

Dear Sir/Madam,

I write in response to some points in your working paper of 6th February, Paper A: **Business models – provision of veterinary advice and consumer choice.**

Price Increases and Quality of Care

2.68 While we need to assess further the extent to which price rises are closely linked to changes in quality, **we have not seen internal documents from vet businesses suggesting that price increases are closely linked to changes in quality.**

2.14 The [60-70]% [~~3~~] increase in unit prices at FOPs is also significantly **greater than the increase in salaries of vet professionals** and so changes in unit costs of veterinary professionals do not appear to explain the extent of the price increases in the sector.

The table attached shows data for our practice for the last 16 years.

You highlight that as a profession, individual salaries have increased less than unit prices. This appears to assume that the number of individuals can, and possibly should, remain constant relative to the unit work performed. I believe this assumption to be inaccurate, certainly for our own independent practice, and also for many other independent practices we are in contact with.

Total salary bill = individual salary x number of individuals

[REDACTED]

This cost is directly linked to the quality of service we provide to the client and patients.

This resulted from our deliberate decision to adjust our schedules and structures to improve client, patient and team factors.

We doubled the length of our consult times (without proportionally increasing prices, resulting a lower price-per-hour professional fee), improved the accessibility and availability of services for clients – shorter wait times on the day, shorter waiting lists for diagnostic and surgical procedures, and improved equipment and facilities, as well as providing increased non-client-facing time in our team's schedule for important duties such as reporting lab results, discussing case management and dealing with client queries.

We scheduled appropriate (and previously non-existent) contingency time and emergency consult slots, necessary for the reliable performance of our inherently unpredictable clinical work.

We also set out to create sustainable working patterns for our team - appropriate time off in lieu for out-of-hours work, consistent lunch breaks and punctual start and finish times. These have often been, and in many practices still are, considered an unexpected luxury.

We note, and agree with, your observation that the work of the profession must be sustainable, as well as provide sufficient incentive for new practice owners to enter the market, and to take on the burdens, responsibility and risks of ownership.

Defining a 'Good Deal' for Clients

We believe great care is needed when framing and defining the term 'good deal for the client'. As you note, a good deal needs to be fair to all parties, and result in a positive outcome for everyone. We would urge caution in considering metrics such as prices and margins in isolation from metrics of quality of care, staffing levels, schedules and working structures time available for patients and clients, and investment in equipment, as well as working conditions and schedules of veterinary teams.

In 2015, a 'good deal' for the client often relied upon rushed treatment, long wait times, low availability/long wait times for consults and treatment, low patient:staff ratios, as well as unsustainable, unhealthy and even dangerous (both in terms of professional wellbeing and patient care) working patterns. Clinical quality was suffering, while being propped up by the uncompensated discretionary effort of a profession of dedicated veterinarians and nurses, often at the direct expense of their own well-being. A pattern of missed lunches, going home late, with undocumented, unseen and unpaid efforts may have created the illusion of a well-functioning system, masking a reality of an unsustainable professional and commercial framework.

These patterns are not a suitable benchmark for how a well-functioning practice should run in 2025, for patients, clients or the professionals providing the care.

Investment in Team and Service Quality

Sadly, our observation from our own recruitment is that unsustainable working structures remain deeply embedded in many practices. The drop-out rate for our profession is painfully high, particularly from a cohort of prospective students who make significant effort and sacrifice to obtain a place on the veterinary course in the first place. The drop-out rate for undergraduates is cited at circa 1.5% (exceptionally low), while the attrition rate post-qualification is very high (RCVS Workforce Summit Provisional Paper May 2022, VetTimesJobs Jan 2024). At the extreme, it remains a tragic fact that suicide rates among veterinary professionals remain alarmingly high.

We have worked hard to adjust to a more sustainable schedule at our own practice, and believe the benefits to our patients, clients and team have been well worth the effort and cost (despite some appropriate price adjustments, this has still resulted in a reduced overall profitability % for our practice. We stand by this decision)

Our investment in our team numbers manifests itself in the quality of work in multiple ways for clients and patients, some of the more notable and /or measurable being:

- Predominant first **consult time** (20 minutes) – we believe that adequate client-facing time is critical to “providing sufficient information and suitable recommendations to

pet owners “, as you observe in 2.104. Our predominant 1st consult time has doubled over the period 2016 – 2021, from 10 minutes to 20 minutes. This reflects the increased complexity of treatment options available, the time we devote to discussing these clearly and thoroughly with clients, and the time taken to be thorough with our history taking, clinical examination and contextualised care discussions. We have not applied a truly corresponding increase in our consults fees to reflect this, but have chosen to employ a larger team to enable what we see as a better quality service to our clients and patients.

