't going to be able to pay low wages and poor benefits and be staffed with good quality vets*** *that the clients want to see.* ***I do think it has to be recognised that that's where a lot of the money's gone****."*

Veterinary surgeon, Independent practice

"In the meeting, they justified why all this [the price] had changed, and it's because of the medicines, because of what we are now able to offer people because ***now your electricity bill for your hospital is so much more. This is how much the rent is,*** *actually, if we don't charge this properly then we're actually making a loss for the business, and you won't get any extra benefits."*

Veterinary surgeon, LVG practice

Some veterinary professionals expressed concerns about the rising cost of veterinary care, observing that it was increasingly becoming affordable only to wealthy clients.

"*I've been qualified for [over 20 years], and even in the time that I've been qualified, it's changed dramatically, such that you've really got a situation whereby …* ***the whole of this sector has become essentially unaffordable, other than either to very wealthy clients or [those with] insurance*** *…When you look at the range of salaries [in referral settings], it's not a normal distribution… where people get specialist status and expect an entry level salary of at least £120,000. Now, in order to finance those salaries, necessarily the charges to clients have to be particularly high. So that's the first prong of this.* ***The second prong, which will come to first opinion practices … is the rise of the corporates and, essentially, the need to give investors, in some cases shareholders, a return on their investment****. So you've got two very strong forces, which have been driving price increases."*

Veterinary surgeon, LVG practice

*"I think **just general cost of living has increased**. Pet foods and preventative healthcare has gone up. Cost of insurance for clients has also gone up, which I've noticed for my own pets as well. In even taking on new [insurance] policies for puppies and kittens, **it's probably double the price of what it was three years ago**. So some people are therefore choosing to cancel their insurances, which then has an impact on level of care we can provide if things go wrong."*

Veterinary surgeon, LVG practice

13.5.2 Veterinary professionals frequently reported rising prices – this was heard from veterinary professionals working in different types of practices

Many veterinary professionals working at LVGs reported that prices had been rising steadily across LVG practices they had worked in

*"Everything's just kind of gone up, really. We are kind of close to a couple of independent practices **and there is quite a big price difference between [corporate] practices and independent practices**, but with the other corporate practices, I would say we're roundabout kind of all within the same pricing range. But there's a massive difference between independent and corporate practices."*

Veterinary nurse, LVG practice

*"There's a lot more whinging about prices than there used to be. … Cost has always been the issue … it was always the number one complaint, but to me it feels like prices have gone up, **not remotely in line with inflation and rather unfairly."***

Veterinary surgeon, LVG practice

*"It's been **one steady increase after increase after increase**. And it's not on an inflationary basis because they give the staff a 2% pay rise and raise the prices by 4% or 5% or more. So it's been a steady increase."*

Veterinary surgeon, LVG practice

*"The prices are extortionate for what we do and there's a difference between [LVG name] practices. I work at the other practice, and even some things I do are more expensive. At one practice, for example, for a nail clip or anal glands, there's like a three pound difference. I always joke, 'oh if you go to [location] you get it three pound cheaper'. We quite often say amongst ourselves, 'God, how do people afford three or four pets anymore?' It's extortionate. **It does feel like everything's gone up in price, especially with [LVG name], even things like routine procedures.** For example, dental on a small dog…in the old days, well, years ago, **they didn't have to have all these blood tests and all the fluid therapy. It just seems like there's a lot of add-ons now.**"*

Veterinary nurse, LVG practice

Many veterinary professionals interviewed at LVGs reported regular price increases across various treatments and services. Some indicated that these regular price increases were part of a company-wide policy.

*"**We have regular price increases.** We've had a couple of moments over the last couple of years, where we've had meetings from our internal management who have had pressure put on them by the corporate company management, that this is the reason why. They've given us diagrams of where all of our money goes*

out to, and the fact that actually we lose money because of X, Y and Z, and that's where we need to charge more for this."

Veterinary surgeon, LVG practice

"We've all felt a little uncomfortable with ***the increase in prices of routine consultations*** *… on 1st July there was an 8% one, so that went up to [£60-70] … it's a tricky one."*

Veterinary surgeon, LVG practice

"I don't know the detail, because obviously in a practice you will increase your prices anyway. The thing that is seen more ***when you work in a corporate is that you are required to do it twice a year, and generally it's around about 5 to 6%.*** *That was what it was at [LVG name] and that is what it has been at [another LVG name]."*

Veterinary surgeon, LVG practice

Of the veterinary professionals interviewed who worked at a practice that had recently been acquired by an LVG, many reported that rising prices for customers were the most notable change following the takeover. A few expressed feeling personally uncomfortable with these increases, and some noted that they found it challenging to communicate the higher costs to pet owners. Examples of this came from veterinary professionals at the practices of several LVGs.

*"****Every kind of six months we started having these price rises****, which obviously clients were very much noticing at that point … our bosses … The people who had been partners, who had become clinical directors in the new system … try and argue with them … But the line that they would get from [LVG name] is that you're still a cheap practice that we own … you're well below the curve."*

Veterinary surgeon, LVG practice

"The price rises were aggressive. I would say when I was at [LVG name] … ***every six months it went up 6%.***"

Veterinary surgeon, Locum, previously at an LVG practice

"I would say ***cost*** *[with the impact of the changed ownership status on pet owners] … everything's just kind of gone up."*

Veterinary surgeon, LVG practice

"A written prescription … I think it's about [£30-45] … ***it's a lot more than what we would have charged*** *[as an independent] … I think it was about [£10-25]."*

Veterinary surgeon, LVG practice

"It's awkward … every single month, I think for a year the consult price went up. And it gets to a point where ***it's hard for us to also have to take the brunt of that every day****."*

Veterinary surgeon, LVG practice

"The prices, I would say, for an average procedure since we sold five years ago, have doubled. And I find it very difficult to deal with. Certainly, when you have a client in the room saying, why does a dental now cost me £1000 when a similar thing would have cost me £500 a couple of years ago? And ***that's very difficult to***

give a good answer to *… Yes, probably we were, in the past, we were undercharging for certain things, perhaps not valuing certain things as much as we should have. But I kind of feel that when we ran the practice ourselves, we made a good living, we made a good wage, and so why have the fees to clients had to increase so much?"*

Veterinary surgeon, LVG practice

A few veterinary professionals, who currently or previously worked at an LVG practice, reported that the price increases were not accompanied by noticeable improvements in the perceived quality of care. This sometimes heightened their discomfort when communicating the rising costs to pet owners.

"Overnight prices went up, even just silly things [like] the lab that we used … I would say most prices went up about 50% overnight. … that was quite hard to weather, really, with our clients, because ***we're trying to say we're the same people, we're doing the same job, but we're charging a lot more for it and for no good reason. You know, there weren't improvements in the practice****."*

Veterinary surgeon, Independent practice, previously at an LVG practice

"I think the ***main issue really is cost [to the customer]****. I mean, that's the main issue most clients have. …* ***I don't think the care that we offer has changed*** *… it's just the cost of the care that has changed."*

Veterinary surgeon, LVG practice

"I think the cost of all sorts of veterinary care has just gone up so hugely recently … ***it's a little bit embarrassing trying to be the person on the ground justifying those prices when we're stood there in a building that's literally falling apart with holes in the walls*** *… [LVG name] won't sign off on the funding to get the building work done … And you're just like, why do you own us then? Because it's not to provide good facilities and it's not to provide better care. … So they've increased prices by 200%, 400%, absurdly huge price rises… So that's part of where all the bad feeling comes from.* ***If there was ever some new equipment or a functional building or pay rises or anything, we would maybe be slightly more prepared to stand there and try and defend them, but there aren't any of those things****."*

Veterinary surgeon, LVG practice

A few other veterinary professionals working at LVGs reported that recent price increases were not mirrored by corresponding salary adjustments. Sometimes pet owners appeared to think that vets were reaping the benefits of the increased prices, which added to the uncomfortable interactions.

"Certainly, the vets aren't being paid any more. Certainly, our general pay rises with [LVG name] have been well below standard rates across most industries in the UK, certainly. I think when people were striking for getting a 10% pay rise; ***we were only getting a 5% pay rise and so certainly for the vets and nurses … the money we're paid hasn't been increasing,*** *so it's got to have been going somewhere and I guess a lot of that goes into the middle management with the corporates."*

Veterinary surgeon, LVG practice

"Prices are going up and up and up … when ***we're not seeing the benefits but the prices are still going up*** *… in my head, the people who own the corporates or the directors are all on their yachts having fun on holidays, and we're in a consult room with somebody who's crying because they can't afford to treat the animal, and then animals are being put to sleep because of cost …* ***I'd understand 'everything costs something' if we were getting the benefits … but we weren't having pay rises. I don't know where it was going.****"*

Veterinary nurse, LVG practice, previously at other LVG practices

"I'm sure [owners] think vets get paid an absolute fortune. I can absolutely guarantee you that we don't. [LVG name] pay an average wage. The pension is just a normal workplace pension. … I have to work in my lunch, I have to work late. … ***I don't know where all the money goes, but it certainly isn't to your average veterinary staff****."*

Veterinary surgeon, LVG practice

There were also examples of veterinary professionals working at LVGs reporting that rising prices led to some clients choosing not to visit the practice or opting to move to other practices.

"When I started a consult was [£30-40] and it's now [£60-70], and that's over six years. It's a big percentage change. … ***We are losing more business to local businesses because [management] is putting our prices up so much, and we want to help our clients, but obviously we can't compete*** *if [they are] going to keep doing that."*

Veterinary surgeon, LVG practice

"I think ***the biggest reason for losing clients to other practices is cost****. Some practices are cheaper."*

Veterinary surgeon, LVG practice

A few veterinary surgeons working at independent practices, who had experience working in other LVG settings, discussed the mark-up applied to the drugs they sell, comparing this between independent practices and LVGs. They perceived that LVGs applied a greater mark-up than independent practices.

"We don't mark up the drugs as much as the corporates. ***We might use 60% mark-up*** *which is fairer with the client,* ***compared to 100% mark-up that I think most corporates will do.****"*

Veterinary surgeon, Independent practice, previously at LVG practices

"Every drug in the practice is not marked up more than 100% and ***I know there are practices out there doing 200%, 250% mark ups if it suits them.****"*

Veterinary surgeon, Independent practice, previously at an LVG practice

"We used to mark up our drugs way back in the eighties … it was 50%, then it went to about 60% in clinics… but ***then the corporates decided to mark up drugs by 100% and more in some cases.****"*

Veterinary surgeon, Locum at Independent and LVG practices

A few veterinary professionals working at independent practices also reported increased prices

A few veterinary surgeons working at independent practices reported they had, or felt that they needed to, increase their prices due to inflation.

"I think ***with inflation going up there obviously have been changes to the cost of things****. … I don't think saying that the practice prices have gone up because they've become corporate is necessarily fair. I think*

*that **lots of independent practices were undercharging** and lagging behind on things, and just reluctant to bring it up, when they should have been."*

Veterinary surgeon, LVG practice, previously at an Independent practice

*"We had a practice meeting last week where [the practice manager] was saying to us that although we have all these new clients, **the cost of consumables has gone up** more than they were expecting. So currently we are being told to not waste products where we can really try and think about saving. So currently it sounds like **we as a business are surviving, but probably not thriving.** But I don't think that's necessarily a reflection on us as a practice. I think it's a reflection on the cost of everything. … **they're going to do a price rise for consumers to buy from us in the next couple of weeks to manage that**."*

Veterinary surgeon, Small group practice

*"We did **put some prices up** … I think 70% [of veterinary practices in the area] are now corporate. … So I think there's an exceptional amount of competition locally, different corporates and about three private practices left."*

Veterinary surgeon, Small group practice

A few veterinary surgeons at independent practices reported the need to increase prices to manage or reduce debt. A few veterinary surgeons working, or previously working, at independent practices, noted that greater flexibility around charging had, in some cases, led to financial instability for certain practices.

*"It came to a crisis, probably in the early phase of the pandemic, where I'd gone down to a skeleton crew of two nurses … I basically said, well, if I'm going to work this hard, I'm going to charge what's needed and be damned. Before, I was always looking over my shoulder, worrying about other practices and what they were charging, but at this point I just went - **there is no point carrying on doing this unless we're going to be adequately rewarded**. And we weren't adequately rewarded, so we did put some prices up. …*

It's only over the last few years, I'd say, that the practice is what I now call a hobby business, in as much as I was running a practice, to give myself a salary, the same sort of salary that I could have got, and more reliably so working for somebody else. …

***We never made a profit before and we've been full on in a business overdraft for 20 years**, could not dig our way out of it. … **what we're charging now is appropriate and proportionate, because why on earth should I keep a business going that isn't making profit?** Why did I do so for so long? Why did I do it for years when I could have worked for somebody else? This is a vehicle to make a salary."*

Veterinary surgeon, Small group practice

*"When I was an independent practice the senior partner would always **give things away for free, but then complain that we're not making enough money**. That's because you're giving all this stuff away for free."*

Veterinary surgeon, LVG practice, previously at an Independent practice

A few veterinary professionals working at independent practices intended to raise prices but had not yet done so, noting that implementing price increases was a complex process, or that they had not found the time to do this.

"I am trying very hard to get some time to sit down and look at it [our pet health plan pricing] all because we're changing one of our products available on it and pricing-wise, things have gone up since we opened and

*we set the prices before we opened…. **of course, that involves reprinting leaflets and sending out emails to all existing clients and things, so it's quite a big process to change it up.**"*

Veterinary surgeon, Independent practice

13.6 Sector challenges

13.6.1 Many veterinary professionals were concerned about the impact of rising prices across the sector on animal welfare

Many veterinary professionals raised concerns over these rising prices across the veterinary sector, aside from the difficulty in communicating these to pet owners. Concerns included the impact on animal welfare and price impact on the customers.

In one instance, a veterinary surgeon at an LVG practice described a recent case where a pet owner could not afford the additional price of sedation for a procedure to remove an abscess from their cat. As a result, the surgeon performed the procedure without sedation. While they felt this was unfair to the animal, they believed they had no other option given the pet owner's financial situation.

*"Recently had to remove an abscess on a cat and the owner **couldn't afford sedation**… **from an animal welfare perspective** that isn't great… but my hands are tied."*

Veterinary surgeon, LVG practice

A few explicitly mentioned increased euthanasia rates, which they felt was due to financial constraints and therefore ability to afford alternative treatment options.

*"Because we have to make people so aware of how much these costs could spiral and quite how significant they can get**, I would say more pets do end up being put to sleep because if you say to someone this is going to cost you £1000,** if they don't have it, they don't have it."*

Veterinary surgeon, LVG practice

*"I am facing owners every day that want to do the best for their pets, but they cannot afford it … honestly, I am constantly advising owners to buy insurance because I have seen so many cases that are treatable and they cannot afford it, and **you have to euthanise the patient**."*

Veterinary surgeon, LVG practice

*"I think this is **the problem we're seeing now, owners can't even afford a consult** … they're leaving it too long. So we're not doing any extra procedures. We're just doing all the routine, necessary stuff. And **we're doing lots more put to sleeps because they simply are going, 'I cannot afford to do that operation'.** And I don't think there's any option available for them to. There isn't an Aldi that they can go to; we're all kind of pitched at Tesco."*

Veterinary surgeon, LVG practice

13.6.2 A few veterinary surgeons reported concerns that rising prices coupled with regulatory constraints might impact skill development across the sector

Veterinary surgeons reported that if fewer complex procedures are performed due to affordability constraints, there would be fewer opportunities for veterinary surgeons to practice and refine these skills. This issue may

also connect to the trend, discussed in the referrals section, of veterinary surgeons being encouraged to refer more procedures outside of general practice.

> *"There is an **impact on skills within the sector**…as treatments are becoming unaffordable, vets are conducting more complex procedures less and less."*
>
> **Veterinary surgeon, LVG practice**

Additionally, one veterinary surgeon highlighted that RCVS practice standards make it challenging for new professionals to gain experience in areas outside their existing skillset, which can make recent graduates hesitant to attempt procedures as part of their learning process.

> *"A massive, massive issue right across the profession… is the **de-skilling of practice**. You're finding that now graduates are working in situations where they… basically can't do what, say, would have been routine practice 20 years ago. Part of that is because the **Royal College has these practice standards that actually prohibit someone from trying something that is outside their skill range**. As a result, you've got a whole bunch of new grads coming through that won't try something because they're terrified that they're going to then be told 'that was outside your abilities and therefore you shouldn't have tried it,' and therefore you're now in trouble."*
>
> **Veterinary surgeon, LVG practice**

13.6.3 Some veterinary professionals expressed concerns about the influence of LVGs on the veterinary sector

Some veterinary professionals expressed concerns about the influence of LVGs on the veterinary sector, often highlighting the impact on client affordability as a primary issue.

> *"I think my main worry is where we're going, and since most of the veterinary practice is now owned by the small number of groups and most of it is private equity, and their **business model is to own practices for four or five years to increase the turnover** … that's their sole mechanism and the way they seem to have done that is just by jacking prices up constantly**. I do think that it's had a major impact on affordability for clients and I think that it's beginning to get to point where people can't have treatments, they're having to have euthanasia for procedures that would have been treated**."*
>
> **Veterinary surgeon, Independent practice, previously at an LVG practice**

> *"I do think the **corporates have a lot to answer for – they've changed the kind of ethos of the industry.** They're run by people who aren't vets and don't know what it's like to be a vet. You have decisions made at a practice for your individual practice, by someone who's never visited, has no idea what it's like in your practice."*
>
> **Veterinary surgeon, Independent practice**

One veterinary surgeon explained that her LVG-owned practice was able to increase prices without losing customers because they were the only veterinary practice available to pet owners in the local area.

> *"They essentially have a **captive clientele because of geography, and they have the monopoly on the largest business in the area**, and therefore they have just ratcheted up prices almost every six months for the past three years. … [people] will pay them … **they don't really have anywhere else to go**."*
>
> **Veterinary surgeon, LVG practice**

Another veterinary surgeon felt that LVGs were raising prices to such an extent that even if they lost some customers, overall profits would still increase.

"Rather than relying on organic growth to increase your turnover and see more clients do more work and increase your turnover that way, ***what ends up happening is you almost decrease some of what you do because your pricing becomes slightly too high****."*

Veterinary surgeon, LVG practice, previously another LVG practice

A different veterinary surgeon attributed this ability to maintain high profit margins to the purchasing power that LVGs have in comparison to independently owned practices

*"****One of the things that the corporates have is massive pricing power****. So the corporates will get a lot, lot cheaper rates for the services that they're providing because of their huge buying power. I know this because when I sold the practice, our gross profit was 69%. … That went straight up to 81%. When the corporate took over, I was told that they'll get another 12% out.* ***So obviously that shows you the price difference that they had compared to us. [They had] deals for the drugs and the deals for the removals, cremations****."*

Veterinary surgeon, Independent practice, previously at an LVG practice

13.6.4 Veterinary professionals noted a cultural shift towards pet owners expecting higher standards of care

A few veterinary professionals noted a cultural shift among pet owners, who were increasingly open to or expectant of a higher standard of care. This was attributed to greater awareness of the high-quality care available, often spread through cultural formats such as television and social media, or through word of mouth. Veterinary professionals sometimes felt that this cultural shift had led pet owners to believe they should choose the best possible treatment, which often comes at a higher price.

"People's expectations of how their pets are treated have ***changed over the last few years and they're expecting more to be done****, but with that comes additional fees because they're expecting more medication, longer treatment plans, bigger surgeries,* ***they're expecting very advanced stuff and then complaining that the cost is more than they expected****."*

Veterinary surgeon, LVG practice

*"I've had my career and have had the profession change around me…****client expectation, while it's allowed us to have more scope to do all kinds of interesting things, client expectation has also become a stick to beat young vets with****. 'Why is my animal not better, particularly as costs have risen? You've charged me a fortune. Why is my animal not better?' Well, medicine doesn't quite work like that… so people's changing and rising expectations are a tough challenge for younger vets."*

Veterinary surgeon, Independent practice

"I qualified nearly 23 years ago and things like [...] an endoscopy up its nose, biopsy, CT scan [...] ***they didn't really exist 22 years ago*** *in small animal practice or would be very infrequently accessed and, you know, clients would just want their tablets and if it didn't get better, well, it didn't get better. [What's to blame?] TV...*

I think [Supervet] on ***television doesn't help*** *because he puts on all these massive surgeries* ***and everyone thinks that's the right thing for their dog*** *and they should be offered it. He doesn't ever show a bad outcome."*

Veterinary surgeon, LVG practice

14. Marketing and branding

The following section examines veterinary professionals' views on local competition, their experiences with marketing, and practice branding. These topics were primarily discussed during interviews with veterinary surgeons, but sometimes arose in interviews with veterinary nurses.

14.1 Marketing and competition

14.1.1 Most veterinary surgeons were aware of local competition

Most veterinary surgeons had some awareness of local competition and could list nearby practices. For some, this included practices that were part of the same group, whether a small group or an LVG. For those in more rural areas, some had little direct competition nearby.

> *"I think **most of our local competitors are corporate**, so I think we differ in the fact that we are actually a lot cheaper than them."*
>
> **Veterinary surgeon, Independent practice**

> *"We're like semi-rural areas, **our direct competitors are all mixed practices, so we're the only dedicated small animal practice** and we're also the only corporate practice. Our competitors are all still independently owned."*
>
> **Veterinary surgeon, LVG practice**

14.1.2 Most practices were using social media and word of mouth to advertise services

Most veterinary surgeons reported that they didn't do very much proactive marketing. However, practice managers or those in management roles had more to say about this than other clinicians.

The most common examples of marketing were social media pages, although their use and posting frequency varied across the sample. A few senior veterinary surgeons in LVGs reported being asked to post on social media more, generally by the LVG regional manager.

A lot of veterinary professionals reported their practice relying on word of mouth to increase custom. This was the case across LVGs, small groups and independent practices, with other factors being raised including their location and proximity to other practices.

> *"We don't do any [marketing] We've got a Facebook page and a website. That's it. It's **all word of mouth**."*
>
> **Veterinary surgeon, Independent practice**

> *"We have social media, so we have Facebook pages and an Instagram, and we're quite active on there, so we have that. In terms of physical marketing, I've actually never seen anything like banners or anything around physically…I might be wrong, but I've not seen any other marketing around. It's **usually sort of word of mouth or location**."*
>
> **Veterinary surgeon, LVG practice**

> *"We don't really do any external [marketing]. We have social media, and we do run if we're doing a promotion, and we advertise when we were getting the laparoscopic kit. But **some of that was just word of mouth**."*
>
> **Veterinary surgeon, LVG practice**

"I think we do a fair amount. We obviously have Facebook, I don't think we have Instagram. There are adverts up in local papers and stuff, because we're quite local… it was set up by […] and they're local to the area. ***I think there is a lot of local advertisement and obviously a lot of word of mouth****."*

Veterinary surgeon, Independent practice

14.1.3 A few veterinary surgeons reported that their practices were at capacity or struggling to take on more work

Some veterinary surgeons reported that they had stopped accepting new clients due to high demand or difficulty in managing additional workload, making marketing a low priority. This was observed across both independently owned practices and LVGs, including instances where nearby practices within the same group faced similar challenges.

"We've actually ***closed the books to new clients because we're so busy****. We're* ***not actively looking for new clients*** *or encouraging… we've got a Facebook and Instagram page, so head office do a lot of that and we'll just post the interesting cases. There's no billboards and we're not in the newspapers."*

Veterinary surgeon, LVG practice

"We ***don't have any competitors around us****, which kind of sucks because we want someone else to come so the clients go elsewhere…* ***We're so busy****. You kind of just want another practice to open so that they can take off some of the client load because it's like we've got a waiting list for neutering that's like three months long and it's just too busy."*

Veterinary surgeon, LVG practice

"We can't keep going on this trajectory without making changes… They [practice owner] ***will either be forced to close their books to not take on any more clients or they'll be forced to open up a new practice.****"*

Veterinary surgeon, Small group practice

14.1.4 Veterinary surgeons working at independent practices said their independently owned status was a selling point for pet owners

Veterinary surgeons reported that the independent status of practices was a key selling point for pet owners. They observed that pet owners valued perceived benefits such as lower prices, greater transparency around pricing, and a 'family feel' within the practice, which they associated with greater trust and personalised care. A few also noted that clients appreciated the continuity of care independent practices could offer, speaking to the same vet each time they came in. Some veterinary professionals noted that independent practices often played a more integral role within the community. They highlighted that having practice owners actively working onsite reinforced this role, as it provided pet owners with more direct access to decision-makers.

Veterinary professionals reported that pet owners were often open about their reasons for choosing an independent practice over an LVG. One veterinary surgeon noted that their practice had benefited significantly from being surrounded by several LVG practices, as this had led to an increase in clientele.

"I think they like the ***personal touch****. …We're very honest. Our* ***prices are generally a little bit lower****. If they need to make a complaint,* ***they can go straight to the owner of the practice****. A lot of our* ***vets are born and bred in the local community****, so we're very well known, and we judge the local dog shows and things like that. I think they just like that community aspect that we have compared to a sticker on a door."*

Veterinary surgeon, Small group practice

*"They just **inherently have more trust and they don't feel you're trying to sell**. They feel it's more about animal care than about business profits."*

Veterinary surgeon, Independent practice

*"A lot of people know it's an independent practice and a lot of **people want to come to us because they know that we're an independent practice**."*

Veterinary surgeon, Locum

*"We've got every corporate that there is around us…It's great for us, **it's increased our client base by about 25%.**"*

Veterinary surgeon, Independent practice

*"Yes, we do get a migration from other vets to us and it's usually because the practices around have been sold to corporates and the **clients don't like seeing different vets all the time**. One thing corporates tend to do, and I've worked in various practices, in the last recent years, is they seem to have quite a high turnover of staff. **So the clients aren't getting the continuity of care**. Every time they go in, they're seeing somebody different, so they want to come in and see the same person or the same familiar faces."*

Veterinary surgeon, Locum at an Independent practice

14.2 Branding of practices

14.2.1 Practice branding strategy varied across LVGs

Most veterinary professionals working at a few LVGs reported that their practice name reflected their corporate ownership. However, this was not the case for the other LVGs, where branding was not consistently reflective of practice ownership.

*"[LVG name] has a kind of an outward facing brand, but **[another LVG name] and [another LVG name] are very much inward facing brands,** like you have to scroll to the bottom of the website and the tiny microscopic writing to find whether it's owned by them or not."*

Veterinary surgeon, LVG practice

*"What **I call hidden corporates, they look exactly the same as they were when they were bought over**. There's no way of finding out they have become a corporate until you dig really, really deep, and you have to know exactly what you're looking for."*

Veterinary surgeon, Locum

A veterinary surgeon who had previously owned a practice later acquired by an LVG reported observing company-wide 'tutorials' during the handover period. These tutorials took the form of whole-practice meetings aimed at guiding veterinary professionals on how to communicate the transition to clients. The sessions emphasised that everything would remain the same, including the name and branding, which would not change.