- **Retention of Expertise:** A stable, experienced team is directly linked to better patient outcomes.
- Higher **proportion of qualified registered veterinary nurses** to animal care assistants
- Higher **quality of anaesthetic, imaging and surgical equipment** available in all buildings
- **Client experience - Vet (FTE):client ratio of under 500**, which is at the top end of the range in the UK. This gives an indication of the level of personal care and attention a practice can provide to each client. It is an easy metric to calculate, and potentially display.
- **Lower wait times** Waiting time for clients on the day (average <10 minutes)
- **More availability** Consult slot availability is on the same day as first enquiry, every day. Surgical slot availability (waiting lists between 0 and 14 days for most elective procedures), emergency slots available all day every day, immediately – this requires a large investment in team numbers to have this degree of contingency, but we believe this is critical to provide the level of service we want to provide. We aim to have the emergency availability of the NHS at its best, while at the same time having an instantly accessible and 100% joined-up first opinion service and ultra-short-wait elective surgery system, akin to the most efficient private medical care running alongside the NHS, but without any barriers, wait times or delays between referrals.
- **Staffing Ratios:** Ensuring a high staff to patient ratio, particularly for out-of-hours care, to ensure every patient gets what they need, when they need it
- **Patient Safety:** Well-rested professionals provide better care—similar to aviation and medical industries, where fatigue impacts performance.

Treatment quality and price, as you note, are very important. We strive to be an efficient practice, making our systems and processes as slick and easy to use as possible. However, efficient or fast can often be awkward companions to being thorough. ‘Doing more’ in less time can come at the expense of listening, discussing, and presenting well-communicated options to clients, while supporting the clients with these difficult decisions on an emotional level. It is critical to enable our clients to make a well-informed decision which is right for them and their circumstances, and not a rushed one. Inadequate time can reduce the client experience to a transactional, rushed and unempathetic experience, delivered by a pressured and stressed team working well below their best.

To us, quality means a highly skilled, trained and supported team who care deeply, who are provided with enough time to demonstrate that care, working within top level facilities, with advanced equipment and adequate support staff, to be able to give their best to the patients and clients they serve.

“What is success? To know even one life has breathed easier because you have lived
This is to have succeeded”

Ralph Waldo Emerson

Client choice of FOP and Referral Practice

Our final point is regarding [2.48: Can certain FOPs do more and refer less?](#)

Absolutely! Especially those with Tier 3 Hospital Status, where an on-site, highly skilled team provide advanced around the clock care, safely enabling more advanced procedures within the hospital 24 hours a day.

Even in the absence of hospital status, a long-standing, skilled, experienced and well-resourced team, with commensurate investment in training, equipment and facilities, will provide a much better level of care than a stretched, poorly-supported and inexperienced team.

There is often a wide gulf between the services which different FOPs provide, and their requirement to send cases to referral centres, mainly in the more complex surgeries and intensive medical cases, particularly when the patient requires overnight care for several days.

There is a significant benefit to the clients and patients of being registered at a more capable FOP – local and more advanced care with less need for referral, long-term continuity of vet, nurse and reception team, simpler communication, and increased efficiency with less replication of diagnostic tests and fewer handovers between colleagues.

Conclusion

A sustainable veterinary profession requires a balanced approach to pricing, working conditions, and quality care. Past models often relied on the unseen sacrifices of veterinary professionals, masking an unsustainable system. To ensure continued high standards, pricing discussions must consider not just treatment costs but also the quality and availability of that treatment, and the conditions under which veterinary professionals operate.

We believe that clients should have access to a broad and well-informed choice of FOP, including choices between:

- Hospital (Tier 3), General Practice (Tier 2) or Core status Practices
- Availability (wait times) and quality of care (In-house capabilities and therefore the likelihood of referral being required)

- OOH provision (outsourced off-site or in-house) – it is particularly important to be aware of and consider the scenario of treatment being required overnight for several nights, not just the presentation out of hours, but ongoing out-of-hours care and treatment.
- Patient:staff:client ratios including vet FTE:client ratio
- Team qualifications (advanced qualifications, proportion of Vets:RVN:ACA)
- Cost

Different options are unlikely to cost the same, and it would be unrealistic to expect them to. An awareness of what these options look like in real life for the client is critical to enabling an informed and contextualised choice of the best FOP for their needs.

We are absolutely committed to all clients having truly contextualised care, and we offer this to all our clients, all the time.

However, in order to provide this best, it is even more important that clients make an informed and **contextualised choice of FOP**, preceded (even more critically) by a **contextualised choice of pet**. These latter two are particularly necessary to ensuring a good deal for the client, and to the pet.

With Best Regards,

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