*"I noticed what a lot of the corporates will do is you're told to tell the clients that nothing's changed, that it's the same. **You're not supposed to, like, make a big thing of the fact it's now owned by a corporate**… the exception probably being [LVG name], who have just rebranded everything [LVG name].*

*But like, for [another LVG name] and [another LVG name], it was very much a case of you're told, and they're given like tutorials where you're told, **'tell the client that everything's the same, the staff are the***

same. Don't go overboard about changes.' *You're told how to try to convince the client they're still seeing the 'family vet'.*

*The **name stays the same.** The **branding stays the same**. The whole idea is … for the client not to realise that this is a corporate. They think this is still Mr. such and such. That was something I did notice that they would be very much trying to manage."*

Veterinary surgeon, Independent practice, previously at an LVG practice

14.2.2 A few veterinary professionals reported that clients did not always notice, at least initially, when practices changed ownership

Veterinary professionals noted that pet owners were often unaware of the change in ownership, and they typically chose not to correct or mention it, as they felt it was outside their role. Additionally, there were instances where veterinary professionals actively avoided discussing the transition, instead prioritising other aspects of the consultation with pet owners.

*"I think the word was slow to get out that they turned corporate. [LVG name] were very clever about it and that there's no name changes. There was **very little on the sort of the face of it, to say that they were taken over.** … It was never announced, and clients didn't like it. **They very much felt that they were being misled."***

Veterinary surgeon, Independent practice, previously at an LVG practice

*"I have definitely had clients come to me and be like **'I moved to you guys because you're not a big corporate group'** … the name makes us sound like we're just the local friendly group. …obviously our branding is not [LVG name] … it's like at the bottom of the website type thing.*

*If we focus on what's happening with that animal and they've launched into it, then I just skirt over it. I'm like, it's not something that I need to address right now. But **if people specifically come in to me ask, then I'll definitely say, no we are owned by a corporate,** because we have to be open and say we're owned by [LVG name]. Our group is still called [practice name], so I'll just be honest with them. It just depends on the scenario because **if I'm in a consultation and we've got much more pressing priorities, then I'll just get over that** for a moment."*

Veterinary surgeon, LVG practice

*"I hear them frequently say that they think [the practice] is privately owned … Someone told me they would rather pay vets than businessmen, and that's what they meant. … When you have 15 minutes and you're dealing with a very sick animal, and you have two people sat outside waiting? **I'm not about to start that conversation. That's not my job**."*

Veterinary surgeon, LVG practice

14.3 Pet healthcare plans

14.3.1 The majority of practices offered pet owners pet healthcare plans

The majority of veterinary professionals reported that their practices offered pet healthcare plans for a monthly or annual subscription fee, covering routine medications and services such as vaccinations, flea and worming treatment. Veterinary professionals noted that these plans were communicated through posters in

the practice, by receptionists, and during consultations with veterinary surgeons or nurses, with a specific focus on new customers or new animals.

Most veterinary professionals felt that pet healthcare plans were cost-effective for pet owners, with some highlighting that the plans also improved clinical outcomes for animals. They observed that pet owners were more likely to visit the practice promptly if something was wrong, knowing routine services were covered. As a result, many veterinary professionals were motivated to offer these plans and reported high uptake among pet owners.

> *"It's something that we discuss with clients when they have young dogs, when they come in for their vaccinations, because* ***it does save them a lot of money across the year, sort of by nature****. Obviously, having the regular income means that we're able to then offer it to save them money across the year."*
>
> **Veterinary surgeon, Small group practice**

> *"****I don't really think it's necessarily a bad thing, encouraging people to sign up to the healthcare plan, because it's actually really good value for money*** *and probably better value for money for most clients than paying as they go. They definitely save money on it, even if they're getting the bare minimum."*
>
> **Veterinary surgeon, LVG practice**

> *"It's mostly led by the client care team. So* ***mostly it's at the reception desk, or they get information about it in their welcome email when they register.****"*
>
> **Veterinary surgeon, Independent practice**

> *"There are leaflets at reception. I tend to talk to people about it quite a lot because if it* ***encourages them to do flea and worm, it encourages them to vaccinate and it does actually save quite a lot of money****. And the [LVG name] one's actually a really, really good scheme. It tends to be when* ***people come in for their first puppy check, it's just part of the talk to them about insurance, you talk to them about the healthy pet club,*** *you talk to them about nutrients and stuff. It's just part of the list of things that you go through and then there's just leaflets everywhere."*
>
> **Veterinary surgeon, LVG practice**

> *"****We like having clients on it because it's a nice way of bonding and they get a lot from it.*** *It's the vaccinations, they come in for a six-month health check, they can get nurse clinic. It's a good way for us to bond with the clients and the pets, and we get to see them regularly and we like that because we like seeing them."*
>
> **Veterinary surgeon, LVG practice**

Many veterinary professionals reported having been given targets related to pet healthcare plans. However, they generally did not express concern about these targets, as they often felt the plans benefited both the pet and the pet owner. Additionally, the targets were typically tied to practice-wide rewards, such as small prizes, rather than creating individual pressure or significant personal incentivisation.

> *"We're recently doing a Christmas competition.* ***We increase the number of people on our [pet care] plan, we'll double our Christmas budget.****"*
>
> **Veterinary surgeon, LVG practice**

"[LVG name], ***one of their KPIs that comes up on our list is the percentage of our clients that are on care plans.*** *In [LVG name] eyes, those ones that are on [health]care plans are more likely to come into you for other things as well.* ***They're more bonded to the practice****, so they like them to be on that for that reason. They also like it because* ***it kind of ensures … cash flow****, it's a more regular thing coming in; so it's easier to plan when you know what's coming in every month."*

Veterinary surgeon, LVG practice

"We have a [pet healthcare] scheme, which is a monthly payment that covers all your flea and worming vaccines and a couple of health checks and stuff like that. And we do get incentivised. ***So, [LVG name] will within a region be like … whoever gets the most pet health signups in this period, we'll give you £100 to spend on something nice for your staff or something.*** *So, yeah, the monthly payment thing is incentivised and we're encouraged to try and get clients to sign up."*

Veterinary surgeon, LVG practice

"They offer these periodic incentives, like, 'if you sign up this many this month, you'll get a voucher for this'. I have to say, the prices are never that exciting, so no one's ever really that bothered. But they'll say, for example, ***'if you sign up 30 people in this four week window, whatever, you'll get some Love2shop vouchers' or something like that*** *… They just happen periodically. … Obviously the incentive really for us, and for the vets, is that actually the clients who are on the healthcare plan are more likely to come in regularly, and less likely to leave it until the animal's sick. It's a much easier, nicer conversation when they come in because they're not having to pay at the time.* ***The incentive is more to do with the benefit to the client rather than what we might get from central.****"*

Veterinary surgeon, LVG practice

"There definitely was [a target for pet health club] at [LVG name]. ***We used to get a bonus every year around Christmas if we hit our target for pet health club****, but I've not heard of one for [another LVG name]. … There might be one, I'm not aware of it."*

Veterinary surgeon, LVG practice, previously another LVG practice

However, one veterinary professional expressed concern about what they considered an industry-wide trend toward over-vaccinating or administering preventative treatments that might not be strictly necessary. They felt that pet healthcare plans often normalised these services, even when some animals might not require them, with the implication of increasing prices for basic care for pet owners.

"We use a lot of flea and worming treatments, we kind of overuse them *… say, for example, you have a cat that's mainly indoors. They are not very high risk of getting parasites … this is not just [LVG name], this is, I think, the whole industry. We haven't done enough research to really know how to tailor the flea and worming as much. So in general we just have one set sort of rule for all pets. But hopefully in the future it'll be a bit more individualised."*

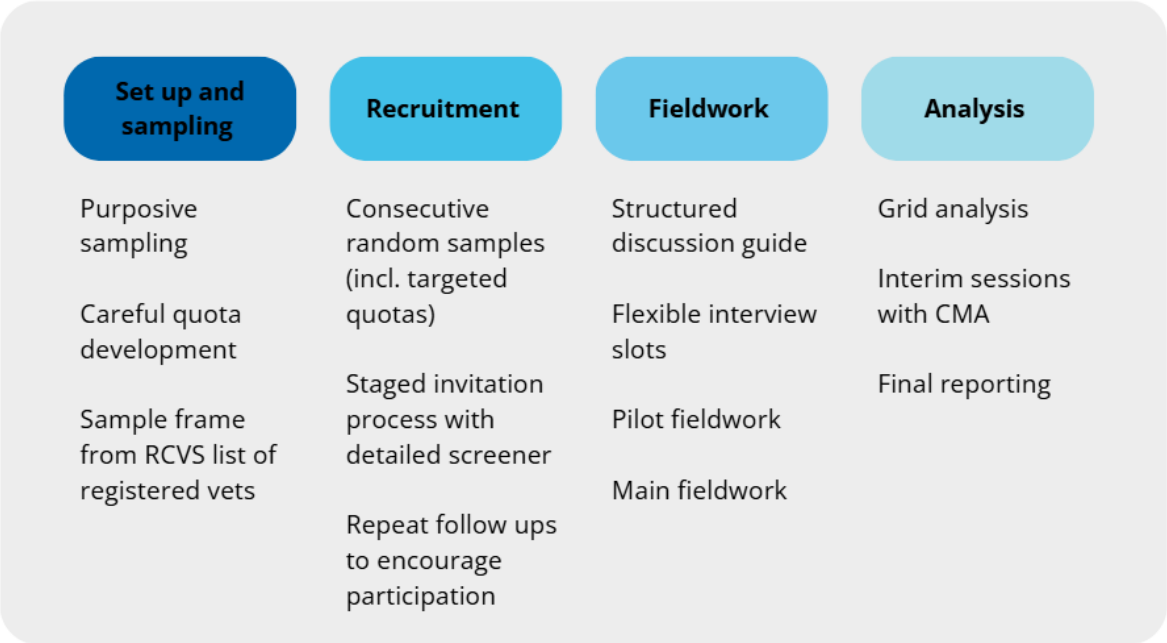
Veterinary surgeon, LVG practice

15. Technical annex

- Research approach
- Sample breakdown
- Veterinary surgeon discussion guide
- Veterinary nurse discussion guide

15.1 Research approach

An overview of the research approach is set out below:



15.2 Sample breakdown

The research team took a purposive sampling strategy to ensure breadth, and a range of experiences were included across the **100 interviews, with 80 veterinary surgeons and 20 veterinary nurses**.

To protect participant anonymity the sample breakdown by criteria is not reported. However, specific quotas were set for each criteria across veterinary nurse and surgeon samples. The research included a good spread across all of the below criteria, specifically each of the LVGs within the sample.

Criterion	Detail	Sample (across veterinary nurses and surgeons)
Demographics	Gender	*A spread in the sample, with a weighting towards women due to veterinary professional population breakdown.*

	Ethnicity	*A spread across the sample, with a weighting towards white ethnicity due to veterinary professional population breakdown.*
Geography	Nation (England, Scotland, Wales, Northern Ireland)	*A spread across the nations, with weighting towards England.*
	Location • Rural • Urban (major/minor conurbation) • Urban (city/town)	*A spread across locations weighted towards urban, and avoiding clustering locations*
Practice type	Large Veterinary Groups • CVS • IVC Evidensia • Linnaeus • Medivet • Vets for Pets (Pets at Home) • VetPartners	*A spread across each large veterinary group* *No participant was recruited from the same practice within the large veterinary group*
	Small groups (non LVG-owned practices with at least 2 branches)	*Representation within the sample* *No participant was recruited from the same small group*
	Independent (non LVG-owned practices with only a single branches)	*Representation within the sample* *No participant was recruited from the same independent practice*
	Size of practice	*Spread across the sample – with a range of practice sizes across the following segments:* • *Up to 5* • *6-10* • *11-20* • *20-130* • *>130*
	Member of RCVS Standards Practice	*Sample weighted towards members of the RCVS Standards Practice Scheme but also includes non-members*
Professional characteristics	Provides first opinion veterinary care	*All veterinary professionals included in the sample* *Inclusion of some veterinary professionals who work in combined FOP and referral/specialist settings*
	Provides small animal veterinary care	*All veterinary professionals included in the sample* *Inclusion of some veterinary professionals who work in mixed-practice settings*
	Career stage • Recently qualified (<5 years) • Early career (5-10 years)	*A spread across the sample*

	• Mid-career (11-25 years) • Later career (26+ years)	
	First qualified outside UK	*Inclusion in the sample*
	Part-time	*Inclusion in the sample*
	Out of hours	*Inclusion in the sample*
	Peripatetic	*Inclusion in the sample of veterinary surgeons*
	Locum	*Inclusion in the sample*
	Additional accreditations: • Advanced practitioner status • Specialist • Accepts referrals but doesn't have AP/Specialist status	*Inclusion in the sample of veterinary surgeons*
	Offers in-home consultations/ mobile services/ remote consultations/ telemedicine	*Inclusion in the sample of veterinary surgeons*
Experience of changed ownership	Moved from independent FOP to LVG FOP	*Inclusion in the sample*
	Moved from LVG FOP to independent FOP	*Inclusion in the sample*

15.3 Research materials

Interview guides were designed to focus on veterinary professionals' most recent cases, ensuring that insights were grounded in concrete, recent examples rather than general opinions. This approach provided a random selection of cases across various categories of care, avoiding any bias from participants choosing cases they deemed particularly relevant.

The discussion guide for veterinary nurses was adapted from the veterinary surgeon guide to accommodate the shorter interview length and to focus on areas of particular relevance, such as regulation.

All materials were developed in collaboration with the CMA case team.

See below:

- Veterinary surgeon discussion guide (Page 103-118)
- Veterinary nurse discussion guide (Page 119-132)

CMA: Veterinary professionals research

Final discussion guide – Veterinary surgeons (60 - 90 mins)

About the project

Note this first section is for internal RR/CMA reference purposes only, to document the aims of the project and this document. The information in this section will not be used as part of discussions with veterinary professionals.

The project aims to gather qualitative evidence on veterinary professionals' experiences and views to inform the CMA's market investigation into veterinary services for household pets. The research will explore interactions between veterinary professionals and pet owners, factors influencing treatment recommendations, referral processes, and the role of the regulatory framework. This will help the CMA to assess whether there is an adverse effect on competition and what actions may be needed.

Research objectives

- Understand if and how business models/ownership and other business considerations/interests influence veterinary professionals' clinical/professional judgements and decision-making processes in their interactions with pet owners.
- Identify, explore, and understand the factors that guide the choices that veterinary professionals offer to pet owners and how they communicate treatment options, services, and pricing to pet owners: how these may differ, and what drives these differences.
- Understand how existing regulatory requirements, most notably the RCVS Code of Professional Conduct and Supporting Guidance, impact the daily practices and decision-making of vets.

About this document:

The document is designed to be used flexibly, with researchers probing around relevant areas and excluding any questions that are not relevant to the participant.

During the interviews, the researchers will always focus questions on the participant's own area of professional practice, encouraging the veterinary professional to give examples of how they currently provide care and make decisions when interacting with pet owners.

Interview flow	
Introduction (5mins)	• Introduce (briefly and neutrally) the project and background • Outline of interview • Verbal consent process
Background and their working context (10mins)	• Their role • Their organisation and ownership • (Briefly) their working history • Their day-to-day experience

Day-to-day practice and care decision-making journeys (40mins)	• Decision-making journeys – focusing on specific cases experienced across four broad case types:
	  ○ **Routine care** such as flea/parasite/tick/worm control, prevention, and treatment; microchipping; neutering; vaccinations; annual check-ups; dental care; diet/nutrition/weight management advice and support
	  ○ **Ongoing care** for chronic conditions (e.g. arthritis, asthma, cancer, diabetes, epilepsy, skin conditions)
	  ○ **Acute care** for self-limiting conditions that develop suddenly and require prompt attention/care, or a condition that is more severe than usual (e.g. dehydration; D&V; ear/eye infections; fever; infected bites and scratches/minor injuries; not drinking/eating; UTIs)
	  ○ **Emergency care** for critical/life-threatening accidents, injuries, and conditions (e.g. breathing difficulties; broken limbs; choking; collapse; eye injury; heart failure; heat stress/heatstroke; kidney failure; multiple seizures; poisoning; severe or uncontrollable bleeding; unconsciousness)
	• Understanding what they consider and any underlying drivers or trade-offs in providing treatments and referrals
	• Understanding prioritisation of factors considered
	• Understanding veterinary professionals' perceptions of vet/vet nurse/pet owner relationships and responsibilities
	• Understand death of pet decision-making
	• Understanding any adaptive approaches used by veterinary professionals in providing care for pets
	• Understanding treatment procedures or protocols that that are set by the practice management
	• Exploring the effects of practice policy, training (academic, CPD, and on-the-job), auditing or regulation on clinical/professional judgements and decision-making

Business interests and workplace-based influences (10mins)	• Understanding the influence of practices on veterinary professionals. Including discussion of outcomes, monitoring, tracking, 'hard' and 'soft' incentives, quotas, bonuses • Exploring the effect of different business models on practice policies and veterinary professionals' clinical/professional judgements and decision-making

	• Exploring business relationships of practices and effects on veterinary professionals' clinical/professional judgements and decision-making
Industry oversight and regulation (10mins)	• Assessing the impact of regulation on veterinary professionals' clinical/professional judgements (including prescribing) • Understanding where regulatory problems or areas for improvement exist
Wrap-up and Close (10mins)	• Thank participant for taking part • Explain post-interview consent and incentive procedure • Signpost resources

Introduction (5mins)

Objective: Introduce the respondent to the project, make them feel comfortable and explain how the interview will be carried out.

Researcher to outline project background:

- The CMA is examining the market for veterinary services for household pets: how it functions, how well it performs for veterinary professionals, pet owners, and their pets, and how it might work better.
- The organisation I work for, Revealing Reality (an independent research agency), has been commissioned by the CMA to explore the experiences and perspectives of veterinary professionals, to inform its market investigation.
- Do you have any questions at this point?

Researcher to outline consent:

- **No right or wrong answers**: There are no right or wrong answers in these interviews. We encourage you to be open and honest, and you should feel at ease sharing your thoughts.
- **Neutral and non-judgmental role**: Our role as researchers is entirely neutral and non-judgmental. We're here to listen and gather information without any bias.
- **Anonymity and confidentiality**: All reporting will be aggregated and anonymous. The CMA does not know who has been approached about taking part in the research, nor who has agreed to take part. We will not reveal your identity to the CMA, except in the very unlikely event that we are required to do so by law. Your colleagues/your employer/your customers/the RCVS, will not know that you've participated in the research. We may use quotes and aggregate evidence, but all information will be anonymised in the reports.
- **Voluntary participation**: Your participation is entirely voluntary. You can choose not to answer any questions or end the interview at any time.
- I will resend the information sheet and consent form after this interview, giving you the chance to review and provide informed consent for the information you've shared today.
- Do you have any further questions at this point?

Background and context (10mins)

Objective: Briefly understand the veterinary professional's work context and recent history to help put into perspective their opinions and any contrasting experiences.

What is your job role?

- Can you give me an idea of your role and your current responsibilities in this practice?
    - Has this changed since you started working here? How?
- Can you briefly describe the structure of this business and where your role sits within that structure?

    - Junior or senior, team leader (who, size of team?), owner/part-owner/partner etc. Are you part of your practice's management?
    - Do you have a specialty or a particular area of clinical interest? (e.g. surgery, dentistry, oncology)
        - Why did you choose that as your specialty/area of interest? To what extent (if at all) does it influence your choice of practice to join, or vice versa?
    - Do you have any post-graduate qualifications or professional accreditations?
- How are you finding your job at the moment? Likes/dislikes?

Where are you currently working?

- How long have you been working here?
- How long has this practice been here?
    - How long has it been operating under its current name?
- Can you tell me a bit about the practice?
    - Is it an independent, part of a small veterinary group, part of a large veterinary group?
    - Who owns the practice? How long has this been the case?
    - Are customers aware of the ownership status of the practice? How is the ownership status presented to customers?
- Can you tell me a bit about the local area and your local competitors (if any)?
    - Probe around number, type, ownership pattern.
- Is your practice part of any networks (formal or informal) or affiliated with any other veterinary services?
- Has the ownership of your current practice changed since you've worked here? From what to what?
    - How (if at all) have those changes affected you?
    - What impact (if any) do you think they've had on your colleagues?
    - How (if at all) have those changes affected pet owners registered with the practice?
    - What do you think might have caused those changes?

Have you worked at any other veterinary practices or services before?

- How many different practices have you worked in? Why did you move?
- How did these practices compare with this one (e.g. similar or different in terms of size, location (urban/sub-urban/rural), socio-economic make-up etc.)?
- Have you always worked in practices that are {independent, part of a small veterinary group, part of a large veterinary group}, or do you have experience of different types of veterinary business? What types? In which roles?
    - What are the differences (if any) in working in these different types of veterinary business compared with where you work now?
    - Likes / dislikes? Benefits / disadvantages?
- Have you worked (or do you work) in any other veterinary settings (e.g. academia/education/training, research, diagnostics, animal hospital or referral centre, OOH provider)?
- Thinking about your career so far, have you ever considered …?
    - [If only ever worked in a certain business model] working in a different type of veterinary business (e.g. moving from an independent to a large veterinary group or vice versa). Why / why not?
    - Setting up a new practice – briefly explore why / why not? What are the attractions/advantages/benefits / disadvantages / barriers?
    - Moving to a more senior position – briefly explore why / why not? What are the attractions/advantages/benefits / disadvantages / barriers?

What is your typical case-mix on an average day?

- What do you find yourself doing most at work?
    - What types of animal?
    - What types of care?

*Researcher to refer to **stimulus** and explain that we've divided care into **four broad categories** to assist the discussion, but we recognise that the participant may categorise cases differently and also that a case may start in one category and end up in another*

- **Routine care** such as flea/parasite/tick/worm control, prevention, and treatment; microchipping; neutering; vaccinations; annual check-ups; dental care; diet/nutrition/weight management advice and support
- **Ongoing care** for chronic conditions (e.g. arthritis, asthma, cancer, diabetes, epilepsy, skin conditions)
- **Acute care** for self-limiting conditions that develop suddenly and require prompt attention/care, or a condition that is more severe than usual (e.g. dehydration; D&V; ear/eye infections; fever; infected bites and scratches/minor injuries; not drinking/eating; UTIs)
- **Emergency care** for critical/life-threatening accidents, injuries, and conditions (e.g. breathing difficulties; broken limbs; choking; collapse; eye injury; heart failure; heat stress/heatstroke; kidney failure; multiple seizures; poisoning; severe or uncontrollable bleeding; unconsciousness)

Note to researcher: Make a note of which types of care the veterinary professional provides, to potentially probe around in the following 'Decision-making' section.

- **Do these broad categories make sense to you? Is there anything you would categorise differently?**

- How long is a typical consultation? Is there flexibility? What do you think of the length?
- How many consultations do you do per day? How many referrals do you typically make per week/month?
- How many consultations do you do in a typical week?
    - Of these, what is the balance between routine consults and more complex consults that might result in more serious treatment?
    - What is the cost of a consultation?
        - Probe for comparison if they have recent experience at corporately owned vet practice
    - How many of these would require referral?
        - What is the balance between in-house referrals and external referrals?
        - PROBE: referral to a colleague in the same practice, referral to a visiting clinician, referral to another FOP, referral to a named specialist, referral to a dedicated referral centre or animal hospital.
- Do you conduct any remote or virtual consultations? If so, does this include prescribing medications?

Day-to-day practice & decision-making journeys (30-40mins)

Objective: Understanding veterinary professionals' interactions with pet owners during consultations, including consultations concerning medications, tests, and treatments.

Note on researcher approach to this section:

- **Tailor questions to the participant:** Customise questions based on the veterinary professional's specific role and case types.
- **Cover diverse care types:** Ensure a range of care types is across interviews.
- **Focus on real cases:** Avoid hypothetical questions; base questions on actual cases and experiences.

In order to deliver against this, researchers to follow this process:

- Start by asking the veterinary professional to describe the most **recent case** from one of the following care types that they deliver, and ask the core set of questions listed in the guide below:
    - **Routine care** such as flea/parasite/tick/worm control, prevention, and treatment; microchipping; neutering; vaccinations; annual check-ups; dental care; diet/nutrition/weight management advice and support
    - **Ongoing care** for chronic conditions (e.g. arthritis, asthma, cancer, diabetes, epilepsy, skin conditions)
    - **Acute care** for self-limiting conditions that develop suddenly and require prompt attention/care, or a condition that is more severe than usual (e.g. dehydration; D&V; ear/eye infections; fever; infected bites and scratches/minor injuries; not drinking/eating; UTIs)
    - **Emergency care** for critical/life-threatening accidents, injuries, and conditions (e.g. breathing difficulties; broken limbs; choking; collapse; eye injury; heart failure; heat stress/heatstroke; kidney failure; multiple seizures; poisoning; severe or uncontrollable bleeding; unconsciousness)

Researchers to monitor how many cases of each type are covered across different interviews to ensure that cases in each category receive equal focus across the research.

- Sometimes the veterinary professionals may describe a case which, as a matter of course, does not involve medication, diagnostics, referrals, and/or the death of a pet. However, please double check if medication, diagnostics, referrals, and/or death of a pet happened in that case if relevant, including the specific probes that are listed in the topic guide.
    - Medication: Ask if any medications were prescribed (and administered by the veterinary professional, or for the pet owner to purchase and administer) in the discussed cases.
    - Diagnostics: Ask if blood/tissue/urine/stool analysis, CT scans, endoscopies, MRIs, ultrasounds, and/or X-rays were required.
    - Referrals: Inquire if any referrals were made for the cases described and, if so, to whom/where, i.e. referral to a colleague in the same practice, referral to a visiting clinician, referral to another FOP, referral to a named specialist, referral to a dedicated referral centre or animal hospital? If a dedicated referral centre, who owns it?
    - Death of Pet: Check if there were any cases involving the death of a pet and how it was managed.
- If medication, diagnostics, referrals, and/or the death of a pet have not been mentioned in the most recent case that the veterinary professional selects, researcher to ask for **additional examples** of recent cases involving **each one,** and explore each of these using the tailored questions outlined below after the core questions:
    - Medication: A case where medication was prescribed (and administered by the veterinary professional, or for the pet owner to purchase and administer).
    - Diagnostics: A case where blood/tissue/urine/stool analysis, CT scan, endoscopy, MRI, ultrasound, and/or X-ray was required.
    - Referrals: A case where a referral was made and, if so, to whom/where, i.e. referral to a colleague in the same practice, referral to a visiting clinician, referral to another FOP, referral to a named specialist, referral to a dedicated referral centre or animal hospital? If a dedicated referral centre, who owns it
    - Death of Pet: A case involving the death of a pet and how the situation was handled.

CORE SET OF QUESTIONS FOR MOST RECENT CASE

Intro to participant→ In this part of the interview we're interested in finding out about how you make decisions about different types of case you see, including:

Researcher to remind participant that the research needs to capture examples from recent specific cases, rather than generalisations.

- **Routine care** such as flea/parasite/tick/worm control, prevention, and treatment; microchipping; neutering; vaccinations; annual check-ups; dental care; diet/nutrition/weight management advice and support
- **Ongoing care** for chronic conditions (e.g. arthritis, asthma, cancer, diabetes, epilepsy, skin conditions)
- **Acute care** for self-limiting conditions that develop suddenly and require prompt attention/care, or a condition that is more severe than usual (e.g. dehydration; D&V; ear/eye infections; fever; infected bites and scratches/minor injuries; not drinking/eating; UTIs)
- **Emergency care** for critical/life-threatening accidents, injuries, and conditions (e.g. breathing difficulties; broken limbs; choking; collapse; eye injury; heart failure; heat stress/heatstroke; kidney failure; multiple seizures; poisoning; severe or uncontrollable bleeding; unconsciousness)

You mentioned in the earlier section that you provide [Researcher to share stimulus outlining the four broad categories of care to support recall].

Please think of the **most recent case** you have dealt with across these categories of care.

*Researcher to ask the following **core set of questions** for this case.*

Description of scenario

- Can you briefly describe the case and outcome for the pet owner?
    - How typical is this case compared to other cases you see when dealing with [insert category of care]?
- [If case involving emergency care is described]:
    - Did the case occur during normal "office hours" or out-of-hours (OOH)
    - If the latter, is this because your FOP makes its own OOH provision, or your FOP provides OOH for itself and other FOPs, or do you choose to also work for an OOH provider (e.g. as a locum)?

Overall decision-making factors

- What did you consider in recommending that course of action?
    - How did you weigh up those different factors to decide what treatment to offer?
    - Which factors did you prioritise?
- [If not brought up naturally, probe] Can you tell me a bit more about your thinking during this case and the consideration of …
    - **Effectiveness of treatment** – the effectiveness and sophistication of the treatment?
    - **Choice** – the range of choices provided to the pet owner?
    - **Price / affordability** – when did you think about price and affordability?
- [If case involving emergency care is described]:
    - Does the timing ("office hours"/OOH) affect your clinical/professional judgements and decision-making processes (and if so, how and why - i.e. if the case occurred during "office hours", what (if anything) would you do differently if it occurred OOH, and vice versa)?

Pet owner choice and understanding

- What information (about treatment options, prices etc.) did you provide to the pet owner about their options and the next steps?
    - When (at what stage in the consultation) was this information provided?
    - Was price discussed before explaining the treatment options in detail to the pet owner or after the clinical pros and cons had been discussed?
- What questions did the pet owner ask?
    - How typical was this question?
    - How did you check (so far as possible) that the pet owner had understood what you had said?

- How much did the pet owner know what they were hoping to get from the consultation? To what extent had they done their own research?
- How long did the pet owner take to make the decision about what to do next?
    - (If it was possible in this case) Did you offer for the pet owner to go away and think about the options/discuss with other family members? If yes, for how long?
    - Did you give the pet owner any materials to take away and consider as part of their decision-making?
    - Did you offer to have a further in-person/telephone discussion with them about the options before they reached a decision?
- How typical was this pet owner, when compared with others you provide similar care for?

Approaches to working with individual pet owners and their pets

- What did you know about this pet owner's personal circumstances?
    - PROBE: personal or situational issues (relating e.g. to disability; mental/physical health; language, literacy, or numeracy skills; finances; living situation; location; transport options)
    - How did you know this?
    - How long has this pet owner been a client of yours / the practice?
    - Does the pet owner always see the same vet?
    - Do you generally know about each pet owner's circumstances?
- What did you know about the wider circumstances of the pet?
    - How did you know this?
    - How long has this pet been under your care / the care of the practice?
    - Do the pet's medical history or wider circumstances affect the services / treatments you offer? If so, in what ways?
- Did the pet owner's personal circumstances affect what services / treatments you offer? If yes, in what ways?
- How did you assess what the customer could afford?
    - Did you ask about whether they are insured vs. privately funded?
    - When did you ask this?
    - Did you ask about the levels of cover they receive, or the company they are with?
    - Did this influence your thinking about the options you offered? If so, how?
    - Did the affordability of the treatment for that pet owner affect what options you offered? If so, how?
- Did you consider any other personal circumstances of the pet owner in deciding which services / treatments to offer?
    - Probe around disability; mental/physical health; language, literacy or numeracy skills; finances; living situation; location; transport options
- What circumstances did you consider relating to the pet?
    - Probe around wider health circumstances / temperament / age / prognosis
- Did you tailor in any way the options you gave to the pet owner based on their circumstances? If so, how and why?
    - How typical is it that you would do this? Which circumstances would affect what options you give?

Medication, diagnostics, and/or referrals:

Note: this may come up naturally in the open questions above, but if not, to probe.

- Did the case involve prescribing medication, ordering diagnostics, or making a referral?

If yes for medication:

- What medication did you prescribe?
- How did you decide what medication to prescribe?
    - Do you always prescribe a particular brand of medication in a case like this? If yes, why? If not, what influences your decision?

    - Does your practice prefer (or require) you to offer particular medication brands to pet owners?
    - Do you tend to prescribe after a check of the complete formulary or on the basis of what's held in the practice/on-site pharmacy? Why?
- Was it for a one-off medication or ongoing prescription?
    - [if prescription] How long was the prescription for? How did you decide this?
- What options did you offer/discuss with the pet owner about how to obtain the prescription?
    - What is the cost of a written prescription?
        - Probe for comparison if they have recent experience at corporately owned vet practice
- When (at what stage in the consultation) was this information provided?
    - Was price discussed before explaining the medication options in detail to the pet owner or after the clinical pros and cons had been discussed?
- Did the pet owner ask any questions about this?
    - If so, what? How did you answer these questions?
- [if worked somewhere previously] In your previous practice, would you have done anything different from this?
    - [If yes] How and why?

If yes for diagnostics

- What diagnostics did you order?
    - Probe around blood/tissue/urine/stool analysis, CT scans, endoscopies, MRIs, ultrasounds, X-rays.
- What options did you provide the pet owner?
- How did you decide what options to provide?
- How did you explain those options?
    - Did you order multiple diagnostics simultaneously or did you consider the results of each diagnostic progressively (i.e. proceeding from the most likely to less likely causes of illness)? Why did you choose the approach to diagnostic testing that you did?
- Were the diagnostics conducted in-house or off-site?
    - [if off-site] How was the offsite provider(s) chosen?
- What information was shared with the pet owner about this?
    - PROBE: cost – including when, and the format this was shared in
    - How was this information shared? PROBE: written, email, over the phone, by whom?
    - Did the pet owner have to sign a consent for these diagnostics?
- Did the pet owner ask any questions about this?
    - What did they ask? How did you answer these questions?

If yes for referrals

- To whom/to where did you make the referral?
    - Do you have discretion to refer to any suitable provider of the opinion or care required?
    - [If yes] Do you exercise this discretion or do you have preferred suppliers for this type of referral work?
    - [If relevant] Why do you have preferred suppliers? Who decides the preferred supplier list?
    - [If no] Why not? How many options do you have? Why are these particular providers the options you have and who decides that these are your options?
- How did you decide to whom/to where to refer?
    - [If relevant] How many provider options did you consider on this occasion?
    - Was your choice of referral related to an individual/ specific specialist?
    - Were there any factors that influenced your decision to refer to this provider?
        - PROBE: incentives
- Is the provider related to your practice (e.g. part of the same group) or not?
- What information did you provide to the pet owner about referral options?

    - PROBE: cost – including when and how this was shared
    - How was this information shared? PROBE: written, email, over the phone, by who?
    - Did the pet owner have to sign a consent for the referral?
- Did the pet owner ask any questions about this? If yes, what?
- Did you offer a choice to the pet owner about which provider they were referred to?
    - PROBE: cost, convenience

Did the case involve the death of a pet?

- Did the pet die in the practice or not?
    - Was the death expected or unexpected?
- Was euthanasia involved?
    - If yes, what options were provided to the pet owner regarding euthanasia?
    - PROBE: customer being present, location, pet sedation
- What options for disposing of their pet's remains did you discuss with the pet owner?
    - PROBE: Pet owner-led (burial on their property or at pet cemetery, cremation (self-organised), other) vs Practice-led (cremation organised by the practice)
- What did they choose? Did they share their reasons for this choice with you?
    - How typical is this when comparing with other pet owners you've seen whose pet has died?

If pet owner has chosen cremation organised by the practice:

- How did you decide which crematorium to use?
    - Do you always use the same crematorium/crematoria? Why?
    - Are you incentivised to use this/these provider(s)? Or other providers?
    - Is the crematorium/Are the crematoria you use owned by / affiliated with your business? PROBE: nature of the business relationship (if any) between the practice and crematorium
- What information was shared with the pet owner about the crematorium/crematoria?
    - Did you offer a choice of crematorium to the pet owner? Why/why not?
    - PROBE: cost – when and how was this information shared with the pet owner?
    - How was this information shared? PROBE: written, email, over the phone, by who?
    - Did the pet owner ask any questions about this? If yes, what?

OR If pet owner has chosen cremation arranged by themselves:

- Did you refer them to a particular crematorium/crematoria?
    - If yes, how did you decide which crematorium/crematoria to refer them to?
    - Do you always refer to this crematorium/these crematoria?
    - Are you incentivised to refer to this/these provider(s)? Or other providers?
    - Is the crematorium/Are the crematoria you refer to owned by / affiliated with your business?
      PROBE: nature of the business relationship (if any) between the practice and crematorium
- What information was shared with the pet owner about the crematorium/crematoria?
    - Did you offer a choice of crematorium to the pet owner? Why/why not?
    - PROBE: cost – when and how was this information shared with the pet owner?
    - How was this information shared? PROBE: written, email, over the phone, by who?
    - Did the pet owner ask any questions about this? If yes, what?

Regulation influence

- Is there any particular element of regulation or professional guidance or industry practice that influenced what you offered in this case?
    - *NOTE: Researcher to ensure to probe separately about regulation, professional guidance, and industry practice (do not conflate the three)*
    - How did that influence your clinical/professional judgements and decision-making in this case?

Training in/guidance on customer interaction

- What training or guidance (if any) have you received on interacting with customers in cases like this?
    - Who provided that training (e.g. provided by the practice vs. other educational provider)?
    - How long ago was it? One-off or regularly refreshed?
- Do you believe more training or guidance in customer interactions would be beneficial for you or the wider profession? If so, what kind of support or training would be most helpful?

Reflections on each case

- Do you think customers at your practice are given adequate information to make informed choices about treatment options?
    - Do practice managers or receptionists play a role in sharing information with pet owners to help them make their decisions?
    - What do you think about this? What role do you think they should play?
- In your experience, have the treatment options for this type of case changed over the years you been in practice?
    - How have they changed? What has driven these changes?
    - PROBE: medical advances (incl. drugs), technology, movement towards/pet owners' expectations of 'gold standard' treatments, humanisation of pets, impact of media and social media
- If you have moved practices, has the way in which you offer treatment for this type of case differed depending on the type of practice?
    - PROBE: business model and ownership

*Researcher to refer back to the **stimulus** of "categories of care":*

How does this case compare with other types of case within these categories?

- *[Researcher to refer to the case that they have just gone through the core set of questions on]*

Medication, diagnostics, referrals or death of a pet [if necessary]

*If medication, diagnostics, referrals, and/or the death of a pet have not been discussed already, researcher to ask for **additional examples** of **the most recent case** which involved medication, diagnostics, referrals, or death of a pet. Researcher to work through the questions below.*

If participant has multiple recent cases, researcher to cover cases in different categories of care than previous case outlined above.

Note: some areas may not be relevant for some veterinary professionals, if veterinary professionals cannot recall a recent case researcher to skip the associated questions.

Core questions for each most recent case:

Can you briefly describe the case and outcome for the pet owner?

- How typical is this case compared with other cases you see?

What did you consider in recommending that course of action?

- How did you weigh up those different factors to decide what treatment to offer?
- Which factors did you prioritise?

Researcher to skip to either medication, diagnostics, referrals, or death of pet as appropriate

What <u>medication</u> did you prescribe?

- How did you decide what medication to prescribe?
    - PROBE: price / affordability, effectiveness of treatment

    - Do you always prescribe a particular brand of medication in a case like this? If yes, why? If not, what influences your decision?
    - Does your practice prefer (or require) you to offer particular medication brands to pet owners?
    - Do you tend to prescribe after a check of the complete formulary or on the basis of what's held in the practice/on-site pharmacy? Why?
- Was it for a one-off medication or ongoing prescription?
    - [if prescription] How long was the prescription for? How did you decide this?
- What information (about treatment options, prices etc.) did you provide to the pet owner about their options and the next steps?
- When (at what stage in the consultation) was this information provided?
    - Was price discussed before explaining the medication options in detail to the pet owner or after the clinical pros and cons had been discussed?
    - What options did you offer/discuss with the pet owner about how to obtain the prescription?
- Did the pet owner ask any questions about this?
    - If so, what? How did you answer these questions?

What <u>diagnostics</u> did you order?

- Probe around blood/tissue/urine/stool analysis, CT scans, endoscopies, MRIs, ultrasounds, X-rays.
- What options did you provide the pet owner?
- How did you decide what options to provide?
    - PROBE: price / affordability, effectiveness of the diagnostics
    - How did you explain those options?
    - Did you order multiple diagnostics simultaneously or did you consider the results of each diagnostic progressively (i.e. proceeding from the most likely to less likely causes of illness)? Why did you choose the approach to diagnostic testing that you did?
- Were the diagnostics conducted in-house or off-site?
    - [if off-site] How was the offsite provider(s) chosen?
- What information was shared with the pet owner about this?
    - PROBE: cost – including when, and the format this was shared in
    - How was this information shared? PROBE: written, email, over the phone, by who?
    - Did the pet owner have to sign a consent for these diagnostics?
- Did the pet owner ask any questions about this?
    - What did they ask? How did you answer these questions?

To whom/to where did you <u>refer</u>?

- To whom/to where did you make the referral?
    - Do you have discretion to refer to any suitable provider of the opinion or care required?
    - [If yes] Do you exercise this discretion or do you have preferred suppliers for this type of referral work? If so, why?
    - [If relevant] Why do you have preferred suppliers? Who decides the preferred supplier list?
    - [If no] Why not? How many options do you have? Why are these particular providers the options you have and who decides that these are your options?
- How did you decide to whom/to where to refer?
    - How many provider options did you consider on this occasion?
    - Was your choice of referral related to an individual/ specific specialist?
    - Were there any factors that influenced your decision to refer to this provider?
        - PROBE: incentives
- Is the provider related to your practice (e.g. part of the same group) or not?
- What information did you provide to the pet owner about referral options?
    - PROBE: cost – including when and how this was shared
    - How was this information shared? PROBE: written, email, over the phone, by who?
    - Did the pet owner have to sign a consent for the referral?

- Did the pet owner ask any questions about this? If yes, what?
- Did you offer a choice to the pet owner about which provider they were referred to?
    - PROBE: cost, convenience

Death of a pet

- Did the pet die in the practice or not?
    - Was the death expected or unexpected?
- Was euthanasia involved?
    - If yes, what options were provided to the pet owner regarding euthanasia?
    - PROBE: customer being present, location, pet sedation
- What options for disposing of their pet's remains did you discuss with the pet owner?
    - PROBE: Pet owner-led (burial on their property or at pet cemetery, cremation (self-organised), other) vs Practice-led (cremation organised by the practice)
- What did they choose? Did they share their reasons for this choice with you?
    - How typical is this when comparing with other pet owners you've seen whose pet has died?

If pet owner has chosen cremation organised by the practice:

- How did you decide which crematorium to use?
    - Do you always use the same crematorium/crematoria? Why?
    - Are you incentivised to use this/these provider(s)? Or other providers?
    - Is the crematorium/Are the crematoria you use owned by / affiliated with your business? PROBE: nature of the business relationship (if any) between the practice and crematorium
- What information was shared with the pet owner about the crematorium/crematoria?
    - Did you offer a choice of crematorium to the pet owner? Why/why not?
    - PROBE: cost – when and how was this information shared with the pet owner?
    - How was this information shared? PROBE: written, email, over the phone, by who?
    - Did the pet owner ask any questions about this? If yes, what?

OR If pet owner has chosen cremation arranged by themselves:

- Did you refer them to a particular crematorium/crematoria?
    - If yes, how did you decide which crematorium/crematoria to refer them to?
    - Do you always refer to this crematorium/these crematoria?
    - Are you incentivised to refer to this/these provider(s)? Or other providers?
    - Is the crematorium/Are the crematoria you refer to owned by / affiliated with your business? PROBE: nature of the business relationship (if any) between the practice and crematorium
- What information was shared with the pet owner about the crematorium/crematoria?
    - Did you offer a choice of crematorium to the pet owner? Why/why not?
    - PROBE: cost – when and how was this information shared with the pet owner?
    - How was this information shared? PROBE: written, email, over the phone, by who?
    - Did the pet owner ask any questions about this? If yes, what?

Relationship between clinical and business elements of vet services (10mins)

Objective: To determine the workplace-based factors affecting veterinary professionals' decisions and interactions.

Note to researcher: Many of these questions may have already been answered during the scenarios and day-to-day decision-making question section. If they have already been answered, please factor this in to how you ask these questions, and which questions you select to probe on.

These questions have been written in a very direct manner to ensure from a research design point of view we are clear what we need to ask. However, as a researcher please ensure that questions are framed sensitively, recognising

what the participant has previously told us in terms of their motivations for providing care and the quality of care they offer.

Referring back to the veterinary sector landscape in your local area, can you tell me a bit more about ways in which this business compares to/differs from its local competitors?

- Probe around size, specialisms, operating hours, and out-of-hours provision?
- How much marketing (if any) do you need to do to stay abreast of your local competitors/to attract new business?
- What type(s) of marketing do you do (if any)?
- How would you describe the socio-economic make-up of the local area, and of the pet owners registered with this practice?
- What do pet owners tell you are their reasons for choosing, switching to, or staying with this practice?

What do you know about the broader business goals of this business?

- Are there any specific goals the business is trying to achieve? Or issues the business is trying to resolve?
- [If involved in developing] What is your level of involvement in the business elements of your organisation?

Are there any measures that the business takes to influence the performance of this practice and/or of individual employees?

- [If yes] what are they?
    - PROBE: 'Hard influences' → such as contractual clauses, performance monitoring, auditing, KPIs, financial/sales targets, delivery targets (e.g. number of consultations per week), bonuses, rewards, policy/guidance documents etc. (if so, what?)
    - PROBE: 'Soft influences' → such as relationships, awards, recognition, practice ethos/mission statements, perks, praise, other "pressure" etc. (if so, what?)
    - PROBE: Does the practice's IT/charging system influence what you charge clients?
- [If relevant] Who communicates these measures to you?
    - How are they communicated? (implicitly or explicitly; individually or communally; verbally and/or in writing)
    - When are they communicated (e.g. end of the month/quarter etc.)
- Do any of these measures affect your day-to-day work?
    - Does your performance against any of these measures affect your career? (e.g. progression or pay)
    - Are pet owners aware of any measures that might be in place?
    - Do any of these measures impact the care you provide? (e.g. clinical/professional judgements or decision-making processes)
- Are there any professional tensions or concerns you experience when thinking about any of these measures vs. care? If so, what?
- [If relevant] How do these measures compare with other vet practices you have worked in before?
    - What are the differences? What's better or worse?
    - Probe around independent vs corporately owned experience.
- [For practice owners] Do the business goals influence the protocols/guidance/ways of working you and your senior colleagues set for the practice as a whole?

Do the owners of your practice or the group to which your practice belongs communicate business goals to you? If yes, how do they do this?

Are you required, incentivised, or encouraged to <u>use particular third parties</u>?

- If yes, what types of third party?
    - PROBE: providers of referral work, referral centres, and hospitals, pharmaceutical companies, pet food companies, crematoria, grooming services, etc.

    - For out-of-hours (OOH) care, are all the pet owners of animals under the care of vets in this practice directed to the same OOH provider?
        - If no: Are you required, incentivised, or encouraged to direct pet owners to particular OOH providers?
- Do these relationships affect the recommendations or treatments you offer to pet owners? If so, in what way?
    - Do you communicate to pet owners why you are referring to a particular third party?
- [If relevant] Do you know why you are required / incentivised / encouraged to use these particular third parties?
- Does your employer monitor whether referrals are being made to particular third parties?

Does your practice offer pet care plans or loyalty schemes?

- (If yes) What do they cover? Is the plan/scheme specific to your practice or required to be offered?
- How are these marketed or offered to pet owners?
- How common is it for pet owners to use them?
- Do you have a target for the number/percentage of pet owners that sign up to these plans?

Industry oversight and regulation (10mins)

Objectives: To understand how regulation shapes clinical judgements and decision-making and any new training they receive as well as the perceptions about these trainings.

Tell me about the RCVS Code of Professional Conduct?

- What do you find beneficial/helpful, and what's unhelpful or restrictive about the Code?
- What do you find beneficial/helpful, and what's unhelpful or restrictive about the supporting guidance?
- Does your practice participate in the RCVS Practice Standards Scheme?
    - Does your practice advertise that it participates in the PSS?
    - Are pet owners aware that the practice participates in the PSS?
    - Do you think participation in the PSS influences customers' choice of vet practice?

Tell me about medicine regulation?

- How does it influence your clinical/professional judgements and decision-making?
    - PROBE: positives/benefits; negatives/frustrations
- Are there any areas where you feel the regulation of veterinary medicines in the UK is lacking or could be improved?
- Would you ever recommend or prescribe the use of human medicines rather than animal equivalents if you had the regulatory option to do so?

What are your thoughts on the role of regulation in the sector generally?

- How effectively do you feel the sector is being regulated at the moment?
- What is your view on the performance of the RCVS as the regulator for the veterinary profession?
- Are there any areas where you feel regulation of veterinary services in the UK is lacking or could be improved?

How well do you understand whistleblowing procedures?

- Would you feel confident raising complaints to the RCVS about your employer or something you had experienced at work?
- What would make you feel more able to raise concerns?

Wrap up and close (10mins)

Do you have any wider relevant information to share or concerns that we have not had a chance to address?

NOTE: Researcher to ensure enough time to ask this question so veterinary professionals can share any wider concerns.

Wrap up

- Thank you very much for your time.
- Talk through consent and next steps.
- Remind participant about the data protection and whistleblowing information in the information sheet.

NOTE: Research team to send a follow-up email within a couple of days.

CMA: Veterinary professionals research

Final discussion guide – Veterinary nurses (60 mins)

About the project

Note this first section is for internal RR/CMA reference purposes only, to document the aims of the project and this document. The information in this section will not be used as part of discussions with veterinary professionals.

The project aims to gather qualitative evidence on veterinary professionals' experiences and views to inform the CMA's market investigation into veterinary services for household pets. The research will explore interactions between veterinary professionals and pet owners, factors influencing treatment recommendations, referral processes, and the role of the regulatory framework. This will help the CMA to assess whether there is an adverse effect on competition and what actions may be needed.

Research objectives

- Understand if and how business models/ownership and other business considerations/interests influence veterinary professionals' clinical/professional judgements and decision-making processes in their interactions with pet owners.
- Identify, explore, and understand the factors that guide the choices that veterinary professionals offer to pet owners and how they communicate treatment options, services, and pricing to pet owners: how these may differ, and what drives these differences.
- Understand how existing regulatory requirements, most notably the RCVS Code of Professional Conduct and Supporting Guidance, impact the daily practices and decision-making of vets.

About this document:

The document is designed to be used flexibly, with researchers probing around relevant areas and excluding any questions that are not relevant to the participant.

Interview flow	
Introduction (5mins)	• Introduce (briefly and neutrally) the project and background • Outline of interview • Verbal consent process
Background and their working context (10mins)	• Their role • Their organisation and ownership • (Briefly) their working history • Their day-to-day experience

Day-to-day practice and care decision-making journeys (20mins)	• Decision-making journeys – focusing on specific cases experienced across four broad case types:
	  ○ **Routine care** such as flea/parasite/tick/worm control, prevention, and treatment; microchipping; neutering; vaccinations; annual check-ups; dental care; diet/nutrition/weight management advice and support
	  ○ **Ongoing care** for chronic conditions (e.g. arthritis, asthma, cancer, diabetes, epilepsy, skin conditions)
	  ○ **Acute care** for self-limiting conditions that develop suddenly and require prompt attention/care, or a condition that is more severe than usual (e.g. dehydration; D&V; ear/eye infections; fever; infected bites and scratches/minor injuries; not drinking/eating; UTIs)
	  ○ **Emergency care** for critical/life-threatening accidents, injuries, and conditions (e.g. breathing difficulties; broken limbs; choking; collapse; eye injury; heart failure; heat stress/heatstroke; kidney failure; multiple seizures; poisoning; severe or uncontrollable bleeding; unconsciousness)
	• Understanding what they consider and any underlying drivers or trade-offs in providing treatments and referrals
	• Understanding prioritisation of factors considered
	• Understanding veterinary professionals' perceptions of vet/vet nurse/pet owner relationships and responsibilities
	• Understand death of pet decision-making
	• Understanding any adaptive approaches used by veterinary professionals in providing care for pets
	• Understanding treatment procedures or protocols that that are set by the practice management
	• Exploring the effects of practice policy, training (academic, CPD, and on-the-job), auditing or regulation on clinical/professional judgements and decision-making

Business interests and workplace-based influences (10mins)	• Understanding the influence of practices on veterinary professionals. Including discussion of outcomes, monitoring, tracking, 'hard' and 'soft' incentives, quotas, bonuses • Exploring the effect of different business models on practice policies and veterinary professionals' clinical/professional judgements and decision-making

	• Exploring business relationships of practices and effects on veterinary professionals' clinical/professional judgements and decision-making
Industry oversight and regulation (10mins)	• Assessing the impact of regulation on veterinary professionals' clinical/professional judgements (including prescribing) • Understanding where regulatory problems or areas for improvement exist
Wrap-up and Close (5mins)	• Thank participant for taking part • Explain post-interview consent and incentive procedure • Signpost resources

Introduction (5mins)

Objective: Introduce the respondent to the project, make them feel comfortable and explain how the interview will be carried out.

Researcher to outline project background:

- The CMA is examining the market for veterinary services for household pets: how it functions, how well it performs for veterinary professionals, pet owners, and their pets, and how it might work better.
- The organisation I work for, Revealing Reality (an independent research agency), has been commissioned by the CMA to explore the experiences and perspectives of veterinary professionals, to inform its market investigation.
- Do you have any questions at this point?

Researcher to outline consent:

- **No right or wrong answers**: There are no right or wrong answers in these interviews. We encourage you to be open and honest, and you should feel at ease sharing your thoughts.
- **Neutral and non-judgmental role**: Our role as researchers is entirely neutral and non-judgmental. We're here to listen and gather information without any bias.
- **Anonymity and confidentiality**: All reporting will be aggregated and anonymous. The CMA does not know who has been approached about taking part in the research, nor who has agreed to take part. We will not reveal your identity to the CMA, except in the very unlikely event that we are required to do so by law. Your colleagues/your employer/your customers/the RCVS, will not know that you've participated in the research. We may use quotes and aggregate evidence, but all information will be anonymised in the reports.
- **Voluntary participation**: Your participation is entirely voluntary. You can choose not to answer any questions or end the interview at any time.
- I will resend the information sheet and consent form after this interview, giving you the chance to review and provide informed consent for the information you've shared today.
- Do you have any further questions at this point?

Background and context (10mins)

Objective: Briefly understand the veterinary professional's work context and recent history to help put into perspective their opinions and any contrasting experiences.

What is your job role?

- May I start by asking you about the qualifications you have for your work as a veterinary nurse?
    - Do you have any post-graduate qualifications or professional accreditations?

    - Do you have a specialty or a particular area of interest? (e.g. animal type, area of clinical practice, practice environment/setting)
- Can you give me an idea of your role and your current responsibilities in this practice?
    - Has this changed since you started working here? How?
- Can you briefly describe the structure of this business and where your role sits within that structure?
    - Junior or senior, team leader (who, size of team?), owner/part-owner/partner etc. Are you part of your practice's management?
- How are you finding your job at the moment? Likes/dislikes?

Where are you currently working?

- How long have you been working here?
- Can you tell me a bit about the practice?
    - Is it an independent, part of a small veterinary group, part of a large veterinary group?
    - Who owns the practice? How long has this been the case?
- Is your practice part of any networks (formal or informal) or affiliated with any other veterinary services?
- Has the ownership of your current practice changed since you've worked here? From what to what?
    - How (if at all) have those changes affected you?
    - What impact (if any) do you think they've had on your colleagues?
    - How (if at all) have those changes affected pet owners registered with the practice?
    - What do you think might have caused those changes?

Have you worked at any other veterinary practices or services before?

- How many different practices have you worked in? Why did you move?
- How did these practices compare with this one (e.g. similar or different in terms of size, location (urban/sub-urban/rural), type of pet owner etc.)?
- Have you always worked in practices that are {independent, part of a small veterinary group, part of a large veterinary group}, or do you have experience of different types of veterinary business? What types? In which roles?
    - What are the differences (if any) in working in these different types of veterinary business compared with where you work now?
    - Likes / dislikes? Benefits / disadvantages?
- Have you worked (or do you work) in any other veterinary settings (e.g. academia/education/training, research, diagnostics, animal hospital or referral centre, OOH provider)?
- Thinking about your career so far, have you ever considered …?
    - [If only ever worked in a certain business model] working in a different type of veterinary business (e.g. moving from an independent to a large veterinary group or vice versa). Why / why not?
    - Setting up a new practice with other veterinary professionals – briefly explore why / why not? What are the attractions/advantages/benefits / disadvantages / barriers?
    - Moving to a more senior or different veterinary position – briefly explore why / why not? What are the attractions/advantages/benefits / disadvantages / barriers?

What is your typical case-mix on an average day?

- What do you find yourself doing most at work?
    - What types of animal?
    - What types of care?

*Researcher to refer to **stimulus** and explain that we've divided care into **four broad categories** to assist the discussion, but we recognise that the participant may categorise cases differently and also that a case may start in one category and end up in another*

- **Routine care** such as flea/parasite/tick/worm control, prevention, and treatment; microchipping; neutering; vaccinations; annual check-ups; dental care; diet/nutrition/weight management advice and support
- **Ongoing care** for chronic conditions (e.g. arthritis, asthma, cancer, diabetes, epilepsy, skin conditions)
- **Acute care** for self-limiting conditions that develop suddenly and require prompt attention/care, or a condition that is more severe than usual (e.g. dehydration; D&V; ear/eye infections; fever; infected bites and scratches/minor injuries; not drinking/eating; UTIs)
- **Emergency care** for critical/life-threatening accidents, injuries, and conditions (e.g. breathing difficulties; broken limbs; choking; collapse; eye injury; heart failure; heat stress/heatstroke; kidney failure; multiple seizures; poisoning; severe or uncontrollable bleeding; unconsciousness)

Note to researcher: Make a note of which types of care the veterinary professional provides, to potentially probe around in the following 'Decision-making' section.

Do these broad categories make sense to you? Is there anything you would categorise differently?

- How long is a typical consultation? Is there flexibility? What do you think of the length? How much does a consultation cost?
- How many consultations do you do in a typical week?
- Can you, and do you, conduct consultations on your own (without the oversight or involvement of a vet)?
    - (If do consultations on their own) What is the balance of consultations you do between those where you're on your own with the pet owner (i.e. not accompanied by a vet) and those you do alongside a vet and the pet owner?
    - (If do consultations on their own) What types of consultation do you do on your own? And can you give me a feel for the balance between routine and more complex consultations that you do?
        - What types of treatment/procedure do you do without the oversight or involvement of a vet, if any?
        - Can you, and do you, make decisions about referrals, either to a colleague within the practice and/or to someone outside the practice?
    - (If can't/don't do consultations on their own) Can you tell me why that is?
- When you're working alongside a vet, what types of treatment/procedure does the vet delegate to you, if any?
    - Is it appropriate for these types of treatment/procedure to be delegated to you? Why/why not?
    - Is there anything more that could/should be delegated to you? What?
    - What prevents more from being delegated to you?
- Do you conduct any remote or virtual consultations?

Day-to-day practice & decision-making journeys (20mins)

Objective: Understanding veterinary professionals' interactions with pet owners during and after consultations, including consultations concerning medications, tests, and treatments.

Note on researcher approach to this section:

- **Tailor questions to the participant:** Customise questions based on the veterinary professional's specific role, case types, and whether the veterinary nurse conducts consultations on their own, alongside a vet, or a mix of both.
- **Cover diverse care types:** Ensure a range of care types is across interviews.

- **Focus on real cases:** Avoid hypothetical questions; base questions on actual cases and experiences.

In order to deliver against this, researchers to follow this process:

- Researcher will have understood from previous section whether the veterinary nurse conducts consultations on their own, alongside a vet, or a mix of both, and will adapt the following section based on this.
- Researcher to start by asking the veterinary professional to describe the most **recent case** from one of the following care types that they deliver **on their own** (if relevant), and ask the core set of questions listed in the guide below:
    - **Routine care** such as flea/parasite/tick/worm control, prevention, and treatment; microchipping; neutering; vaccinations; annual check-ups; dental care; diet/nutrition/weight management advice and support
    - **Ongoing care** for chronic conditions (e.g. arthritis, asthma, cancer, diabetes, epilepsy, skin conditions)
    - **Acute care** for self-limiting conditions that develop suddenly and require prompt attention/care, or a condition that is more severe than usual (e.g. dehydration; D&V; ear/eye infections; fever; infected bites and scratches/minor injuries; not drinking/eating; UTIs)
    - **Emergency care** for critical/life-threatening accidents, injuries, and conditions (e.g. breathing difficulties; broken limbs; choking; collapse; eye injury; heart failure; heat stress/heatstroke; kidney failure; multiple seizures; poisoning; severe or uncontrollable bleeding; unconsciousness)
- Following this, researcher to repeat the core set of questions, asking the veterinary professional to describe the most **recent case** they delivered **alongside a vet** (if relevant).

Researchers to monitor how many cases of each type are covered across different interviews to ensure that cases in each category receive equal focus across the research.

- Sometimes the veterinary professionals may describe a case which, as a matter of course, does not involve medication, diagnostics, referrals, and/or the death of a pet. However, please double check if medication, diagnostics, referrals, and/or death of a pet happened in that case if relevant, including the specific probes that are listed in the topic guide.
    - Medication: Ask if any medications were prescribed (and administered by the veterinary professional (if so, by the vet or by the veterinary nurse?), or for the pet owner to purchase and administer) in the discussed cases.
    - Diagnostics: Ask if blood/tissue/urine/stool analysis, CT scans, endoscopies, MRIs, ultrasounds, and/or X-rays were required or organised (if required/organised, was this by the vet or by the veterinary nurse?).
    - Referrals: Inquire if any referrals were made for the cases described (if so, by the vet or by the veterinary nurse?) and, if so, to whom/where, i.e. referral to a colleague in the same practice, referral to a visiting clinician, referral to another FOP, referral to a named specialist, referral to a dedicated referral centre or animal hospital? If a dedicated referral centre, who owns it?
    - Death of Pet: Check if there were any cases involving the death of a pet and how it was managed.

CORE SET OF QUESTIONS FOR MOST RECENT CASE

Intro to participant→ In this part of the interview we're interested in finding out about how you make decisions about different types of case you see, including:

Researcher to remind participant that the research needs to capture examples from recent specific cases, rather than generalisations.

- **Routine care** such as flea/parasite/tick/worm control, prevention, and treatment; microchipping; neutering; vaccinations; annual check-ups; dental care; diet/nutrition/weight management advice and support
- **Ongoing care** for chronic conditions (e.g. arthritis, asthma, cancer, diabetes, epilepsy, skin conditions)
- **Acute care** for self-limiting conditions that develop suddenly and require prompt attention/care, or a condition that is more severe than usual (e.g. dehydration; D&V; ear/eye infections; fever; infected bites and scratches/minor injuries; not drinking/eating; UTIs)
- **Emergency care** for critical/life-threatening accidents, injuries, and conditions (e.g. breathing difficulties; broken limbs; choking; collapse; eye injury; heart failure; heat stress/heatstroke; kidney failure; multiple seizures; poisoning; severe or uncontrollable bleeding; unconsciousness)

You mentioned in the earlier section that you provide (or help to provide) [Researcher to share stimulus outlining the four broad categories of care to support recall].

Please think of the **most recent case** you have dealt with across these categories of care.

*Researcher to ask the following **core set of questions** for this case.*

Description of scenario

- Can you briefly describe the case and outcome for the pet owner?
    - How typical is this case compared to other cases you see when dealing with [insert category of care]?
- [If case involving emergency care is described]:
    - Did the case occur during normal "office hours" or out-of-hours (OOH)
    - If the latter, is this because your FOP makes its own OOH provision, or your FOP provides OOH for itself and other FOPs, or do you choose to also work for an OOH provider (e.g. as a locum)?

Pet owner choice and understanding

- What information (about treatment options, prices etc.) did you provide (or help to provide) to the pet owner about their options and the next steps?
    - When (at what stage in the consultation) was this information provided?
    - Was price discussed before explaining the treatment options in detail to the pet owner or after the clinical pros and cons had been discussed?
- What questions did the pet owner ask?
    - How typical was this question?
    - How did you check (so far as possible) that the pet owner had understood what had been said?
- How long did the pet owner take to make the decision about what to do next?
- Did the pet owner follow up with you outside the consultation for additional information or for help with making a decision?
    - What did they follow up with you about?
    - Is that common/typical? What else (if anything) do pet owners tend to ask you about, or tell you about, outside the consultation?
    - Did you offer to have a further in-person/telephone discussion with them about the options before they reached a decision?
- How typical was this pet owner, when compared with others you provide similar care for?
- How important was your role in helping this pet owner understand the pet's situation and their care choices?

Approaches to working with individual pet owners and their pets

- What did you know about this pet owner's personal circumstances?
    - PROBE: personal or situational issues (relating e.g. to disability; mental/physical health; language, literacy, or numeracy skills; finances; living situation; location; transport options)
    - How did you know this?

    - How long has this pet owner been a client of yours / the practice?
    - Does the pet owner always see the same vet?
    - Do you generally know about each pet owner's circumstances?
- What did you know about the wider circumstances of the pet?
    - How did you know this?
    - How long has this pet been under the care of the practice?
    - Do the pet's medical history or wider circumstances affect the services / treatments you offer? If so, in what ways?
- Did the pet owner's personal circumstances affect the services / treatments they were offered? If yes, in what ways?
- How did you assess what the customer could afford?
    - Were they asked whether they are insured vs. privately funded?
    - When were they asked this?
    - Were they asked about the levels of cover they receive, or the company they are with?
    - Did this influence what options they were offered? If so, how?
    - Did the affordability of the treatment for that pet owner affect what options they were offered? If so, how?
- Were any other personal circumstances of the pet owner considered in deciding which services / treatments to offer?
    - Probe around disability; mental/physical health; language, literacy or numeracy skills; finances; living situation; location; transport options
    - What measures or 'tools' (formal/informal) do you use to find out more about the pet owner's personal circumstances?
- What circumstances were considered relating to the pet?
    - Probe around wider health circumstances / temperament / age / prognosis
- Were the options given to the pet owner tailored in any way based on their circumstances? If so, how and why?

Medication, diagnostics, and/or referrals:

Note: this may come up naturally in the open questions above, but if not, to probe.

- Did the case involve prescribing medication, ordering diagnostics, or making a referral?

If yes for medication:

- Was it for a one-off medication or ongoing prescription?
- What options were offered/discussed with the pet owner about how to obtain the prescription?
- When (at what stage in the consultation) was this information provided?
    - Was price discussed before explaining the medication options in detail to the pet owner or after the clinical pros and cons had been discussed?
    - (If prescription) What is the cost for a prescription?
- Did the pet owner ask any questions about this?
    - If so, what? How were these questions answered?

If yes for diagnostics

- What diagnostics were ordered?
    - Probe around blood/tissue/urine/stool analysis, CT scans, endoscopies, MRIs, ultrasounds, X-rays.
- What options were provided to the pet owner?
- How were the options to provide decided?
- How were those options explained?
- Were the diagnostics conducted in-house or off-site?
    - [if off-site] How was the offsite provider(s) chosen?
- What information was shared with the pet owner about this?
    - PROBE: cost – including when, and the format this was shared in
    - How was this information shared? PROBE: written, email, over the phone, by whom?

    - Did the pet owner have to sign a consent for these diagnostics?
- Did the pet owner ask any questions about this?
    - What did they ask? How were these questions answered?

If yes for referrals

- To whom/to where was the pet referred?
- How was to whom/to where to refer decided?
- Is the provider related to your practice (e.g. part of the same group) or not?
- What information did you provide to the pet owner about referral options?
    - PROBE: cost – including when and how this was shared
    - How was this information shared? PROBE: written, email, over the phone, by who?
    - Did the pet owner have to sign a consent for the referral?
- Did the pet owner ask any questions about this? If yes, what?
- Was the pet owner offered a choice of which provider they were referred to?
    - PROBE: cost, convenience

Did the case involve the death of a pet?

- Did the pet die in the practice or not?
    - Was the death expected or unexpected?
- Was euthanasia involved?
    - If yes, what options were provided to the pet owner regarding euthanasia?
    - PROBE: customer being present, location, pet sedation
- What options for disposing of their pet's remains were discussed with the pet owner?
    - PROBE: Pet owner-led (burial on their property or at pet cemetery, cremation (self-organised), other) vs Practice-led (cremation organised by the practice)
- What did they choose? Did they share their reasons for this choice with you?
    - How typical is this when comparing with other pet owners you've seen whose pet has died?

If pet owner has chosen cremation organised by the practice:

- How was the crematorium to use decided?
    - Do you always use the same crematorium/crematoria? Why?
    - Are you incentivised to use this/these provider(s)? Or other providers?
    - Is the crematorium/Are the crematoria you use owned by / affiliated with your business?
      PROBE: nature of the business relationship (if any) between the practice and crematorium
- What information was shared with the pet owner about the crematorium/crematoria?
    - Was the pet owner offered a choice of crematorium? Why/why not?
    - PROBE: cost – when and how was this information shared with the pet owner?
    - How was this information shared? PROBE: written, email, over the phone, by who?
    - Did the pet owner ask any questions about this? If yes, what?

OR If pet owner has chosen cremation arranged by themselves:

- Was the pet owner referred to a particular crematorium/crematoria?
    - If yes, how was the crematorium/crematoria to refer them to decided?
    - Do you always refer to this crematorium/these crematoria?
    - Are you incentivised to refer to this/these provider(s)? Or other providers?
    - Is the crematorium/Are the crematoria you refer to owned by / affiliated with your business?
      PROBE: nature of the business relationship (if any) between the practice and crematorium
- What information was shared with the pet owner about the crematorium/crematoria?
    - Was the pet owner offered a choice of crematorium? Why/why not?
    - PROBE: cost – when and how was this information shared with the pet owner?
    - How was this information shared? PROBE: written, email, over the phone, by who?
    - Did the pet owner ask any questions about this? If yes, what?

Regulation influence

- Is there any particular element of regulation or professional guidance or industry practice that influenced what was offered in this case? How?
- Is there any particular element of regulation or professional guidance or industry practice that influenced how this case was carried out, and your role in it?
    - *NOTE: Researcher to ensure to probe separately about regulation, professional guidance, and industry practice (do not conflate the three)*

Training in/guidance on customer interaction

- What training or guidance (if any) have you received on interacting with customers in cases like this?
    - Who provided that training (e.g. provided by the practice vs. other educational provider)?
    - How long ago was it? One-off or regularly refreshed?
- What training or guidance have you received (if any) on handling discussions with pet owners about the cost of care?
    - Have you received enough training/guidance on this? How effective has the training/guidance been? How, if at all, could training/guidance about this be improved?
- Do you believe more training or guidance in customer interactions would be beneficial for you or the wider profession? If so, what kind of support or training would be most helpful?

Reflections on each case

- Do you think customers at your practice are given adequate information to make informed choices about treatment options?
    - Do practice managers or receptionists play a role in sharing information with pet owners to help them make their decisions?
    - What do you think about this? What role do you think they should play?
- In your experience, have the treatment options for this type of case changed over the years you been in practice?
    - How have they changed? What has driven these changes?
    - PROBE: medical advances (incl. drugs), technology, movement towards/pet owners' expectations of 'gold standard' treatments, humanisation of pets, impact of media and social media
- If you have moved practices, has the way in which you offer treatment for this type of case differed depending on the type of practice?
    - PROBE: business model and ownership

Medication, diagnostics, referrals or death of a pet [if necessary]

Note to researcher: This section to be covered only if time permits; prioritise the subsequent sections.

If medication, diagnostics, referrals, and/or the death of a pet have not been discussed already, researcher to ask for ***additional examples*** *of* ***the most recent case*** *which involved medication, diagnostics, referrals, or death of a pet. Researcher to work through the questions below.*

If participant has multiple recent cases, researcher to cover cases in different categories of care than previous case outlined above.

Note: some areas may not be relevant for some veterinary professionals, if veterinary professionals cannot recall a recent case researcher to skip the associated questions.

Core questions for each most recent case:

Can you briefly describe the case and outcome for the pet owner?

- How typical is this case compared with other cases you see?

What was considered in recommending that course of action?

- How were those different factors weighed up in deciding what treatment to offer?
- Which factors were prioritised?

Researcher to skip to either medication, diagnostics, referrals, or death of pet as appropriate

What <u>medication</u> was prescribed?

    - Does your practice prefer (or require) that particular medication brands are offered to pet owners?
    - Do pet owners ever ask you about alternatives?
        - PROBE: alternative in what respect(s) – better known brands, price, availability, human equivalent etc.?
- What information (about treatment options, prices etc.) was provided to the pet owner about their options and the next steps?
- When (at what stage in the consultation) was this information provided?
    - Was price discussed before explaining the medication options in detail to the pet owner or after the clinical pros and cons had been discussed?
    - What options were offered/discussed with the pet owner about how to obtain the prescription?
- Did the pet owner ask any questions about this?
    - If so, what? How did you answer these questions?

What <u>diagnostics</u> were ordered?

- Probe around blood/tissue/urine/stool analysis, CT scans, endoscopies, MRIs, ultrasounds, X-rays.
- What options were provided to the pet owner?
- How were the options to provide decided?
- How were those options explained?
- Were the diagnostics conducted in-house or off-site?
    - [if off-site] How was the offsite provider(s) chosen?
- What information was shared with the pet owner about this?
    - PROBE: cost – including when, and the format this was shared in
    - How was this information shared? PROBE: written, email, over the phone, by who?
    - Did the pet owner have to sign a consent for these diagnostics?
- Did the pet owner ask you any questions about this?
    - What did they ask? How were these questions answered?

To whom/to where was the pet referred?

- How was to whom/to where to refer decided?
- Is the provider related to your practice (e.g. part of the same group) or not?
- What information did you provide to the pet owner about referral options?
    - PROBE: cost – including when and how this was shared
    - How was this information shared? PROBE: written, email, over the phone, by who?
    - Did the pet owner have to sign a consent for the referral?
- Did the pet owner ask any questions about this? If yes, what?
- Was the pet owner offered a choice of which provider they were referred to?
    - PROBE: cost, convenience

Death of a pet

- Did the pet die in the practice or not?
    - Was the death expected or unexpected?
- Was euthanasia involved?

  - If yes, what options were provided to the pet owner regarding euthanasia?
  - PROBE: customer being present, location, pet sedation
- What options for disposing of their pet's remains were discussed with the pet owner?
  - PROBE: Pet owner-led (burial on their property or at pet cemetery, cremation (self-organised), other) vs Practice-led (cremation organised by the practice)
- What did they choose? Did they share their reasons for this choice with you?
  - How typical is this when comparing with other pet owners you've seen whose pet has died?

If pet owner has chosen cremation organised by the practice:

- How was the crematorium to use decided?
  - Do you always use the same crematorium/crematoria? Why?
  - Are you incentivised to use this/these provider(s)? Or other providers?
  - Is the crematorium/Are the crematoria you use owned by / affiliated with your business? PROBE: nature of the business relationship (if any) between the practice and crematorium
- What information was shared with the pet owner about the crematorium/crematoria?
  - Was the pet owner offered a choice of crematorium? Why/why not?
  - PROBE: cost – when and how was this information shared with the pet owner?
  - How was this information shared? PROBE: written, email, over the phone, by who?
  - Did the pet owner ask any questions about this? If yes, what?

OR If pet owner has chosen cremation arranged by themselves:

- Was the pet owner referred to a particular crematorium/crematoria?
  - If yes, how was the crematorium/crematoria to refer them to decided?
  - Do you always refer to this crematorium/these crematoria?
  - Are you incentivised to refer to this/these provider(s)? Or other providers?
  - Is the crematorium/Are the crematoria you refer to owned by / affiliated with your business? PROBE: nature of the business relationship (if any) between the practice and crematorium
- What information was shared with the pet owner about the crematorium/crematoria?
  - Was the pet owner offered a choice of crematorium? Why/why not?
  - PROBE: cost – when and how was this information shared with the pet owner?
  - How was this information shared? PROBE: written, email, over the phone, by who?
  - Did the pet owner ask any questions about this? If yes, what?

Relationship between clinical and business elements of vet services (10mins)

Objective: To determine the workplace-based factors affecting veterinary professionals' decisions and interactions.

Note to researcher: Many of these questions may have already been answered during the scenarios and day-to-day decision-making question section. If they have already been answered, please factor this in to how you ask these questions, and which questions you select to probe on.

These questions have been written in a very direct manner to ensure from a research design point of view we are clear what we need to ask. However, as a researcher please ensure that questions are framed sensitively, recognising what the participant has previously told us in terms of their motivations for providing care and the quality of care they offer.

What do you know about the broader business goals of this business?

- Are there any specific goals the business is trying to achieve? Or issues the business is trying to resolve?
- [If involved in developing] What is your level of involvement in the business elements of your organisation?

Are there any measures that the business takes to influence the performance of this practice and/or of individual employees?

- [If yes] what are they?
  - PROBE: 'Hard influences' → such as contractual clauses, performance monitoring, auditing, KPIs, financial/sales targets, delivery targets (e.g. number of consultations per week), bonuses, rewards, policy/guidance documents etc. (if so, what?)
  - PROBE: 'Soft influences' → such as relationships, awards, recognition, practice ethos/mission statements, perks, praise, other "pressure" etc. (if so, what?)
- [If relevant] Who communicates these measures to you?
  - How are they communicated? (implicitly or explicitly; individually or communally; verbally and/or in writing)
  - When are they communicated (e.g. end of the month/quarter etc.)
- Do any of these measures affect your day-to-day work?
  - Does your performance against any of these measures affect your career? (e.g. progression or pay)
  - Are pet owners aware of any measures that might be in place?
  - Do any of these measures impact the care you provide? (e.g. clinical/professional judgements or decision-making processes)
- Are there any professional tensions or concerns you experience when thinking about any of these measures vs. care? If so, what?
- [If relevant] How do these measures compare with other vet practices you have worked in before?
  - What are the differences? What's better or worse?
  - Probe around independent vs corporately owned experience.
- [For practice owners] Do the business goals influence the protocols/guidance/ways of working you and your senior colleagues set for the practice as a whole?

Do the owners of your practice or the group to which your practice belongs communicate business goals to you? If yes, how do they do this?

Are you required, incentivised, or encouraged to <u>use particular third parties</u>?

- If yes, what types of third party?
  - PROBE: providers of referral work, referral centres, and hospitals, pharmaceutical companies, pet food companies, crematoria, grooming services, etc.
  - For out-of-hours (OOH) care, are all the pet owners of animals under the care of vets in this practice directed to the same OOH provider?
    - If no: Are you required, incentivised, or encouraged to direct pet owners to particular OOH providers?
- Do these relationships affect the recommendations or treatments you offer to pet owners? If so, in what way?
  - Do you communicate to pet owners why you are referring to a particular third party?
- [If relevant] Do you know why you are required / incentivised / encouraged to use these particular third parties?
- Does your employer monitor whether referrals are being made to particular third parties?

Industry oversight and regulation (10mins)

Objectives: To understand how regulation shapes clinical judgements and decision-making and any new training they receive as well as the perceptions about these trainings.

How, if at all, has the role of the veterinary nurse changed since you first started working (for the better or the worse)?

To what extent do you feel you get to use all of your skills and experience?

- Do you feel you are using your skillset appropriately and effectively? PROBE: Within the existing legal/regulatory rules and if the legal/regulatory rules were extended.
- Are there any ways in which you feel you could better utilise your expertise or skills/ take on more responsibilities? What would encourage or enable you to do so? What are the barriers to you doing so?

Are all the nurses who work in this practice RCVS-registered?

- In your day-to-day role, how much does it matter (if at all) whether a veterinary nurse is RCVS-registered?
- Would it be helpful or unhelpful if "veterinary nurse" was a protected title? In what ways?

Tell me about the RCVS Code of Professional Conduct?

- What do you find beneficial/helpful, and what's unhelpful or restrictive about the Code?
- What do you find beneficial/helpful, and what's unhelpful or restrictive about the supporting guidance?
- How clear to you is the Code on the scope of the work that a veterinary nurse can undertake? Is there anything that could be clearer to you?
    - How clear do you think it is to others?
    - (If there is a lack of clarity) What impact, if any, does this have on the work you do/don't do?

What are your thoughts on the role of regulation in the sector generally?

- How effectively do you feel the sector is being regulated at the moment?
- What is your view on the performance of the RCVS as the regulator for the veterinary profession, and particularly for veterinary nurses?
- Are there any areas where you feel regulation of veterinary services in the UK is lacking or could be improved?

How well do you understand whistleblowing procedures?

- Would you feel confident raising complaints to the RCVS about your employer or something you had experienced at work?
- What would make you feel more able to raise concerns?

Wrap up and close (5mins)

Do you have any wider relevant information to share or concerns that we have not had a chance to address?

NOTE: Researcher to ensure enough time to ask this question so veterinary professionals can share any wider concerns.

Wrap up

- Thank you very much for your time.
- Talk through consent and next steps.
- Remind participant about the data protection and whistleblowing information in the information sheet.

NOTE: Research team to send a follow-up email within a couple of days.